



Your 2024 Prescription Drug List

Advantage 4-Tier

Effective May 1, 2024



**United
Healthcare**

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

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

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, some UnitedHealthcare Freedom Plans, Golden Rule, Oxford and UnitedHealthOne.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	
apap-caff-dihydrocodeine	4	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	E	
endocet	1	
ESGIC ORAL TABLET	4	QL
GEN7T EXTERNAL PATCH	E	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl oral tablet	1	
lidocaine external patch 5 %	3	PA, QL
LIDODERM	E	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
PERCOCET	E	
PROLATE ORAL TABLET	E	
ROXICODONE	E	
tramadol hcl oral tablet 100 mg	E	

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

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
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	4	
BACTRIM DS	4	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral tablet	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	QL

Drug Name	Drug Tier	Requirements & Limits
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	4	QL
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE	4	
XACIATO	E	
XENLETA ORAL	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTOM	3	PA
BRIVIACT ORAL TABLET	3	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
divalproex sodium er	2	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
FYCOMPA	3	PA
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	4	PA
LAMICTAL ORAL TABLET	4	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	4	PA
NEURONTIN ORAL TABLET	4	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
SYMPAZAN	E	
TOPAMAX	4	PA
TOPAMAX SPRINKLES	4	PA
topiramate oral tablet	1	
TRILEPTAL ORAL TABLET	4	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	4	PA
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	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	QL
VIIBRYD STARTER PACK	4	
vilazodone hcl	3	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	

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Drug Name	Drug Tier	Requirements & Limits
promethazine hcl oral tablet	1	
REGLAN	4	
scopolamine	3	
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	QL
ketoconazole external shampoo	1	
nystatin external cream	1	QL
nystatin mouth/throat	1	
terbinafine hcl oral	1	
VIVJOA	3	PA, QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
COLCHICINE ORAL CAPSULE	E	
colchicine oral capsule	2	(generic for Mitigare)
colchicine oral tablet	2	
COLCRYS	E	
MITIGARE	2	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
eletriptan hydrobromide	2	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA, ST, QL
IMITREX ORAL	E	QL
MAXALT	E	QL
NURTEC ODT	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
RELPAX	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	E	
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
CALQUENCE	2	PA, QL, SP
COTELLIC	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	4	PA, QL, SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	2	PA, QL, SP
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
POMALYST	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
NEUPRO	3	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral tablet	2	
LATUDA	E	QL
lurasidone hcl	3	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	4	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SEROQUEL	E	
UZEDY	E	
VRAYLAR ORAL CAPSULE	4	QL
ZYPREXA ORAL	E	
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
EPCLUSA ORAL TABLET	2	PA, QL, SP
HARVONI ORAL TABLET	2	PA, ST, QL, SP
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
oseltamivir phosphate oral capsule	2	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX	2	
RUKOBIA	4	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL

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Drug Name	Drug Tier	Requirements & Limits
VALTREX	E	QL
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	
bupirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	4	
XANAX	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
ATORVALIQ	4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	

Drug Name	Drug Tier	Requirements & Limits
AVAPRO	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CARDIZEM CD	E	
CARDURA	4	
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads	2	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
enalapril maleate oral tablet	1	
ENTRESTO	4	PA, QL
EXFORGE	E	
ezetimibe	2	
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
FENOGLIDE	E	
flecainide acetate	1	
FUROSCIX	4	PA, QL
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	

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

Drug Name	Drug Tier	Requirements & Limits
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	4	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	2	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	2	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	QL
spironolactone oral tablet	1	
TEKTURNA	3	
telmisartan	2	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	4	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR	E	

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr	E	(generic for Mydayis), QL
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
CONCERTA	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
FOCALIN	4	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	QL
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	E	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	E	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	2	QL

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl oral tablet	1	
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG	E	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG	E	
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	4	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
LYRICA ORAL CAPSULE	4	PA
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
RADICAVA ORS STARTER KIT	3	PA, QL, SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, SP

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	4	
periogard	1	

Dermatological Agents - Drugs for Skin Conditions

AKLIEF	4	PA, QL
ala-cort	E	
AMZEEQ	4	QL
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
brimonidine tartrate external	3	PA, QL
CARAC	E	
CIBINQO	2	PA, QL, SP
CLEOCIN-T	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL
clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL
clobetasol propionate external cream	2	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL

Drug Name	Drug Tier	Requirements & Limits
clotrimazole-betamethasone external cream	1	
DAZOMON	E	PA
DUPIXENT	2	PA, QL, SP
EFUDEX	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	4	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	E	QL
KLISYRI	4	ST, QL
METROCREAM	4	
metronidazole external cream	1	
MIRVASO	4	PA, QL
NORITATE	E	
OPZELURA	4	PA, QL, SP
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	4	PA, QL
SANTYL	3	QL
SOOLANTRA	4	QL
TACLONEX EXTERNAL OINTMENT	E	QL
tacrolimus external	2	QL
TOLAK	E	
tretinoin external cream	3	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	

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Drug Name	Drug Tier	Requirements & Limits
triamcinolone in absorbase	E	
triderm	1	QL
VTAMA	4	PA, QL
XEPI	3	QL
ZILXI	4	PA, ST, QL
ZORYVE	4	PA, QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	E	QL
AQINJECT PEN NEEDLE	2	QL
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
bd ultra-fine U-500 insulin syringes	2	QL
bd ultra-fine veo insulin syringes	2	QL
BIGFOOT UNITY PROGRAM	E	
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CONTOUR MONITOR KIT W/DEVICE	E	

Drug Name	Drug Tier	Requirements & Limits
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	4	
CONTOUR NEXT LINK KIT W/DEVICE	E	(Contour Next Link 2.4)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
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 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	E	
DIABETES MONITOR DIGIT SOLN	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
FORA 6 CONNECT/GTEL TEST	3	QL
FORTISCARE G1 TEST STRIP	E	QL

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Drug Name	Drug Tier	Requirements & Limits
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 HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	QL
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
LANCETS	1	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL

Drug Name	Drug Tier	Requirements & Limits
NOVOTWIST PEN NEEDLE	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 POD (GEN 5)	2	PA, QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA IN VITRO STRIP	1	QL
ONETOUCH ULTRA MINI BLOOD GLUCOSE METER	1	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ BLOOD GLUCOSE METER	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	

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Drug Name	Drug Tier	Requirements & Limits
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL
TECHLITE INSULIN SYRINGES	2	(manufactured by Arkay) QL
TECHLITE PEN NEEDLES	2	(manufactured by Arkay) QL
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
HUMALOG INJECTION	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL

Drug Name	Drug Tier	Requirements & Limits
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	4	ST
ADLYXIN STARTER PACK	4	ST
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL

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Drug Name	Drug Tier	Requirements & Limits
BYDUREON	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
glimepiride	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCOTROL XL	4	
GLUMETZA	E	PA
glyburide oral	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL
NESINA	2	QL
ONGLYZA	E	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
saxagliptin hcl	2	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL

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

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Drug Name	Drug Tier	Requirements & Limits
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	4	PA, QL, SP
UDENYCA	E	
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	4	
DRISDOL	4	
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	

Drug Name	Drug Tier	Requirements & Limits
LOKELMA	3	PA, QL
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er oral capsule extended release	1	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium citrate er	1	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	4	
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	

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Drug Name	Drug Tier	Requirements & Limits
gavilyte-c	1	H
gavilyte-g	1	QL, H
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	4	QL
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	3	PA, QL
ZELNORM	3	PA, ST
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
oxybutynin chloride er	2	

Drug Name	Drug Tier	Requirements & Limits
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	2	
THIOLA	4	SP
THIOLA EC	3	SP
VELPHORO	2	
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
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
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

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Drug Name	Drug Tier	Requirements & Limits
CLIMARA	E	QL
CLIMARA PRO	3	QL
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	2	QL
DIVIGEL	3	
dotti	2	QL
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
eluryng	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	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	QL
estradiol transdermal gel	3	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	3	
jencycla	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kurvelo	1	H

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

Drug Name	Drug Tier	Requirements & Limits
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	3	
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone oral	2	
PROMETRIUM	E	
PROVERA	4	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tri-estarylla	1	H
tri-lynyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H

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

Drug Name	Drug Tier	Requirements & Limits
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
LANREOTIDE ACETATE	E	SP
NGENLA	4	PA, QL, SP
NOCDURNA	3	PA, 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
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
SOMATULINE DEPOT	4	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	

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Drug Name	Drug Tier	Requirements & Limits
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	

Immunological Agents - Drugs for Immune System Stimulation or Suppression

ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-ADAZ	2	(manufactured by Sandoz), PA, QL, SP
ADALIMUMAB-ADBM SUBCUTANEOUS AUTO-INJECTOR KIT	E	PA, SP
ADALIMUMAB-ADBM SUBCUTANEOUS PREFILLED SYRINGE KIT	E	PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA	2	PA, QL, SP
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA, QL, SP
CIMZIA SUBCUTANEOUS KIT	E	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
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
CYLTEZO	2	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER	2	PA, QL, SP
CYLTEZO-PSORIASIS STARTER	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
HADLIMA	2	PA, QL, SP
HADLIMA PUSHTOUCH	2	PA, QL, SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, QL, SP
HYFTOR	4	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	E	PA, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER PACK	E	PA, QL, SP
HYRIMOZ-PED CROHNS STARTER	E	PA, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
IMURAN	E	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
KINERET	3	PA, ST, QL, SP
LITFULO	3	PA, QL, SP
LUPKYNIS	4	PA, QL, SP
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET	4	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA ORAL TABLET	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST, QL
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	
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		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
APRISO	1	
budesonide rectal	2	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	E	

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Drug Name	Drug Tier	Requirements & Limits
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	
PROCTOFOAM HC	2	
UCERIS ORAL	3	
UCERIS RECTAL	E	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium oral tablet	1	
FOSAMAX	4	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
teriparatide inj	E	PA, ST, SP
TYMLOS	3	PA, SP

Metabolic Bone Disease Agents - Other

calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	4	

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

ALREX	4	QL
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
ILEVRO	E	
INVELTYS	3	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	4	

Drug Name	Drug Tier	Requirements & Limits
MOXEZA	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
ZYLET	3	

Ophthalmic Agents - Drugs for Glaucoma

ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
BETIMOL	2	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
IYUZEH	E	QL

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Drug Name	Drug Tier	Requirements & Limits
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ophthalmic solution	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
XALATAN	E	
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
EMPAVELI	2	PA, QL, SP
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA
XIIDRA	4	PA, QL

Otic Agents - Drugs for Ear Conditions

ciprofloxacin-dexamethasone	3	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	2	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR- Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL

Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL

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

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

Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL

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



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL	ipratropium-albuterol	2	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1		montelukast sodium oral tablet chewable	1	
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	3		NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
ANORO ELLIPTA	3	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
ARNUIITY ELLIPTA	1	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
ATROVENT HFA	3	QL	PERFOROMIST	4	QL
BEVESPI AEROSPHERE	2	QL	PROVENTIL HFA	E	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	QL, RS	PULMICORT SUSPENSION	E	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	3	RS	QVAR REDIHALER	1	QL
brey-na	E	QL, RS	SEREVENT DISKUS	2	QL
BREZTRI AEROSPHERE	3	QL, RS	SINGULAIR ORAL TABLET	E	
budesonide inhalation	2	QL	SINGULAIR ORAL TABLET CHEWABLE	E	
budesonide-formoterol fumarate	E	QL, RS	SPIRIVA HANDIHALER	2	QL
COMBIVENT RESPIMAT	3	QL	SPIRIVA RESPIMAT	2	QL
FASENRA PEN	4	PA, QL	STIOLTO RESPIMAT	2	QL
FLOVENT HFA	E	QL	STRIVERDI RESPIMAT	2	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS	SYMBICORT	3	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS	TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL	tiotropium bromide monohydrate	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL	TRELEGY ELLIPTA	3	QL, RS
			VENTOLIN HFA	E	QL
			wixela inhub	3	QL
			XOPENEX HFA	3	QL
			YUPELRI	4	PA, QL
			Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
			BETHKIS	E	PA, QL, SP
			BRONCHITOL	3	PA, ST, QL, SP
			BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, (generic for Tobi), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	4	PA, QL, SP
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Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REMODULIN	E	PA
REVATIO ORAL TABLET	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	PA
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 tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	

Drug Name	Drug Tier	Requirements & Limits
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	4	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
eszopiclone	2	
LUMRYZ	E	PA, QL, SP
LUNESTA	E	
modafinil	2	QL
PROVIGIL	E	QL
RESTORIL	4	
SODIUM OXYBATE	4	(manufactured by Hikma) PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

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GUARDIAN SENSOR (3).....	18
GUARDIAN SENSOR 3.....	18
GVOKE HYPOPEN 1-PACK	18
GVOKE HYPOPEN 2-PACK	18
GVOKE KIT.....	18
GVOKE PFS	18
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H

HADLIMA	26
HADLIMA PUSH TOUCH.....	26
HAEGARDA	26
hailey 1.5/30.....	23
hailey 24 fe.....	23
hailey fe 1/20	23
hailey fe 1.5/30.....	23
HALCION	13
haloette.....	23
HARVONI ORAL TABLET.....	12
HEALTHPRO BLOOD GLUCOSE MONITO	18
heather	23
HEMADY.....	25
HEMANGEOL	13
HEMLIBRA.....	20
HEMOFIL M	20
HIDEX 6-DAY	25
HUMALOG INJECTION	19
HUMALOG KWIKPEN.....	19
HUMALOG MIX 50/50 KWIKPEN ...	19
HUMALOG MIX 50/50 VIAL	19
HUMALOG MIX 75/25 KWIKPEN ...	19
HUMALOG MIX 75/25 VIAL	19
HUMALOG TEMPO PEN	19
HUMALOG U-100 JUNIOR KWIKPEN.....	19
HUMATE-P.....	20
HUMIRA.....	26
HUMIRA PEDIATRIC CROHNS START.....	26
HUMIRA PEN.....	26
HUMIRA PEN-CD/UC/HS STARTER.....	26
HUMIRA PEN-PEDIATRIC UC START.....	26
HUMIRA PEN-PS/UV/ADOL HS START.....	26
HUMIRA PEN-PSOR/UEIT STARTER.....	26
HUMULIN 70/30 KWIKPEN	19
HUMULIN 70/30 VIAL.....	19
HUMULIN N KWIKPEN.....	19

HUMULIN N VIAL	19
HUMULIN R U-500 KWIKPEN	19
HUMULIN R U-500 VIAL.....	19
HUMULIN R VIAL	19
hydralazine hcl oral	13
hydrochlorothiazide oral	13
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8
hydrocortisone external cream 1 %..	16
hydrocortisone external cream 2.5 %.....	16
hydrocortisone external ointment 1 %, 2.5 %.....	16
hydrocortisone oral.....	25
hydromorphone hcl oral tablet.....	8
hydroxychloroquine sulfate oral.....	12
hydroxyzine hcl oral tablet	13
hydroxyzine pamoate oral	13
HYFTOR.....	26
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML.....	26
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML.....	26
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML.....	26
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML.....	27
HYRIMOZ-CROHNS/UC STARTER PACK.....	27
HYRIMOZ-PED CROHNS STARTER .	27
HYRIMOZ-PLAQUE PSORIASIS START.....	27
HYZAAR.....	13

I

IBRANCE ORAL CAPSULE	11
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ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8	jencycla	23	KYNMOBI	12	
ICLUSIG ORAL TABLET 10 MG, 30 MG	11	JENTADUETO	20	L		
ICLUSIG ORAL TABLET 15 MG, 45 MG	11	JENTADUETO XR	20	labetalol hcl oral	14	
IDHIFA	11	JIVI	20	LAMICTAL ORAL TABLET	10	
ILEVRO	28	JORNAY PM	15	lamotrigine oral tablet	10	
IMBRUVICA ORAL TABLET 140 MG, 280 MG	11	juleber	23	LANCETS	17, 18	
IMITREX ORAL	11	JULUCA	12	LANREOTIDE ACETATE	25	
IMPOYZ	16	junel 1/20	23	LANTUS SOLOSTAR	19	
IMURAN	27	junel 1.5/30	23	LANTUS U-100 VIAL	19	
IMVEXXY MAINTENANCE PACK . . .	21	junel fe 1/20	23	larin 1/20	24	
IMVEXXY STARTER PACK	21	junel fe 1.5/30	23	larin 1.5/30	24	
INBRIJA	12	junel fe 24	23	larin 24 fe	24	
incassia	23	K			larin fe 1/20	24
INDERAL LA	14	K-TAB	21	larin fe 1.5/30	24	
indomethacin oral	8	kalliga	23	LASIX	14	
INSULIN GLARGINE	19	KAZANO	20	LASTACAPT	29	
INSULIN GLARGINE SOLOSTAR . . .	19	KEPPRA ORAL TABLET	10	latanoprost ophthalmic	29	
INSULIN LISPRO	19	KESIMPTA	15	LATUDA	12	
INSULIN LISPRO (1 UNIT DIAL) . . .	19	ketoconazole external cream	11	LEDIPASVIR-SOFOSBUVIR	12	
INSULIN LISPRO JUNIOR KWIKPEN	19	ketoconazole external shampoo	11	lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	11	
INSULIN LISPRO PROT & LISPRO . . .	19	ketorolac tromethamine oral	8	lenalidomide oral capsule 2.5 mg, 20 mg	11	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	18	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	lessina	24	
INTUNIV	15	KINERET	27	letrozole oral	11	
INVELTYS	28	KITABIS PAK	31	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	30	
ipratropium bromide nasal	29	KLARITY-A	28	levetiracetam oral tablet	10	
ipratropium-albuterol	30	KLISYRI	16	levo-t	26	
irbesartan	14	KLONOPIN	13	levocetirizine dihydrochloride oral tablet	29	
irbesartan-hydrochlorothiazide	14	klor-con 10	21	levofloxacin oral tablet	9	
isibloom	23	klor-con m10	21	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	24	
isosorbide mononitrate er	14	klor-con m15	21	levora 0.15/30 (28)	24	
ISTALOL	28	klor-con m20	21	levothyroxine sodium oral tablet	26	
IYUZEH	28	klor-con oral tablet extended release	21	levoxy	26	
J		KLOXXADO	8	LEXAPRO	10	
jantoven	9	KOATE	20	LIALDA	27	
JARDIANCE	20	KOATE-DVI	20	lidocaine external patch 5 %	8	
jasmiel	23	KOGENATE FS	20	lidocaine hcl mouth/throat	16	
		KOSELUGO	11	lidocaine viscous hcl	16	
		KOVALTRY	20			
		KRINTAFEL	12			
		kurvelo	23			



LIDODERM.....	8	LUPKYNIS	27	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg.....	20
LINZESS.....	22	lurasidone hcl	12	metformin hcl oral tablet 625 mg.	20
liothyronine sodium oral.....	26	lutera.....	24	methimazole oral.....	26
LIPITOR	14	lyleq	24	methocarbamol oral tablet 1000 mg.	31
lisdexamfetamine dimesylate.....	15	lyllana	24	methocarbamol oral tablet 500 mg, 750 mg	31
lisinopril oral.....	14	LYNPARZA.....	11	methotrexate sodium oral.....	27
lisinopril-hydrochlorothiazide.....	14	LYRICA ORAL CAPSULE.....	15	methylphenidate hcl er (cd)	15
LITFULO.....	27	LYUMJEV KWIKPEN.....	19	methylphenidate hcl er (la) oral capsule extended release 24 hour	
lithium carbonate	13	LYUMJEV TEMPO PEN.....	19	10 mg, 20 mg, 30 mg, 40 mg.....	15
lithium carbonate oral capsule.....	13	LYUMJEV VIAL	19	methylphenidate hcl er (la) oral capsule extended release 24 hour	
LITHOBID.....	13	lyza	24	60 mg	15
LO LOESTRIN FE.....	24			methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	15
lo-zumandimine	24			METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG.....	15
LOESTRIN 1/20 (21)	24			METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG.....	15
LOESTRIN 1.5/30 (21).....	24	MACROBID	9	methylphenidate hcl er (osm) oral tablet extended release 72 mg.	15
LOESTRIN FE 1/20	24	MACRODANTIN	9	methylphenidate hcl er (xr).....	15
LOESTRIN FE 1.5/30.....	24	marlissa	24	methylphenidate hcl er oral tablet extended release.....	15
LOKELMA.....	21	MAVENCLAD.....	15	methylphenidate hcl oral tablet	15
LOPID.....	14	MAVYRET ORAL PACKET	12	methylprednisolone oral tablet therapy pack	25
LOPRESSOR	14	MAXALT.....	11	metoclopramide hcl oral tablet	10
lorazepam oral tablet	13	MAXITROL OPHTHALMIC SUSPENSION 0.1 %	28	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg.....	14
loryna	24	MAXZIDE	14	metoprolol succinate er oral tablet extended release 24 hour 25 mg.	14
losartan potassium oral	14	MAXZIDE-25	14	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	14
losartan potassium-hctz.....	14	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	15	metoprolol tartrate oral tablet 37.5 mg, 75 mg	14
LOTEMAX OPHTHALMIC GEL	28	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	15	METROCREAM.....	16
LOTEMAX OPHTHALMIC OINTMENT.....	28	MEDROL ORAL TABLET THERAPY PACK.....	25	metronidazole external cream	16
LOTEMAX OPHTHALMIC SUSPENSION	28	medroxyprogesterone acetate intramuscular suspension prefilled syringe	24	metronidazole oral tablet	9
LOTEMAX SM	28	medroxyprogesterone acetate oral ..	24	metronidazole vaginal.....	9
LOTENSIN	14	meloxicam oral tablet	8	MICARDIS	14
loteprednol etabonate ophthalmic gel.....	28	MENOPUR.....	27		
loteprednol etabonate ophthalmic suspension.....	28	MENOSTAR	24		
LOTREL	14	mesalamine oral tablet delayed release 1.2 gm.....	28		
lovastatin oral.....	14	mesalamine oral tablet delayed release 800 mg	28		
LOVAZA	14	metformin hcl er	20		
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE.....	9	metformin hcl er (mod).....	20		
LUMAKRAS.....	11	metformin hcl er (osm)	20		
LUMIGAN.....	29				
LUMRYZ.....	31				
LUNESTA	31				

M



MICRODOT TEST	18	nabumetone oral	8	norethindrone oral	24
microgestin 1/20	24	NALOCET	8	norgestimate-eth estradiol	24
microgestin 1.5/30	24	naloxone hcl injection solution prefilled syringe	8	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg	24
microgestin 24 fe	24	naloxone hcl nasal	8	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg	24
microgestin fe 1/20	24	naltrexone hcl oral	8	NORITATE	16
microgestin fe 1.5/30	24	NAPROSYN ORAL TABLET	8	NORLIQVA	14
mili	24	naproxen oral tablet	8	norlyroc	24
MINILINK REAL-TIME TRANSMITTER	18	NARCAN	8	nortriptyline hcl oral capsule	10
MINIMED 630G GUARDIAN PRESS	18	NASCOBAL	21	NORVASC	14
MINIPRESS	14	NATAZIA	24	NOURIANZ	12
MINIVELLE	23, 24	NATESTO	25	NOVAREL	27
minocycline hcl oral capsule	9	NAYZILAM	10	NOVOEIGHT	20
minoxidil oral	14	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	28	NOVOFINE AUTOCOVER PEN NEEDLE	18
mirtazapine oral tablet	10	neomycin-polymyxin-hc otic suspension	29	NOVOFINE PEN NEEDLE	18
MIRVASO	16	NESINA	20	NOVOFINE PLUS PEN NEEDLE	18
misoprostol oral	21	NEULASTA	20	NOVOLIN 70/30 FLEXPEN	19
MITIGARE	11	NEUPRO	12	NOVOLIN 70/30 FLEXPEN RELION	19
MM EASY TOUCH GLUCOSE METER	18	NEURONTIN ORAL CAPSULE	10	NOVOLIN 70/30 RELION	19
modafinil	31	NEURONTIN ORAL TABLET	10	NOVOLIN 70/30 VIAL	19
mondoxyne nl	9	NEUTEK 2TEK TEST	18	NOVOLIN N FLEXPEN	19
mono-lynyah	24	NEVANAC	28	NOVOLIN N FLEXPEN RELION	19
montelukast sodium oral tablet	30	NEXLETOL	14	NOVOLIN N RELION	19
montelukast sodium oral tablet chewable	30	NEXLIZET	14	NOVOLIN N VIAL	19
morphine sulfate er oral tablet extended release	8	NGENLA	25	NOVOLIN R FLEXPEN	19
MOTTEGRITY	22	nifedipine er	14	NOVOLIN R FLEXPEN RELION	19
MOUNJARO	20	nifedipine er osmotic release	14	NOVOLIN R RELION	19
MOVIPREP	22	nikki	24	NOVOLIN R VIAL	19
MOXEZA	28	nitrofurantoin macrocrystal	9	NOVOTWIST PEN NEEDLE	18
moxifloxacin hcl (2x day)	28	nitrofurantoin monohydrate macrocrystals	9	np thyroid	26
moxifloxacin hcl ophthalmic	28	nitroglycerin sublingual	14	NUBEQA	11
MS CONTIN	8	NITROSTAT	14	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30
MULPLETA	20	NIVA THYROID	26	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	30
MULTAQ	14	NOCDURNA	25	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	30
mupirocin external	9	nora-be	24	NUCYNTA	8
mycophenolate mofetil oral tablet	27	NORDITROPIN FLEXPEN	25	NUCYNTA ER	8
MYFEMBREE	24	norethin ace-eth estrad-fe oral tablet	24		
		norethindrone acet-ethinyl est	24		
		norethindrone acetate oral	24		

N

na sulfate-k sulfate-mg sulf. 22



NURTEC ODT	11	ONETOUCH ULTRA IN VITRO STRIP	18	OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	8
NUTROPIN AQ NUSPIN 10	25	ONETOUCH ULTRA MINI BLOOD GLUCOSE METER	18	OZEMPIC	20
NUTROPIN AQ NUSPIN 20	25	ONETOUCH ULTRASOFT LANCETS	18	P	
NUTROPIN AQ NUSPIN 5	25	ONETOUCH VERIO FLEX SYSTEM KIT	18	PACERONE ORAL TABLET 100 MG, 400 MG	14
NUVARING	24	ONETOUCH VERIO IQ BLOOD GLUCOSE METER	18	PACERONE ORAL TABLET 200 MG	14
NUVESSA	9	ONETOUCH VERIO REFLECT KIT W/DEVICE	18	PAMELOR	10
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	20	ONETOUCH VERIO TEST STRIPS	18	PANCREAZE	22
NUWIQ INTRAVENOUS KIT 1500 UNIT	21	ONGLYZA	20	pantoprazole sodium oral tablet delayed release	21
NUZYRA ORAL	9	OPSUMIT	31	PARADIGM REAL-TIME TRANSMITTER	18
nymyo	24	OPTIUMEZ TEST	18	paroxetine hcl oral tablet	10
nystatin external cream	11	OPZELURA	16	PAXIL ORAL TABLET	10
nystatin mouth/throat	11	ORENCIA CLICKJECT	27	PAXLOVID (150/100)	12
O		ORENCIA SUBCUTANEOUS	27	PAXLOVID (300/100)	12
ocella	24	ORFADIN	22	PEDIAPRED	25
OCUFLOX	28	ORGOVYX	11	peg 3350-kcl-na bicarb-nacl	22
ODOMZO	11	ORIAHNN	25	peg-3350/electrolytes	22
OFEV	31	ORLISSA	25	peg-3350/electrolytes/ascorbic acid	22
ofloxacin ophthalmic	28	oseltamivir phosphate oral capsule	12	peg-kcl-nacl-nasulf-na asc-c	22
ofloxacin otic	29	OSENI	20	penicillin v potassium oral tablet	9
olanzapine oral tablet	12	OSPHENA	21	PERCOCET	8
olmesartan medoxomil oral	14	OTEZLA ORAL TABLET	27	PERFOROMIST	30
olmesartan medoxomil-hctz	14	OTREXUP	27	PERIDEX	16
OLUMIANT ORAL TABLET	27	OVIDREL	27	periogard	16
OMECLAMOX-PAK	21	OXAYDO	8	PERTZYE	22
omega-3-acid ethyl esters	14	oxcarbazepine oral tablet	10	phenazo oral tablet 200 mg	22
omeprazole oral capsule delayed release	21	oxybutynin chloride er	22	phenazopyridine hcl oral	22
OMNIPOD 5 G6 INTRO (GEN 5)	18	oxybutynin chloride oral tablet 2.5 mg	22	pioglitazone hcl	20
OMNIPOD 5 G6 POD (GEN 5)	18	oxybutynin chloride oral tablet 5 mg	22	PIP BLOOD GLUCOSE TEST STRIP	18
ON CALL EXPRESS BLOOD GLUCOSE	18	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8	PLAQUENIL	12
ON CALL EXPRESS MONITORING SYS	18	oxycodone hcl oral tablet 5 mg	8	PLAVIX	12
ondansetron hcl oral tablet	10	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	8	PLEGRIDY INTRAMUSCULAR	15
ondansetron odt	10	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8	PLEGRIDY STARTER PACK	15
ONETOUCH DELICA PLUS LANCETS	18			PLEGRIDY SUBCUTANEOUS	15
ONETOUCH ULTRA 2 KIT W/DEVICE	18			PLENVU	22
				polymyxin b-trimethoprim	28
				POMALYST	11
				portia-28	24
				potassium chloride crys er	21



potassium chloride er oral capsule extended release	21	propranolol hcl er	14	RELION TRUE METRIX TEST STRIPS	18
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	21	propranolol hcl oral tablet	14	RELION ULTIMA GLUCOSE SYSTEM	18
potassium citrate er	21	PROSCAR	22	RELION ULTIMA TEST	19
PRADAXA ORAL CAPSULE	9	PROTONIX ORAL TABLET DELAYED RELEASE	21	RELPAX	11
pramipexole dihydrochloride	12	PROVENTIL HFA	29, 30	REMERON	10
pravastatin sodium	14	PROVERA	23, 24	REMODULIN	31
prazosin hcl oral	14	PROVIGIL	31	REPATHA	14
PRECISION XTRA	18	PROZAC	10	REPATHA PUSHTRONEX SYSTEM	14
PRECISION XTRA BLOOD GLUCOSE	18	pseudoephedrine-bromphen-dm	29	REPATHA SURECLICK	14
PRED FORTE	28	PTS PANELS EGLU TEST	18	RESTASIS	29
PRED MILD	28	PULMICORT SUSPENSION	30	RESTASIS MULTIDOSE	29
prednisolone acetate ophthalmic	28	PULMOZYME	31	RESTORIL	31
PREDNISOLONE ACETATE P-F	28	PYLERA	21	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	21
prednisolone oral solution	25	PYRIDIUM	22	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	21
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	25	Q			
prednisolone sodium phosphate oral solution 15 mg/5ml	25	quetiapine fumarate	12	RETEVMO ORAL CAPSULE 40 MG	12
prednisolone sodium phosphate oral solution 20 mg/5ml	25	QUINTET AC BLOOD GLUCOSE TEST	18	RETEVMO ORAL CAPSULE 80 MG	12
prednisone oral tablet	25	QUINTET BLOOD GLUCOSE TEST	18	RETIN-A EXTERNAL CREAM	16
prednisone oral tablet therapy pack	25	QVAR REDHALER	30	REVATIO ORAL TABLET	31
pregabalin oral capsule	15	R			
PREGNYL	27	rabeprazole sodium oral tablet delayed release	21	REVLIMID	12
PREMARIN ORAL	24	RADICAVA ORS	15, 16	REXULTI	12
PREMARIN VAGINAL	24	RADICAVA ORS STARTER KIT	16	RHOFADE	16
PREMIUM BLOOD GLUCOSE TEST	18	ramipril	14	RHOPRESSA	29
PREMPHASE	24	RASUVO	27	RIGHTEST GT333 GLUCOSE TEST	19
PREMPRO	24	REBIF	15	RINVOQ	27
PREZCOBIX	12	REBIF TITRATION PACK	15	RISPERDAL ORAL TABLET	12
PRISTIQ	10	reclipsen	24	risperidone oral tablet	12
PROCARDIA XL	14	RECOMBINATE	21	RITALIN	15
prochlorperazine maleate oral	10	REGLAN	11	RITALIN LA	15
PROCTOFOAM HC	28	RELAFEN DS	8	rizatriptan benzoate	11
progesterone oral	24	RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG	15	ROBINUL	22
PROGRAF ORAL CAPSULE	27	RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG	15	ROBINUL-FORTE	22
PROLATE ORAL TABLET	8	RELION TRUE MET AIR GLUC METER	18	ROCALTROL ORAL CAPSULE	28
promethazine hcl oral tablet	11			ROCKLATAN	29
promethazine-dm	29			ropinirole hcl	12
PROMETRIUM	24			rosuvastatin calcium	14
				roweepra	10
				ROXICODONE	8
				RUCONEST	27



RUKOBIA	12	STRATTERA	15	tamsulosin hcl	22
RYBELSUS.....	20	STRENSIQ	22	TAPERDEX 12-DAY	25
S					
SANTYL	16	STRIVERDI RESPIMAT.....	30	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG.	25
saxagliptin hcl	20	SUBOXONE	8	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21).....	25
scopolamine	11	subvenite	10	TAPERDEX 7-DAY	25
SEREVENT DISKUS	30	sucralfate oral tablet	21	TARGADOX	9
SEROQUEL	12	SUFLAVE	22	tarina 24 fe	24
sertraline hcl oral tablet	10	sulfamethoxazole-trimethoprim oral tablet.....	9	tarina fe 1/20 eq.	24
sharobel	24	sumatriptan succinate oral	11	TASIGNA	12
SHINGRIX.....	27	SUNOSI	31	TAVALISSE.....	21
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg.....	21	SUPREP BOWEL PREP KIT	22	TECHLITE INSULIN SYRINGES.....	19
sildenafil citrate oral tablet 20 mg ..	31	SUTAB	22	TECHLITE PEN NEEDLES	19
SIMPONI.....	27	syeda	24	TEGSEDI.....	22
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	14	SYMBICORT	30	TEKTURNA	14
simvastatin oral tablet 80 mg	14	SYMFI	12	telmisartan	14
SINGULAIR ORAL TABLET	30	SYMFI LO	12	temazepam	31
SINGULAIR ORAL TABLET CHEWABLE	30	SYMJEPI.....	29	TEMPO REFILL	19
SITAVIG	12	SYMLINPEN 120	20	TEMPO WELCOME.....	19
SKYRIZI PEN	27	SYMLINPEN 60	20	TENORMIN	14
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . .	27	SYMPAZAN	10	terbinafine hcl oral.....	11
SKYTROFA	25	SYMPROIC.....	22	TERIPARATIDE (RECOMBINANT)...	28
SOAANZ.....	14	SYNJARDY.....	20	teriparatide inj	28
SODIUM OXYBATE.....	31	SYNJARDY XR.....	20	TESTIM.....	25
SOFOSBUVIR-VELPATASVIR.....	12	SYNTHROID.....	26	testosterone cypionate intramuscular.....	25
solifenacin succinate.....	22	T			
SOLIQUA	20	TABRECTA.....	12	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30
SOMATULINE DEPOT.....	25	TACLONEX EXTERNAL OINTMENT .	16	TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . .	30
SOOLANTRA.....	16	tacrolimus external	16	THALITONE	14
SPIRIVA HANDIHALER.....	30	tacrolimus oral.....	27	THIOLA.....	22
SPIRIVA RESPIMAT	30	tadalafil oral	21	THIOLA EC.....	22
spironolactone oral tablet.....	14	TADLIQ.....	31	THYQUIDITY	26
sprintec 28	24	tafluprost (pf)	29	thyroid oral	26
sronyx.....	24	TAGRISSO	12	TIGLUTIK	16
STELARA SUBCUTANEOUS	27	TAKHZYRO	27	timolol maleate (once-daily).....	29
STENDRA.....	21	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	timolol maleate ophthalmic solution .	29
STIOLTO RESPIMAT	30	TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . .	27	timolol maleate pf	29
STIVARGA	12	TAMIFLU ORAL CAPSULE.....	12	TIMOPTIC OCUDOSE.....	29
		tamoxifen citrate oral tablet 10 mg ..	12	tiotropium bromide monohydrate ...	30
		tamoxifen citrate oral tablet 20 mg ..	12	TIROSINT-SOL.....	26

TIVICAY	12	triamcinolone acetonide external cream 0.025 %, 0.1 %	16	UCERIS ORAL	28
tizanidine hcl oral tablet	31	triamcinolone acetonide external cream 0.5 %	16	UCERIS RECTAL	28
TOBI NEBULIZER	31	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	16	UDENYCA	21
TOBI PODHALER	31	triamcinolone acetonide external ointment 0.05 %	16	UNISTRIP1 GENERIC	19
TOBRADEX ST	28	triamcinolone in absorbase	17	unithroid	26
tobramycin inhalation nebulization solution 300 mg/4ml	31	triamterene-hctz	14	UROCIT-K 10	21
tobramycin nebulization solution 300 mg/5ml inhalation	31	triazolam	13	UROCIT-K 15	21
tobramycin ophthalmic	28	TRICOR	14	UROCIT-K 5	21
tobramycin-dexamethasone	28	triderm	17	UROXATRAL	22
TOLAK	16	TRIJARDY XR	20	UZEDY	12
TOPAMAX	10	TRILEPTAL ORAL TABLET	10		
TOPAMAX SPRINKLES	10	TRINTELLIX	10	V	
topiramate oral tablet	10	TRIUMEQ	12	VAGIFEM	25
TOPROL XL	14	TRUE FOCUS BLOOD GLUCOSE STRIP	19	valacyclovir hcl oral	12
torseamide	14	TRUE METRIX AIR GLUCOSE METER KIT	19	VALIUM	13
TOUJEO MAX SOLOSTAR	19	TRUE METRIX BLOOD GLUCOSE TEST	19	valsartan oral tablet	14
TOUJEO SOLOSTAR	19	TRUE METRIX GO GLUCOSE METER	19	valsartan-hydrochlorothiazide	14
TRACLEER 62.5 MG, 125 MG	31	TRUE METRIX PRO BLOOD GLUCOSE	19	VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	10
TRADJENTA	20	TRUETRACK TEST	19	VALTRESX	13
tramadol hcl oral tablet 100 mg	8	TRULICITY	20	VANDAZOLE	9
tramadol hcl oral tablet 50 mg	8	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	12	VASOTEC	14
TRANSDERM-SCOP	11	TRUVADA ORAL TABLET 200-300 MG	12	VELPHORO	22
trazodone hcl oral	10	TYMLOS	28	VELTASSA	21
TRELEGY ELLIPTA	30	TYRVAYA	29	venlafaxine hcl	10
TREMFYA	27	TYVASO	31	venlafaxine hcl er oral capsule extended release 24 hour	10
treprostinil	31	TYVASO DPI MAINTENANCE KIT	31	VENTOLIN HFA	30
tretinoin external cream	16	TYVASO DPI TITRATION KIT	31	VEOZAH	25
TREXALL	27	TYVASO REFILL	31	verapamil hcl er oral tablet extended release	14
TREZIX	8	TYVASO STARTER	31	VERKAZIA	29
tri-estarylla	24			VERQUOVO	14
tri-linyah	24			VERZENIO	12
tri-lo-estarylla	24			VESICARE	22
tri-lo-marzia	24			vestura	25
tri-lo-mili	24			VIAGRA	21
tri-lo-sprintec	24			VIBERZI	22
tri-mili	24			VIBRAMYCIN ORAL CAPSULE	9
tri-nymyo	24			VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	20
tri-sprintec	25			vienna	25
tri-vylibra	25				
tri-vylibra lo	25				
		U			
		UBRELVY	11		



Nondiscrimination notice and access to communication services

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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



Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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