



Your 2024 Prescription Drug List

Traditional 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 and Student Resources medical plans with a pharmacy benefit subject to the Traditional 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 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) if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications). There are also some instances where the same product can be made by 2 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.

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

E	May be excluded from coverage. May be subject to Prior Authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York. (Referred to as First Start in New Jersey) —Lower-cost options are available and covered.
H	Health Care Reform Preventive —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
PA	Prior Authorization (sometimes referred to as precertification) —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan. ¹
QL	Quantity Limits² —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program³ —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. ²

1. For certain Student Resources plans, applies to specialty medications and topical retinoids only.

2. Not applicable to certain Student Resources plans.

3. Not applicable to Student Resources 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: 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.

- **Infertility**

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

- **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	1	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 %	1	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	
tramadol hcl oral tablet 50 mg	1	

Drug Name	Drug Tier	Requirements & Limits
TREZIX	1	QL
XTAMPZA ER	4	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	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	1	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	1	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	
AUGMENTIN ES-600	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
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	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
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	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	QL
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	

Drug Name	Drug Tier	Requirements & Limits
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	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	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	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
FYCOMPA	3	PA
gabapentin oral capsule	1	

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Drug Name	Drug Tier	Requirements & Limits
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	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	

Drug Name	Drug Tier	Requirements & Limits
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	1	QL
fluoxetine hcl oral tablet 20 mg	1	
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	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	
Antiemetics - Drugs for Nausea and Vomiting		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	4	
scopolamine	1	

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Drug Name	Drug Tier	Requirements & Limits
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	1	(generic for Mitigare)
colchicine oral tablet	1	
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	1	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
RELPAX	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL

Drug Name	Drug Tier	Requirements & Limits
UBRELVY	2	PA, ST, QL
ZAVZPRET	E	
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	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	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
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
TAGRISSO	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
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
ZELBORAF	2	PA, QL, SP
ZEJULA	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	1	
LATUDA	E	QL
lurasidone hcl	1	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	4	PA, ST, QL
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SEROQUEL	E	
UZEDY	E	
VRAYLAR ORAL CAPSULE	4	QL
ZYPREXA ORAL	E	

Drug Name	Drug Tier	Requirements & Limits
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	1	
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
VALTREX	E	QL
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL

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Drug Name	Drug Tier	Requirements & Limits
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	1	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
ATORVALIQ	4	PA
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	

Drug Name	Drug Tier	Requirements & Limits
bisoprolol-hydrochlorothiazide	1	
CARDIZEM CD	E	
CARDURA	4	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
enalapril maleate oral tablet	1	
ENTRESTO	4	PA, QL
EXFORGE	E	
ezetimibe	1	
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
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	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	4	
LIPITOR	E	

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Drug Name	Drug Tier	Requirements & Limits
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	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	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	4	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
ramipril	1	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, 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	E	QL
spironolactone oral tablet	1	
TEKTURNA	3	
telmisartan	1	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	4	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR	E	

Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL	E	
ADDERALL XR	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	E	(generic for Mydayis), QL
APTENSIO XR	E	QL
atomoxetine hcl	1	QL
AZSTARYS	3	ST, QL

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Drug Name	Drug Tier	Requirements & Limits
CONCERTA	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
FOCALIN	4	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST, 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	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	1	QL
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

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

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Drug Name	Drug Tier	Requirements & Limits
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	4	
periogard	1	
Dermatological Agents - Drugs for Skin Conditions		
AKLIEF	4	PA, QL
ala-cort	E	
AMZEEQ	4	QL
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
brimonidine tartrate external	1	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	1	
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	1	(generic for Cleocin-T), QL
clobetasol propionate external cream	1	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external solution	1	QL
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	

Drug Name	Drug Tier	Requirements & Limits
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	1	QL
TACLONEX EXTERNAL OINTMENT	E	QL
tacrolimus external	1	QL
TOLAK	E	
tretinoin external cream	1	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
triderm	1	QL
VTAMA	4	PA, QL
XEPI	3	QL
ZILXI	4	PA, ST, QL
ZORYVE	4	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
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 ME METER	3	
ACCU-CHEK GUIDE KIT W/DEVICE	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	
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	

Drug Name	Drug Tier	Requirements & Limits
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
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	

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Drug Name	Drug Tier	Requirements & Limits
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
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	

Drug Name	Drug Tier	Requirements & Limits
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	
RELION ULTIMA TEST	E	QL
RIGHTTEST GT333 GLUCOSE TEST	E	QL
TECHLITE INSULIN SYRINGES	2	(manufactured by Arkay) QL
TECHLITE PEN NEEDLES	2	(manufactured by Arkay) QL
TEMPO REFILL	E	

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Drug Name	Drug Tier	Requirements & Limits
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
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

Drug Name	Drug Tier	Requirements & Limits
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
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	

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Drug Name	Drug Tier	Requirements & Limits
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	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

Drug Name	Drug Tier	Requirements & Limits
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
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

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Drug Name	Drug Tier	Requirements & Limits
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	4	PA, QL, SP
UDENYCA	2	
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	1	QL
STENDRA	4	PA, QL
tadalafil oral	1	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	
LOKELMA	3	PA, QL
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er oral capsule extended release	1	

Drug Name	Drug Tier	Requirements & Limits
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	1	QL
bismuth/metronidaz/tetracyclin	1	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	1	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	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	

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Drug Name	Drug Tier	Requirements & Limits
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	1	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	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 ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	

Drug Name	Drug Tier	Requirements & Limits
solifenacin succinate	1	
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
CLIMARA	E	QL
CLIMARA PRO	3	QL
cyred eq	1	H
deblitane	1	H
delyla	1	H

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Drug Name	Drug Tier	Requirements & Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	2	QL
DIVIGEL	3	
dotti	1	QL
drospirenone-ethinyl estradiol	1	H
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	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	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	4	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	4	QL
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
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
lessina	1	H

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

Drug Name	Drug Tier	Requirements & Limits
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	4	
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
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
VAGIFEM	E	
VEOZAH	4	PA, QL
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H

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Drug Name	Drug Tier	Requirements & Limits
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
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	
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	1	
LANREOTIDE ACETATE	E	SP
NGENLA	4	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
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	1	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	
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	

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Drug Name	Drug Tier	Requirements & Limits
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	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA, QL, SP
CIMZIA SUBCUTANEOUS KIT	E	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
COSENTYX UNOREADY	3	PA, ST, QL, SP
CYLTEZO	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
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/UVEIT 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
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

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Drug Name	Drug Tier	Requirements & Limits
LITFULO	3	PA, QL, SP
LUPKYNIS	4	PA, QL, SP
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA ORAL TABLET	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST, QL
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
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

Drug Name	Drug Tier	Requirements & Limits
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	1	QL, SP
ganirelix acetate	1	QL, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
APRISO	1	
budesonide rectal	1	
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	
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	

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

Drug Name	Drug Tier	Requirements & Limits
tobramycin-dexamethasone	1	
VIGAMOX	E	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
BETIMOL	2	QL
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	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	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol maleate (once-daily)	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
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

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Drug Name	Drug Tier	Requirements & Limits
EMPAVELI	2	PA, QL, SP
RESTASIS	1	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	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	

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
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	1	
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	

Drug Name	Drug Tier	Requirements & Limits
fluticasone propionate nasal	1	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	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	3	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	QL, RS

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Drug Name	Drug Tier	Requirements & Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	3	RS
breyana	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	4	PA, QL
FLOVENT HFA	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
PERFOROMIST	4	QL
PROVENTIL HFA	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
SEREVENT DISKUS	2	QL

Drug Name	Drug Tier	Requirements & Limits
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	1	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
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	4	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
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

Drug Name	Drug Tier	Requirements & Limits
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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	
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	1	
LUMRYZ	E	PA, QL, SP
LUNESTA	E	
modafinil	1	QL
PROVIGIL	E	QL
RESTORIL	4	
SODIUM OXYBATE	4	(manufactured by Hikma) PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	

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AIRDUO RESPICLICK 55/14	29
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aliskiren fumarate	13
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atorvastatin calcium oral tablet 40 mg, 80 mg	13	BASAGLAR TEMPO PEN	19	brimonidine tartrate ophthalmic solution 0.15 %	28
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aurovela fe 1.5/30	22	BENICAR	13	budesonide-formoterol fumarate	30
AUSTEDO	15	BENICAR HCT	13	buprenorphine hcl sublingual	8
AUVI-Q	29	BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	26	buprenorphine hcl-naloxone hcl	8
AVALIDE	13	benzonatate oral capsule 100 mg, 200 mg	29	bupropion hcl er (sr)	10
AVAPRO	13	benzonatate oral capsule 150 mg	29	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	10
aviane	22	BESIVANCE	28	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	10
avidoxy	9	BETASERON	15		
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cartia xt	13	clindamycin hcl oral	9	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	26
carvedilol	13	clindamycin phosphate external lotion	16	COSENTYX SENSOREADY (300 MG)	26
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cephalexin oral suspension reconstituted	9	CLOMID	27	CRESEMBA ORAL CAPSULE 186 MG	11
CERDELGA	22	clonazepam oral tablet	13	CRESTOR	13
chateal eq	22	clonidine hcl oral	13	CVS ADVANCED GLUCOSE TEST	17
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ENSTILAR	16	euthyrox	25	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	30	
ENTRESTO	13	EVAMIST	23	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	30	
EPCLUSA ORAL TABLET	12	EXFORGE	13	fluvoxamine maleate	10	
EPIDIOLEX	9	EXKIVITY	11	FOCALIN	15	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	29	EXTAVIA	15	FOCALIN XR	15	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	29	EYSUVIS	28	folcic acid oral tablet 1 mg	21	
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estradiol patch twice weekly 0.025 mg/24hr transdermal	23	FLOVENT HFA	30	fyremadel	27	
estradiol patch twice weekly 0.0375 mg/24hr transdermal	23	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	27	G		
estradiol patch twice weekly 0.05 mg/24hr transdermal	23	fluconazole oral tablet	11	gabapentin oral capsule	9	
estradiol patch twice weekly 0.075 mg/24hr transdermal	23	FLUOROPLEX	16	gabapentin oral tablet 600 mg, 800 mg	10	
estradiol patch twice weekly 0.1 mg/24hr transdermal	23	FLUOROURACIL EXTERNAL CREAM 0.5 %	16	ganirelix acetate	27	
estradiol transdermal gel	23	fluorouracil external cream 5 %	16	gavilyte-c	21	
estradiol transdermal patch weekly	23	fluoxetine hcl oral capsule	10	gavilyte-g	21	
estradiol vaginal	23	fluoxetine hcl oral tablet 10 mg	10	GAVRETO	11	
ESTRING	23	fluoxetine hcl oral tablet 20 mg	10			
ESTROGEL	23	fluoxetine hcl oral tablet 60 mg	10			
eszopiclone	31	FLUTICASONE FUROATE-VILANTEROL	30			
		FLUTICASONE PROPIONATE HFA	30			



gemfibrozil oral	13
GEN7T EXTERNAL PATCH	8
GILENYA ORAL CAPSULE 0.25 MG	15
GILENYA ORAL CAPSULE 0.5 MG	15
glatiramer acetate	15
glatopa	15
glimepiride	19
glipizide er	19
glipizide oral tablet 10 mg, 5 mg	19
glipizide oral tablet 2.5 mg	19
glipizide xl	20
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	20
GLUCOCARD EXPRESSION TEST	18
GLUCOCARD SHINE TEST	18
GLUCOCARD VITAL TEST	18
GLUCOTROL XL	20
GLUMETZA	20
glyburide oral	20
GLYCATE	21
glycopyrrolate oral tablet 1 mg, 2 mg	21
GLYCOPYRROLATE ORAL TABLET 1.5 MG	22
GLYXAMBI	20
GOLYTELY	22
guanfacine hcl	13, 15
guanfacine hcl er	15
GUARDIAN 4 GLUCOSE SENSOR	18
GUARDIAN 4 TRANSMITTER	18
GUARDIAN CONNECT TRANSMITTER	18
GUARDIAN LINK 3 TRANSMITTER	18
GUARDIAN SENSOR (3)	18
GUARDIAN SENSOR 3	18
GVOKE HYPOPEN 1-PACK	18
GVOKE HYPOPEN 2-PACK	18
GVOKE KIT	18
GVOKE PFS	18
GYNAZOLE-1	11

H

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 STARTER	26
HUMIRA PEN	26
HUMIRA PEN-CD/UC/HS STARTER	26
HUMIRA PEN-PEDIATRIC UC STARTER	26
HUMIRA PEN-PS/UV/ADOL HS STARTER	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	26
HYRIMOZ-CROHNS/UC STARTER PACK	26
HYRIMOZ-PED CROHNS STARTER	26
HYRIMOZ-PLAQUE PSORIASIS STARTER	26
HYZAAR	13

I

IBRANCE ORAL CAPSULE	11
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ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8	jencycla	23	kurvelo	23
ICLUSIG ORAL TABLET 10 MG, 30 MG	11	JENTADUETO	20	KYNMOBI	12
ICLUSIG ORAL TABLET 15 MG, 45 MG	11	JENTADUETO XR	20		
IDHIFA	11	JIVI	20	L	
ILEVRO	28	JORNAY PM	15	labetalol hcl oral	13
IMBRUVICA ORAL TABLET 140 MG, 280 MG	11	juleber	23	LAMICTAL ORAL TABLET	10
IMITREX ORAL	11	JULUCA	12	lamotrigine oral tablet	10
IMPOYZ	16	junel 1/20	23	LANCETS	17, 18
IMURAN	26	junel 1.5/30	23	LANREOTIDE ACETATE	25
IMVEXXY MAINTENANCE PACK	21	junel fe 1/20	23	LANTUS SOLOSTAR	19
IMVEXXY STARTER PACK	21	junel fe 1.5/30	23	LANTUS U-100 VIAL	19
INBRIJA	12	junel fe 24	23	larin 1/20	23
incassia	23			larin 1.5/30	23
INDERAL LA	13	K		larin 24 fe	23
indomethacin oral	8	K-TAB	21	larin fe 1/20	23
INSULIN GLARGINE	19	kalliga	23	larin fe 1.5/30	23
INSULIN GLARGINE SOLOSTAR	19	KAZANO	20	LASIX	13
INSULIN LISPRO	19	KEPPRA ORAL TABLET	10	LASTACAFT	29
INSULIN LISPRO (1 UNIT DIAL)	19	KESIMPTA	15	latanoprost ophthalmic	28
INSULIN LISPRO JUNIOR		ketoconazole external cream	11	LATUDA	12
KWIKPEN	19	ketoconazole external shampoo	11	LEDIPASVIR-SOFOSBUVIR	12
INSULIN LISPRO PROT & LISPRO	19	ketorolac tromethamine oral	8	lenalidomide	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	26	lessina	23
INTUNIV	15	KINERET	26	letrozole oral	11
INVELTYS	28	KITABIS PAK	30	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	25
irbesartan	13	KLONOPIN	13	levocetirizine dihydrochloride oral tablet	29
irbesartan-hydrochlorothiazide	13	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	13	klor-con m15	21	levora 0.15/30 (28)	24
ISTALOL	28	klor-con m20	21	levothyroxine sodium oral tablet	25
IYUZEH	28	klor-con oral tablet extended release	21	levoxyl	25
		KLOXXADO	8	LEXAPRO	10
J		KOATE	20	LIALDA	27
jantoven	9	KOATE-DVI	20	lidocaine external patch 5 %	8
JARDIANCE	20	KOGENATE FS	20	lidocaine hcl mouth/throat	16
jasmiel	23	KOSELUGO	11	lidocaine viscous hcl	16
		KOVALTRY	20	LIDODERM	8
		KRINTAFEL	12		



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

microgestin 1.5/30	24	naloxone hcl injection solution prefilled syringe	8	norgestimate-ethinyl estradiol triphasic.	24
microgestin 24 fe	24	naloxone hcl nasal	8	NORITATE	16
microgestin fe 1/20	24	naltrexone hcl oral	8	NORLIQVA	14
microgestin fe 1.5/30	24	NAPROSYN ORAL TABLET	8	norlyroc	24
mili	24	naproxen oral tablet	8	nortriptyline hcl oral capsule	10
MINILINK REAL-TIME TRANSMITTER.	18	NARCAN	8	NORVASC	14
MINIMED 630G GUARDIAN PRESS .	18	NASCOBAL.	21	NOURIANZ	12
MINIPRESS	14	NATAZIA	24	NOVAREL	27
MINIVELLE	23, 24	NATESTO	25	NOVOEIGHT	20
minocycline hcl oral capsule.	9	NAYZILAM	10	NOVOFINE AUTOCOVER PEN NEEDLE.	18
minoxidil oral.	14	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	28	NOVOFINE PEN NEEDLE	18
mirtazapine oral tablet.	10	neomycin-polymyxin-hc otic suspension	29	NOVOFINE PLUS PEN NEEDLE	18
MIRVASO	16	NESINA	20	NOVOLIN 70/30 FLEXPEN	19
misoprostol oral	21	NEULASTA	20	NOVOLIN 70/30 FLEXPEN RELION .	19
MITIGARE	11	NEUPRO	12	NOVOLIN 70/30 RELION.	19
MM EASY TOUCH GLUCOSE METER	18	NEURONTIN ORAL CAPSULE	10	NOVOLIN 70/30 VIAL.	19
modafinil	31	NEURONTIN ORAL TABLET.	10	NOVOLIN N FLEXPEN	19
mondoxylene nl	9	NEUTEK 2TEK TEST	18	NOVOLIN N FLEXPEN RELION	19
mono-linyah.	24	NEVANAC	28	NOVOLIN N RELION	19
montelukast sodium oral tablet.	30	NEXLETOL	14	NOVOLIN N VIAL	19
montelukast sodium oral tablet chewable.	30	NEXLIZET	14	NOVOLIN R FLEXPEN	19
morphine sulfate er oral tablet extended release	8	NGENLA	25	NOVOLIN R FLEXPEN RELION	19
MOTEGRITY	22	nifedipine er	14	NOVOLIN R RELION	19
MOUNJARO	20	nifedipine er osmotic release	14	NOVOLIN R VIAL	19
MOVIPREP	22	nikki	24	NOVOTWIST PEN NEEDLE.	18
MOXEZA	28	nitrofurantoin macrocrystal	9	np thyroid	25
moxifloxacin hcl (2x day)	28	nitrofurantoin monohydrate macrocrystals	9	NUBEQA	11
moxifloxacin hcl ophthalmic	28	nitroglycerin sublingual	14	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30
MS CONTIN	8	NITROSTAT	14	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML.	30
MULPLETA	20	NIVA THYROID	25	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	30
MULTAQ	14	NOCDURNA	25	NUCYNTA	8
mupirocin external	9	nora-be	24	NUCYNTA ER	8
mycophenolate mofetil oral tablet	27	NORDITROPIN FLEXPRO	25	NURTEC ODT	11
MYFEMBREE	24	norethin ace-eth estrad-fe oral tablet	24	NUTROPIN AQ NUSPIN 10	25
N					
na sulfate-k sulfate-mg sulf	22	norethindrone acet-ethinyl est	24	NUTROPIN AQ NUSPIN 20.	25
nabumetone oral	8	norethindrone acetate oral	24	NUTROPIN AQ NUSPIN 5	25
NALOCET	8	norethindrone oral	24	NUVARING	24
		norgestimate-eth estradiol.	24		



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



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



saxagliptin hcl	20	sucralfate oral tablet	21	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	25
scopolamine	10	SUFLAVE	22	TAPERDEX 7-DAY	25
SEREVENT DISKUS	30	sulfamethoxazole-trimethoprim oral tablet	9	TARGADOX	9
SEROQUEL	12	sumatriptan succinate oral	11	tarina 24 fe	24
sertraline hcl oral tablet	10	SUNOSI	31	tarina fe 1/20 eq	24
sharobel	24	SUPREP BOWEL PREP KIT	22	TASIGNA	12
SHINGRIX	27	SUTAB	22	TAVALISSE	21
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	21	syeda	24	TECHLITE INSULIN SYRINGES	18
sildenafil citrate oral tablet 20 mg	31	SYMBICORT	30	TECHLITE PEN NEEDLES	18
SIMPONI	27	SYMFI	12	TEGSEDI	22
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	14	SYMFI LO	12	TEKTURNA	14
simvastatin oral tablet 80 mg	14	SYMJEPI	29	telmisartan	14
SINGULAIR ORAL TABLET	30	SYMLINPEN 120	20	temazepam	31
SINGULAIR ORAL TABLET CHEWABLE	30	SYMLINPEN 60	20	TEMPO REFILL	18
SITAVIG	12	SYMPAZAN	10	TEMPO WELCOME	19
SKYRIZI PEN	27	SYMPROIC	22	TENORMIN	14
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27	SYNJARDY	20	terbinafine hcl oral	11
SKYTROFA	25	SYNJARDY XR	20	TERIPARATIDE (RECOMBINANT)	27
SOAAZ	14	SYNTHROID	25	teriparatide inj	27
SODIUM OXYBATE	31			TESTIM	25
SOFOSBUVIR-VELPATASVIR	12	T		testosterone cypionate intramuscular	25
solifenacin succinate	22	TABRECTA	11	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30
SOLQUA	20	TACLONEX EXTERNAL OINTMENT	16	TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	30
SOMATULINE DEPOT	25	tacrolimus external	16	THALITONE	14
SOOLANTRA	16	tacrolimus oral	27	THIOLA	22
SPIRIVA HANDIHALER	30	tadalafil oral	21	THIOLA EC	22
SPIRIVA RESPIMAT	30	TADLIQ	31	THYQUIDITY	26
spironolactone oral tablet	14	tafluprost (pf)	28	thyroid oral	26
sprintec 28	24	TAGRISSO	11	TIGLUTIK	15
sronyx	24	TAKHZYRO	27	timolol maleate (once-daily)	28
STELARA SUBCUTANEOUS	27	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	timolol maleate ophthalmic solution	28
STENDRA	21	TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27	timolol maleate pf	28
STIOLTO RESPIMAT	30	TAMIFLU ORAL CAPSULE	12	TIMOPTIC OCUDOSE	28
STIVARGA	11	tamoxifen citrate oral tablet 10 mg	12	tiotropium bromide monohydrate	30
STRATTERA	15	tamoxifen citrate oral tablet 20 mg	12	TIROSINT-SOL	26
STRENSIQ	22	tamsulosin hcl	22	TIVICAY	12
STRIVERDI RESPIMAT	30	TAPERDEX 12-DAY	25	tizanidine hcl oral tablet	31
SUBOXONE	8	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	25	TOBI NEBULIZER	30
subvenite	10			TOBI PODHALER	30



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



Nondiscrimination notice and access to communication services

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

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**, **1-800-537-7697 (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 ដល់មាន់ទំនាក់ទំនងសព្វថ្ងៃនៃការប្រើប្រាស់សំរាប់អ្នក។

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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