



Your 2024 Prescription Drug List

Access 3-Tier

Effective September 1, 2024



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2024 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, River Valley and Oxford medical plans with a pharmacy benefit subject to the Access 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

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



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



Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not a complete list of medications, and not all medications listed may be covered by your plan.

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

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

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

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

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

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



Reading your PDL (continued)

Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL TABLET	3	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	QL
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
PERCOCET	E	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	QL
ROXICODONE ORAL TABLET 5 MG	E	QL
tramadol hcl oral tablet 100 mg, 50 mg	1	QL

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

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



Drug Name	Drug Tier	Requirements & Limits
Antibacterials - Drugs for Infections		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN ES-600	E	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	
AUGMENTIN ORAL TABLET	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	3	
BACTRIM DS	3	
cefdinir	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	3	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	E	

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

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Drug Name	Drug Tier	Requirements & Limits
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTOM	3	PA
BRIVIACT ORAL TABLET	3	PA
DEPAKOTE	3	
DEPAKOTE ER	3	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	3	
LAMICTAL ORAL TABLET	3	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
MOTPOLY XR	3	
NAYZILAM	3	PA
NEURONTIN ORAL CAPSULE	3	
NEURONTIN ORAL TABLET	3	
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	PA
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate oral	1	
TRILEPTAL ORAL TABLET	3	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA

Drug Name	Drug Tier	Requirements & Limits
ZONEGRAN	3	
zonisamide oral	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
FORFIVO XL	3	QL
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	

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



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

Antiemetics - Drugs for Nausea and Vomiting

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

Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL CAPSULE 186 MG	3	
DIFLUCAN ORAL TABLET	E	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	
VIVJOA	3	QL

Antigout Agents - Drugs for Gout

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

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

Antimigraine Agents - Drugs for Migraines

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

Antineoplastics - Drugs for Cancer

ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
CALQUENCE ORAL CAPSULE 100 MG	2	PA, QL, SP
COTELLIC	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	3	PA, QL, SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
POMALYST	3	PA, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
INBRIJA	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
NOURIANZ	3	QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	2	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral tablet	1	
LATUDA	E	QL
lurasidone hcl	1	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	3	ST, QL
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SEROQUEL	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR ORAL CAPSULE	3	QL
ZYPREXA ORAL	E	
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY	E	ST, QL
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
EPCLUSA ORAL TABLET	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
HARVONI ORAL TABLET	2	PA, ST, QL, SP
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
oseltamivir phosphate oral capsule	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	E	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	
VALTREX	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	

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

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

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

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Drug Name	Drug Tier	Requirements & Limits
TEKTURN HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
TENORMIN	E	
THALITONE	3	
TOPROL XL	E	
torsemide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	3	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR	3	QL
atomoxetine hcl	1	QL
AZSTARYS	2	QL
CONCERTA	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL

Drug Name	Drug Tier	Requirements & Limits
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	2	QL
lisdexamfetamine dimesylate	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	3	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
ingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	QL, SP
AUSTEDO XR PATIENT TITRATION	2	QL, SP
LYRICA ORAL CAPSULE	3	
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
TEGLUTIK	3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA, ST, SP

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

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

Drug Name	Drug Tier	Requirements & Limits
PERIDEX	3	
periogard	1	
Dermatological Agents - Drugs for Skin Conditions		
AKLIEF	3	PA
ala-cort	E	
AMZEEQ	3	
AVITA EXTERNAL CREAM 0.025 %	3	PA
CARAC	E	
CIBINQO	2	PA, QL, SP
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	1	(generic for Clindagel)
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T)
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
clotrimazole-betamethasone external cream	1	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ENSTILAR	3	

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Drug Name	Drug Tier	Requirements & Limits
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	2	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	3	
KLISYRI	3	
METROCREAM	3	
metronidazole external cream	1	
MIRVASO	3	PA
NORITATE	E	
OPZELURA	3	PA, QL, SP
PANRETIN	3	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	E	
RETIN-A EXTERNAL CREAM	E	PA
RHOFADE	3	PA
rosadan external cream 0.75 %	1	
SANTYL	3	
SOOLANTRA	1	
TACLONEX SUSPENSION	1	
tacrolimus external	1	
TEMOVATE EXTERNAL CREAM 0.05 %	3	
TEMOVATE EXTERNAL OINTMENT 0.05 %	3	
TOLAK	3	
tretinoin external cream	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	

Drug Name	Drug Tier	Requirements & Limits
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	
tritocin external ointment 0.05 %	E	
VTAMA	3	PA
XEPI	3	
ZILXI	3	PA, ST
ZORYVE EXTERNAL CREAM	3	PA, QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ULTRA-FINE insulin syringes	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 insulin syringes	2	QL
BD ULTRA-FINE VEO insulin syringes	2	QL
BIOTEL CARE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL

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Drug Name	Drug Tier	Requirements & Limits
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP	2	QL
CONTOUR NEXT EZ KIT W/DEVICE	E	
CONTOUR NEXT GEN MONITOR KIT	E	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/ DEVICE	2	
CONTOUR NEXT ONE DEVICE	E	
CONTOUR NEXT ONE KIT	2	
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL

Drug Name	Drug Tier	Requirements & Limits
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYOPEN 1-PACK	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
LANCETS	1	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLULINK GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E	

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Drug Name	Drug Tier	Requirements & Limits
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOTWIST PEN NEEDLE	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 PODS (GEN 5)	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE	1	
ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
ONETOUCH ULTRA IN VITRO STRIP	1	QL
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTTEST GT333 GLUCOSE TEST	E	QL
TECHLITE INSULIN SYRINGES	2	(ARKRAY), QL
TECHLITE PEN NEEDLES	2	(ARKRAY), QL
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTrip1 GENERIC	E	QL
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR KWIKPEN	E	
BASAGLAR TEMPO PEN	E	
HUMALOG INJECTION	3	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG SUBCUTANEOUS	2	
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	2	

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

Drug Name	Drug Tier	Requirements & Limits
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	3	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	3	
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
glimepiride	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	
GLUCOTROL XL	3	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL
ONGLYZA	E	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL

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

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

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Drug Name	Drug Tier	Requirements & Limits
ERGOAL ORAL CAPSULE 62.5 MCG (2500 UT)	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	QL
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL

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

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Drug Name	Drug Tier	Requirements & Limits
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	E	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin	1	SP
VELPHORO	2	
VESICARE	3	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	

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

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

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	3	QL
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
femynor oral tablet 0.25-35 mg-mcg	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	1	H
jencycla	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H

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

Drug Name	Drug Tier	Requirements & Limits
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyda	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	1	H
orsythia	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
previfem oral tablet 0.25-35 mg-mcg	1	H
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
tri femynor	1	H
tri-estarylla	1	H
tri-lynyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H

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Drug Name	Drug Tier	Requirements & Limits
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
tulana oral tablet 0.35 mg	1	H
VAGIFEM	E	
VEOZAH	3	QL
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	E	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	

Drug Name	Drug Tier	Requirements & Limits
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
Hormonal Agents - Other		
cabergoline	1	
LANREOTIDE ACETATE	E	SP
NGENLA	3	PA, QL, SP
NOCDURNA	3	QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	QL
SKYTROFA	3	PA, QL, SP
SOMATULINE DEPOT	3	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	QL
ANDROGEL PUMP	E	QL
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	E	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	QL

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Drug Name	Drug Tier	Requirements & Limits
NATESTO	E	QL
TESTIM	1	QL
testosterone cypionate intramuscular	1	
VOGELXO	E	QL
VOGELXO PUMP	E	QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	2	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	3	
thyroid oral	1	
TIROSINT-SOL	2	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADBIM (2 PEN)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBIM (2 SYRINGE)	2	PA, QL, SP (manufactured by Boehringer Ingelheim)

Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADBIM(CD/UC/HS STRT)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBIM(PS/UV STARTER)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-FKJP	E	PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA, QL, SP
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
COSENTYX UNOREADY	3	PA, ST, QL, SP
ENBREL	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ENBREL MINI	2	PA, QL, SP	KINERET	3	PA, ST, QL, SP
ENBREL SURECLICK	2	PA, QL, SP	LITFULO	3	PA, QL, SP
HADLIMA	2	PA, QL, SP	LUPKYNIS	3	PA, QL, SP
HADLIMA PUSHTOUCH	2	PA, QL, SP	methotrexate sodium oral	1	
HAEGARDA	2	PA, QL, SP	mycophenolate mofetil oral tablet	1	
HUMIRA (2 PEN)	2	PA, QL, SP	OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, ST, QL
HUMIRA (2 SYRINGE)	2	PA, QL, SP	OLUMIANT ORAL TABLET 2 MG	2	PA, ST, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP	OMVOH	3	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER	2	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
HUMIRA-PED>=40KG CROHNS START	2	PA, QL, SP	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA, ST, QL, SP
HUMIRA-PED>=40KG UC STARTER	2	PA, QL, SP	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	3	PA, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP	OTEZLA ORAL TABLET	2	PA, QL, SP
HUMIRA-PSORIASIS/UVEIT STARTER	2	PA, QL, SP	OTREXUP	E	QL
HYFTOR	3	PA, QL	PROGRAF ORAL CAPSULE	3	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP	RASUVO	2	QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP	RINVOQ	2	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP	RUCONEST	3	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP	SIMPONI	2	PA, QL, SP
HYRIMOZ-CROHNS/UC STARTER	E	PA, SP	SKYRIZI PEN	2	PA, QL, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP	STELARA SUBCUTANEOUS	2	PA, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP	tacrolimus oral	1	
IMURAN	E		TAKHZYRO	2	PA, QL, SP
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
			TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST, QL
			TREMFYA	2	PA, QL, SP
			TREXALL	2	
			XELJANZ	2	PA, QL, SP
			XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
Immunological Agents - Drugs for Vaccination		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
SHINGRIX	3	H
Infertility Agents		
cetorelix acetate	1	PA, ST, QL, SP
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDJECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP

Drug Name	Drug Tier	Requirements & Limits
Inflammatory Bowel Disease Agents		
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
PROCTOFOAM HC	2	
UCERIS ORAL	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
teriparatide	E	PA, ST, SP
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALtrol ORAL CAPSULE	3	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	3	
AZASITE	3	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION 0.3 %	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	

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

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

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

Drug Name	Drug Tier	Requirements & Limits
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	E	QL
ADVAIR HFA	2	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	2	QL, RS
breyna	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL

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

Drug Name	Drug Tier	Requirements & Limits
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	
wixela inhub	1	QL
XOPENEX HFA	3	
YUPELRI	3	QL

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, (generic for Tob), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

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

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

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Drug Name	Drug Tier	Requirements & Limits
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
TYVASO	2	PA
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA
TYVASO STARTER	2	PA

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
methocarbamol oral	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	3	

Sleep Disorder Agents

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

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Index

A			
		ADDYI	21
ABILIFY	12	ADEMPAS	32
ACCU-CHEK AVIVA PLUS TEST STRIPS	17	ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	15
ACCU-CHEK FASTCLIX LANCET KIT	17	ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	20
ACCU-CHEK FASTCLIX LANCETS . .	17	ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	20
ACCU-CHEK GUIDE KIT W/DEVICE .	17	ADMELOG	19
ACCU-CHEK GUIDE ME METER . . .	17	ADMELOG SOLOSTAR	19
ACCU-CHEK GUIDE TEST STRIPS . .	17	ADTHYZA	27
ACCU-CHEK MULTICLIX LANCET KIT	17	ADVAIR DISKUS	31
ACCU-CHEK MULTICLIX LANCETS .	17	ADVAIR HFA	31
ACCU-CHEK SMARTVIEW TEST STRIPS	17	ADVATE	21
ACCU-CHEK SOFT TOUCH LANCETS	17	ADYNOVATE	21
ACCU-CHEK SOFTCLIX LANCET . . .	17	afirmelle	23
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	17	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	21
ACCUTREND GLUCOSE	17	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	21
acetaminophen-codeine oral tablet . .	8	AIMOVIG	11
ACIPHEX	22	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	11
ACTEMRA ACTPEN	27	AIRDUO RESPICLICK 113/14	31
ACTEMRA SUBCUTANEOUS	27	AIRDUO RESPICLICK 232/14	31
ACTICLATE ORAL TABLET 150 MG, 75 MG	9	AIRDUO RESPICLICK 55/14	31
ACTOS	20	AIRSUPRA	31
acyclovir oral tablet	12	AKLIEF	16
ADALIMUMAB-AACF (2 PEN)	27	ala-cort	16
ADALIMUMAB-ADAZ	27	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	31
ADALIMUMAB-ADBIM (2 PEN)	27	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	31
ADALIMUMAB-ADBIM (2 SYRINGE) .	27		
ADALIMUMAB-ADBIM(CD/UC/HS STRT)	27		
ADALIMUMAB-ADBIM(PS/UV STARTER)	27		
ADALIMUMAB-FKJP	27		
ADBRY	27		
ADDERALL	15		
ADDERALL XR	15		
		ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	31
		ALDACTONE	13
		ALECENSA	11
		alendronate sodium oral tablet	29
		alfuzosin hcl er	23
		aliskiren fumarate	13
		allopurinol oral tablet 100 mg, 300 mg	11
		ALLOPURINOL ORAL TABLET 200 MG	11
		ALORA	23
		ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	30
		ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	30
		ALPHANATE	21
		alprazolam oral tablet	13
		ALPROLIX	21
		ALREX	29
		ALTACE	13
		altavera	23
		ALTUVIIIIO	21
		ALUNBRIG	11
		AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	20
		AMBIEN	33
		AMBIEN CR	33
		amiodarone hcl oral	13
		amitriptyline hcl oral	10
		AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	27
		AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	27
		AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	27
		amlodipine besylate oral	13



amlodipine besylate-benazepril hcl . . .	13
amlodipine besylate-valsartan	13
amoxicillin oral capsule.	9
amoxicillin oral suspension reconstituted	9
amoxicillin oral tablet	9
amoxicillin-potassium clavulanate oral suspension reconstituted	9
amoxicillin-potassium clavulanate oral tablet	9
amphet-dextroamphet 3-bead er. . . .	15
amphetamine-dextroamphetamine . . .	15
amphetamine-dextroamphetamine er.	15
AMZEEQ.	16
anastrozole oral.	11
ANDRODERM	26
ANDROGEL PUMP	26
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%).	26
ANNOVERA	23
ANORO ELLIPTA.	31
apap-caff-dihydrocodeine	8
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	8
apri	23
APRISO	29
APTENSIO XR	15
APTIOM	10
AQINJECT PEN NEEDLE	17
ARAKODA	12
ARANESP (ALBUMIN FREE)	21
ARIMIDEX	11
aripiprazole oral tablet	12
ARMOUR THYROID	27
ARNUITY ELLIPTA	31
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG.	29
atenolol oral	13
ATIVAN ORAL	13
atomoxetine hcl	15

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

B

bac	8
baclofen oral tablet	33
BACTRIM	9
BACTRIM DS	9
BAFIERTAM	15
BAQSIMI ONE PACK.	20
BAQSIMI TWO PACK	20
BASAGLAR KWIKPEN	19
BASAGLAR TEMPO PEN	19
BD AUTOSHIELD DUO PEN NEEDLES	17
BD ULTRA-FINE insulin syringes	17
BD ULTRA-FINE PEN NEEDLES	17
BD ULTRA-FINE U-500 insulin syringes	17
BD ULTRA-FINE VEO insulin syringes	17
BELBUCA.	8
BELSOMRA	33
benazepril hcl oral.	13
BENICAR	13
BENICAR HCT.	13
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27
benzonatate	31
BESIVANCE	29
BETASERON	15
BETHKIS	32
BETIMOL	30
BEVESPI AEROSPHERE	31
BIJUVA	23
BIKTARVY	12
bimatoprost ophthalmic	30
BIOTEL CARE TEST STRIPS	17
bis subcit-metronid-tetracyc.	22
bismuth/metronidaz/tetracyclin.	22
bisoprolol fumarate oral	13
bisoprolol-hydrochlorothiazide	13
blisovi 24 fe	23
blisovi fe 1/20.	23
blisovi fe 1.5/30	23

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



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

D



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



FENOGLIDE.....	14	FORTEO.....	29	GLUCOCARD SHINE TEST.....	18
FEXMID.....	33	FORTESTA.....	26	GLUCOCARD VITAL TEST.....	18
FINACEA EXTERNAL FOAM.....	17	FORTISCARE G1 TEST STRIP.....	18	GLUCOTROL XL.....	20
finasteride oral tablet 5 mg.....	23	FORTISCARE TEST.....	18	GLUMETZA.....	20
fingolimod hcl.....	15	FOSAMAX.....	29	glyburide oral.....	20
FLAREX.....	29	FREESTYLE LIBRE 14 DAY SENSOR.....	18	GLYCATE.....	22
flecainide acetate.....	14	FREESTYLE LIBRE 2 SENSOR.....	18	glycopyrrolate oral tablet 1 mg, 2 mg.....	22
FLOMAX.....	23	FREESTYLE LIBRE 3 SENSOR.....	18	GLYCOPYRROLATE ORAL TABLET 1.5 MG.....	22
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT.....	32	FREESTYLE PRECISION NEO SYSTEM.....	18	GLYXAMBI.....	20
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	29	FREESTYLE PRECISION NEO TEST.....	18	GOLYTELY.....	22
fluconazole oral tablet.....	11	FREESTYLE TEST.....	18	GONAL-F.....	29
FLUOROURACIL EXTERNAL CREAM 0.5 %.....	17	FUROSCIX.....	14	GONAL-F RFF.....	29
fluorouracil external cream 5 %.....	17	furosemide oral tablet.....	14	GONAL-F RFF REDIJECT.....	29
fluoxetine hcl oral capsule.....	10	FYCOMPA ORAL SUSPENSION.....	10	guanfacine hcl.....	14, 15
fluoxetine hcl oral tablet 10 mg.....	10	FYCOMPA ORAL TABLET.....	10	guanfacine hcl er.....	15
fluoxetine hcl oral tablet 20 mg, 60 mg.....	10	fyremadel.....	29	GUARDIAN 4 GLUCOSE SENSOR..	18
FLUTICASONE FUROATE- VILANTEROL.....	32			GUARDIAN 4 TRANSMITTER.....	18
FLUTICASONE PROPIONATE HFA..	32			GUARDIAN CONNECT TRANSMITTER.....	18
fluticasone propionate nasal.....	31			GUARDIAN LINK 3 TRANSMITTER..	18
FLUTICASONE-SALMETEROL INHALATION AEROSOL.....	32			GUARDIAN SENSOR (3).....	18
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.....	32			GUARDIAN SENSOR 3.....	18
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT.....	32			GVOKE HYPOPEN 1-PACK.....	18
fluvoxamine maleate.....	10			GVOKE HYPOPEN 2-PACK.....	18
FOCALIN.....	15			GVOKE KIT.....	18
FOCALIN XR.....	15			GVOKE PFS.....	18
folic acid oral tablet 1 mg.....	22			GYNAZOLE-1.....	11
FOLLISTIM AQ.....	29				
FORA 6 CONNECT/GTEL TEST.....	18				
FORFIVO XL.....	10				

G

gabapentin oral capsule.....	10
gabapentin oral tablet 600 mg, 800 mg.....	10
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	29
gavilyte-c.....	22
gavilyte-g.....	22
GAVRETO.....	11
gemfibrozil oral.....	14
GILENYA ORAL CAPSULE 0.25 MG..	15
GILENYA ORAL CAPSULE 0.5 MG..	16
glatiramer acetate.....	16
glatopa.....	16
glimepiride.....	20
glipizide er.....	20
glipizide oral tablet 10 mg, 5 mg.....	20
glipizide oral tablet 2.5 mg.....	20
glipizide xl.....	20
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED.....	20
GLUCOCARD EXPRESSION TEST..	18

H

HADLIMA.....	28
HADLIMA PUSH TOUCH.....	28
HAEGARDA.....	28
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.....	13

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

I



J		
jantoven	9	
JARDIANCE	20	
jasmiel	24	
jencycla	24	
JENTADUETO	20	
JENTADUETO XR	20	
JIVI	21	
JORNAY PM	15	
juleber	24	
JULUCA	13	
junel 1/20	24	
junel 1.5/30	24	
junel fe 1/20	24	
junel fe 1.5/30	24	
junel fe 24	24	
K		
K-TAB	22	
kalliga	24	
KEPPRA ORAL TABLET	10	
KESIMPTA	16	
ketoconazole external cream	11	
ketoconazole external shampoo	11	
ketorolac tromethamine oral	8	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	28	
KINERET	28	
KITABIS PAK	32	
KLISYRI	17	
KLONOPIN	13	
klor-con 10	22	
klor-con m10	22	
klor-con m15	22	
klor-con m20	22	
klor-con oral tablet extended release	22	
KLOXXADO	8	
KOATE	21	
KOATE-DVI	21	
KOGENATE FS	21	
KOSELUGO	12	
KOVALTRY	21	
KRINTAFEL	12	
kurvelo	24	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	12	
L		
labetalol hcl oral	14	
LAGEVRIO	13	
LAMICTAL ORAL TABLET	10	
lamotrigine oral tablet	10	
LANCETS	17-19	
LANREOTIDE ACETATE	26	
LANTUS SOLOSTAR	20	
LANTUS U-100 VIAL	20	
larin 1/20	24	
larin 1.5/30	24	
larin 24 fe	24	
larin fe 1/20	24	
larin fe 1.5/30	24	
larissia oral tablet 0.1-20 mg-mcg	25	
LASIX	14	
latanoprost ophthalmic	30	
LATUDA	12	
LEDIPASVIR-SOFOSBUVIR	13	
lenalidomide	12	
lessina	25	
letrozole oral	12	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	32	
levetiracetam oral tablet	10	
levo-t	27	
levocetirizine dihydrochloride oral tablet	31	
levofloxacin oral tablet	9	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	25	
levora 0.15/30 (28)	25	
levothyroxine sodium oral tablet	27	
levoxyl	27	
LEXAPRO	10	
LIALDA	29	
lidocaine hcl mouth/throat	16	
lidocaine viscous hcl	16	
LIKMEZ	9	
lillow oral tablet 0.15-30 mg-mcg	25	
LINZESS	22	
liothyronine sodium oral	27	
LIPITOR	14	
lisdexamfetamine dimesylate	15	
lisinopril oral	14	
lisinopril-hydrochlorothiazide	14	
LITFULO	28	
lithium carbonate er	13	
lithium carbonate oral capsule	13	
LITHOBID	13	
LO LOESTRIN FE	25	
lo-zumandimine	25	
LOESTRIN 1/20 (21)	25	
LOESTRIN 1.5/30 (21)	25	
LOESTRIN FE 1/20	25	
LOESTRIN FE 1.5/30	25	
LOKELMA	22	
LOPID	14	
LOPRESSOR	14	
lorazepam oral tablet	13	
loryna	25	
losartan potassium oral	14	
losartan potassium-hctz	14	
LOTEMAX OPHTHALMIC GEL	30	
LOTEMAX OPHTHALMIC OINTMENT	30	
LOTEMAX OPHTHALMIC SUSPENSION	30	
LOTEMAX SM	30	
LOTENSIN	14	
loteprednol etabonate ophthalmic gel	30	
loteprednol etabonate ophthalmic suspension 0.2 %	30	
loteprednol etabonate ophthalmic suspension 0.5 %	30	

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



moxifloxacin hcl ophthalmic.	30
MS CONTIN.	8
MULPLETA.	21
MULTAQ.	14
mupirocin external.	9
mycophenolate mofetil oral tablet . . .	28
MYDAYIS	15
MYFEMBREE.	25

N

na sulfate-k sulfate-mg sulf.	22
nabumetone oral	8
NALOCET.	8
naloxone hcl injection solution prefilled syringe	8
naloxone hcl nasal.	8
naltrexone hcl oral.	8
NAPROSYN ORAL TABLET.	8
naproxen oral tablet	8
NARCAN	8
NASCOBAL	22
NATAZIA.	25
NATESTO	27
NAYZILAM	10
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	30
neomycin-polymyxin-hc otic suspension.	31
NEULASTA.	21
NEUPRO.	12
NEURONTIN ORAL CAPSULE	10
NEURONTIN ORAL TABLET	10
NEUTEK 2TEK TEST.	19
NEVANAC.	30
NEXLETOL.	14
NEXLIZET.	14
NGENLA.	26
nifedipine er.	14
nifedipine er osmotic release	14
nikki.	25
nitrofurantoin macrocrystal	9

nitrofurantoin monohydrate macrocrystals	9
nitroglycerin sublingual.	14
NITROSTAT	14
NIVA THYROID	27
NOC DURNA.	26
nora-be	25
NORDITROPIN FLEXPEN	26
norelgestromin-eth estradiol	25
norethin ace-eth estrad-fe oral tablet.	25
norethindrone acet-ethinyl est	25
norethindrone acetate oral	25
norethindrone oral.	25
norgestimate-eth estradiol	25
norgestimate-ethinyl estradiol triphasic	25
NORITATE	17
NORLIQVA.	14
norlyda	25
norlyroc	25
nortriptyline hcl oral capsule	10
NORVASC	14
NOURIANZ.	12
NOVAREL.	29
NOVOEIGHT	21
NOVOFINE AUTOCOVER PEN NEEDLE	19
NOVOFINE PEN NEEDLE.	19
NOVOFINE PLUS PEN NEEDLE	19
NOVOLIN 70/30 FLEXPEN	20
NOVOLIN 70/30 FLEXPEN RELION	20
NOVOLIN 70/30 RELION	20
NOVOLIN 70/30 VIAL	20
NOVOLIN N FLEXPEN	20
NOVOLIN N FLEXPEN RELION	20
NOVOLIN N RELION.	20
NOVOLIN N VIAL.	20
NOVOLIN R FLEXPEN	20
NOVOLIN R FLEXPEN RELION	20
NOVOLIN R RELION.	20
NOVOLIN R VIAL.	20

NOVOTWIST PEN NEEDLE	19
np thyroid	27
NUBEQA.	12
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	32
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	32
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.	32
NUCYNTA.	8
NUCYNTA ER.	8
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM.	22
NURTEC.	11
NUTROPIN AQ NUSPIN 10	26
NUTROPIN AQ NUSPIN 20	26
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.	30
ODOMZO	12
OFEV.	32
ofloxacin ophthalmic.	30
ofloxacin otic	31
olanzapine oral tablet	12
olmesartan medoxomil oral	14
olmesartan medoxomil-hctz.	14

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

P



PREDNISOLONE ACETATE P-F.	30	PROZAC.	10	RESTASIS.	30	
prednisolone oral solution	26	pseudoephedrine-bromphen-dm . . .	31	RESTASIS MULTIDOSE	30	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	26	PTS PANELS EGLU TEST	19	RESTORIL	33	
prednisolone sodium phosphate oral solution 15 mg/5ml	26	PULMICORT SUSPENSION.	32	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML.	21	
prednisone oral tablet.	26	PULMOZYME	32	RETACRIT INJECTION SOLUTION 20000 UNIT/ML.	21	
prednisone oral tablet therapy pack .	26	PYLERA	22	RETEVMO ORAL CAPSULE 40 MG .	12	
pregabalin oral capsule	16	PYRIDIUM	23	RETEVMO ORAL CAPSULE 80 MG .	12	
PREGNYL.	29				RETIN-A EXTERNAL CREAM	17
PREMARIN ORAL.	25				REVATIO ORAL TABLET	32
PREMARIN VAGINAL	25				REVLIMID.	12
PREMIUM BLOOD GLUCOSE TEST. .	19				REXULTI.	12
PREMPHASE.	25				RHOFADE.	17
PREMPRO	25				RHOPRESSA.	30
previfem oral tablet 0.25-35 mg-mcg	25				RIGHTEST GT333 GLUCOSE TEST .	19
PREZCOBIX.	13				RINVOQ	28
PRISTIQ	10				RISPERDAL ORAL TABLET.	12
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT.	32				risperidone oral tablet.	12
PROCARDIA XL.	14				RITALIN	15
prochlorperazine maleate oral.	11				RITALIN LA.	15
PROCTOFOAM HC	29				rizatriptan benzoate.	11
progesterone oral	25				ROBINUL	22
PROGRAF ORAL CAPSULE	28				ROBINUL-FORTE	22
PROLATE ORAL TABLET.	8				ROCALTROL ORAL CAPSULE	29
promethazine hcl oral tablet.	11				ROCKLATAN	30
promethazine-dm	31				ropinirole hcl	12
PROMETRIUM.	25				rosadan external cream 0.75 %	17
propranolol hcl er	14				rosuvastatin calcium	14
propranolol hcl oral tablet	14				roweepra	10
PROSCAR	23				ROXICODONE ORAL TABLET 15 MG, 30 MG	8
PROTONIX ORAL TABLET DELAYED RELEASE	22				ROXICODONE ORAL TABLET 5 MG .	8
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	17				RUCONEST	28
PROVENTIL HFA.	31, 32				RUKOBIA	13
PROVERA.	23, 25				RYBELSUS.	21
PROVIGIL.	33					

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

T

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

U

UBRELVY	11
UCERIS ORAL	29
UDENYCA	21
ULTRAM ORAL TABLET 50 MG	8
UNISTRIPI1 GENERIC	19
unithroid	27
UROCIT-K 10	22
UROCIT-K 15	22
UROCIT-K 5	22
UROXATRAL	23
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	12

V			
VAGIFEM	26	VIVJOA	11
valacyclovir hcl oral	13	VOGELXO	27
VALIUM	13	VOGELXO PUMP	27
valsartan oral tablet	15	VOQUEZNA	22
valsartan-hydrochlorothiazide	15	VOQUEZNA DUAL PAK	22
VALTOCO NASAL LIQUID		VOQUEZNA TRIPLE PAK	22
10 MG/0.1ML, 5 MG/0.1ML	10	VOSEVI	13
VALTREX	13	VRAYLAR ORAL CAPSULE	12
VANDAZOLE	9	VTAMA	17
VASOTEC	15	VYLEESI	21
VELPHORO	23	vylibra	26
VELTASSA	22	VYVANSE	15
venlafaxine hcl	10, 11	W	
venlafaxine hcl er oral capsule		WAKIX	33
extended release 24 hour	11	warfarin sodium oral	10
VENTOLIN HFA	31, 32	WELLBUTRIN SR	11
VEOZAH	26	WELLBUTRIN XL	11
verapamil hcl er oral tablet		WILATE	21
extended release	15	wixela inhub	32
VERKAZIA	31	X	
VERQUVO	15	XACIATO	9
VERZENIO	12	XALATAN	30
VESICARE	23	XANAX	13
vestura	26	XARELTO	10
VIAGRA	21	XARELTO STARTER PACK	10
VIBERZI	22	XCOPRI ORAL TABLET 100 MG,	
VIBRAMYCIN ORAL CAPSULE	9	150 MG, 200 MG, 50 MG	10
VICTOZA SOLUTION PEN-		XDEMVY	30
INJECTOR 18 MG/3ML		XELJANZ	28, 29
SUBCUTANEOUS	21	XELJANZ XR ORAL TABLET	
vienna	26	EXTENDED RELEASE 24 HOUR	
VIGAMOX	30	11 MG	28
VIIBRYD	11	XELJANZ XR ORAL TABLET	
VIIBRYD STARTER PACK ORAL		EXTENDED RELEASE 24 HOUR	
KIT 10 & 20 MG	11	22 MG	29
vilazodone hcl	11	XENLETA ORAL TABLET 600 MG	9
VISTARIL	13	XEPI	17
vitamin d (ergocalciferol) oral		XIIDRA	31
capsule 1.25 mg (50000 ut), 50000		XOFLUZA (40 MG DOSE)	13
unit	22	XOFLUZA (80 MG DOSE)	13
VITRAKVI	12		
VIVELLE-DOT	24, 26		
		XOLAIR SUBCUTANEOUS	
		SOLUTION PREFILLED SYRINGE	29
		XOPENEX HFA	32
		XTAMPZA ER	8
		XTANDI	12
		xulane	26
		XYWAV	33
		Y	
		YASMIN 28	26
		YAZ	26
		YUFLYMA (2 SYRINGE)	29
		YUPELRI	32
		yuvaferm	26
		Z	
		zafemy	26
		ZANAFLEX ORAL TABLET	33
		ZARXIO	21
		ZAVZPRET	11
		ZCORT 7-DAY ORAL TABLET	
		THERAPY PACK 1.5 MG (25)	26
		ZEGALOGUE SUBCUTANEOUS	
		SOLUTION AUTO-INJECTOR	21
		ZEJULA ORAL CAPSULE 100 MG	12
		ZELBORAF	12
		ZENPEP ORAL CAPSULE	
		DELAYED RELEASE PARTICLES	
		10000-32000 UNIT, 15000-47000	
		UNIT, 20000-63000 UNIT, 25000-	
		79000 UNIT, 3000-10000 UNIT,	
		40000-126000 UNIT, 5000-24000	
		UNIT	23
		ZENPEP ORAL CAPSULE	
		DELAYED RELEASE PARTICLES	
		60000-189600 UNIT	23
		ZEPOSIA	16
		ZEPOSIA 7-DAY STARTER PACK	16
		ZEPOSIA STARTER KIT ORAL	
		CAPSULE THERAPY PACK	
		0.23MG & 0.46MG & 0.92MG	16
		ZEPOSIA STARTER KIT ORAL	
		CAPSULE THERAPY PACK	
		0.23MG & 0.46MG 0.92MG(21)	16
		ZESTORETIC	15

ZESTRIL.....	15
ZETIA	15
ZETONNA.....	31
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG.....	15
ZIAC ORAL TABLET 5-6.25 MG	15
ZILXI	17
ZIMHI	8
ZIOPTAN	30
ZITHROMAX ORAL SUSPENSION RECONSTITUTED.....	9
ZITHROMAX ORAL TABLET	9
ZITHROMAX TRI-PAK.....	9
ZITHROMAX Z-PAK.....	9
ZOCOR.....	15
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	11
ZOLOFT ORAL TABLET.....	11
zolpidem tartrate er.....	33
zolpidem tartrate oral tablet	33
ZOMIG NASAL SOLUTION 2.5 MG..	11
ZOMIG NASAL SOLUTION 5 MG ...	11
ZONEGRAN.....	10
zonisamide oral	10
ZORYVE EXTERNAL CREAM	17
ZTLIDO.....	8
ZUBSOLV.....	8
zumandimine	26
ZYLET.....	30
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	11
ZYPREXA ORAL	12

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Washington, D.C. 20201

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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. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**khmer (Khmer)**សម្រាប់ជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីទទួលបានលេខអត្តសញ្ញាណប័ណ្ណអ្នកប្រចាំថ្ងៃ។

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.

Díí BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłt'ígo, saad bee áka'ánída'awo'ígíí, t'áá jíí'k'eh, bee ná'ahóót'í. T'áá shóqdí ninaaltsoos nít'í'í bee nééhozinígíí bine'déq' t'áá jíí'k'ehgo béésh bee hane'í biká'ígíí bee hodíłnih.

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

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