



# Your 2024 Prescription Drug List

## Traditional 4-Tier

Effective September 1, 2024



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2024 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare 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
<b>Tier 1</b>	<b>\$ Lower-cost</b> Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tiers 2 and 3</b>	<b>\$\$ Mid-range cost</b> 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.
<b>Tier 4</b>	<b>\$\$\$ Highest-cost</b> 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.

<b>E</b>	<b>May be excluded from coverage. May be subject to Prior Authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York. (Referred to as First Start in New Jersey)</b> —Lower-cost options are available and covered.
<b>H</b>	<b>Health Care Reform Preventive</b> —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
<b>H-PA</b>	<b>Health Care Reform Preventive with Prior Authorization</b> —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
<b>PA</b>	<b>Prior Authorization (sometimes referred to as precertification)</b> —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan. <sup>1</sup>
<b>QL</b>	<b>Quantity Limits<sup>2</sup></b> —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
<b>RS</b>	<b>Refill and Save Program<sup>3</sup></b> —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
<b>SP</b>	<b>Specialty Medication</b> —Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
<b>ST</b>	<b>Step Therapy (referred to as First Start in New Jersey)</b> —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered. <sup>2</sup>

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
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine oral capsule	1	QL
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL TABLET	4	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	QL
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
PERCOCET	E	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	QL

Drug Name	Drug Tier	Requirements & Limits
ROXICODONE ORAL TABLET 5 MG	E	QL
tramadol hcl oral tablet 100 mg, 25 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
TREZIX	1	QL
ULTRAM ORAL TABLET 50 MG	E	QL
XTAMPZA ER	4	PA, QL
ZTLIDO	3	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
MOBIC ORAL TABLET 15 MG, 7.5 MG	E	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN DS	E	
RELAFEN ORAL TABLET 500 MG, 750 MG	E	
TIVORBEX ORAL CAPSULE 20 MG	E	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
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	QL (includes Narcan OTC)
SUBOXONE	E	PA, QL

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





Drug Name	Drug Tier	Requirements & Limits
ZIMHI	2	QL
ZUBSOLV	1	QL
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	E	
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	
CENTANY EXTERNAL OINTMENT 2 %	4	QL
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	

Drug Name	Drug Tier	Requirements & Limits
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	
LIKMEZ	4	
LYMEPAK ORAL TABLET 100 MG	E	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	QL
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	2	QL
XENLETA ORAL TABLET 600 MG	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL

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Drug Name	Drug Tier	Requirements & Limits
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
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM	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 ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	4	PA
LAMICTAL ORAL TABLET	4	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
MOTPOLY XR	3	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	4	PA
NEURONTIN ORAL TABLET	4	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
SYMPAZAN	4	PA
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate oral	1	
TRILEPTAL ORAL TABLET	4	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	4	PA
zonisamide oral	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
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, 60 mg	1	
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	

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Drug Name	Drug Tier	Requirements & Limits
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 ORAL KIT 10 & 20 MG	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	
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	
GNAZOLE-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	
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Drug Name	Drug Tier	Requirements & Limits
ALLOPURINOL ORAL TABLET 200 MG	E	
colchicine oral	1	
COLCRYS ORAL TABLET 0.6 MG	E	
MITIGARE	2	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	

#### Antimigraine Agents - Drugs for Migraines

AIMOVIQ	2	PA, ST
AIMOVIQ 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	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
NURTEC	2	PA, ST, QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
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 ORAL CAPSULE 100 MG	2	PA, QL, SP
COTELLIC	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	4	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
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 CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
POMALYST	3	PA, 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
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	4	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	E	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
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 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR ORAL CAPSULE	4	QL
ZYPREXA ORAL	E	
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL

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Drug Name	Drug Tier	Requirements & Limits
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
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
oseltamivir phosphate oral capsule	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX	2	
RUKOBIA	4	PA
SITAVIG	E	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
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
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	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
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	
bisoprolol-hydrochlorothiazide	1	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	4	
CARDIZEM CD	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CARDURA	4		lisinopril-hydrochlorothiazide	1	
cartia xt	1		LOPID	4	
carvedilol	1		LOPRESSOR	4	
chlorthalidone	1		losartan potassium oral	1	
clonidine hcl oral	1		losartan potassium-hctz	1	
COREG	E		LOTENSIN	4	
CORLANOR	3	PA, QL	LOTREL	E	
COZAAR	E		lovastatin oral	1	H
CRESTOR	E		LOVAZA	E	
diltiazem hcl er coated beads	1		MAXZIDE	4	
DIOVAN	E		MAXZIDE-25	4	
DIOVAN HCT	E		metoprolol succinate er	1	
doxazosin mesylate oral	1		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
enalapril maleate oral tablet	1		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
ENTRESTO	4	PA, QL	MICARDIS	E	
EXFORGE	E		MINIPRESS	4	
ezetimibe	1		minoxidil oral	1	
fenofibrate oral tablet 120 mg, 40 mg	E		MULTAQ	4	PA
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		NEXLETOL	2	PA, ST, QL
FENOGLIDE	E		NEXLIZET	2	PA, ST, QL
flecainide acetate	1		nifedipine er	1	
FUROSCIX	4	PA, QL	nifedipine er osmotic release	1	
furosemide oral tablet	1		nitroglycerin sublingual	1	
gemfibrozil oral	1		NITROSTAT	4	
guanfacine hcl	1		NORLIQVA	4	PA
HEMANGEOL	3		NORVASC	E	
hydralazine hcl oral	1		olmesartan medoxomil oral	1	
hydrochlorothiazide oral	1		olmesartan medoxomil-hctz	1	
HYZAAR	E		omega-3-acid ethyl esters	1	
INDERAL LA	E		PACERONE ORAL TABLET 100 MG, 400 MG	3	
irbesartan	1		PACERONE ORAL TABLET 200 MG	4	
irbesartan-hydrochlorothiazide	1		pravastatin sodium	1	
isosorbide mononitrate er	1		prazosin hcl oral	1	
labetalol hcl oral	1		PROCARDIA XL	E	
LASIX	4		propranolol hcl er	1	
LIPITOR	E		propranolol hcl oral tablet	1	
lisinopril oral	1				

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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	
TEKURNA	3	
TEKURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
TENORMIN	E	
THALITONE	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	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	E	QL
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	E	QL

Drug Name	Drug Tier	Requirements & Limits
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	1	QL
AZSTARYS	3	ST, QL
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	
MYDAYIS	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL

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Drug Name	Drug Tier	Requirements & Limits
STRATTERA	E	QL
VYVANSE	E	QL
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
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
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	QL, SP
AUSTEDO XR PATIENT TITRATION	2	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
TEGLUTIK	3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	PA
ZEPOSIA	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA, ST, SP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	4	
periogard	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
AKLIEF	4	PA, QL
ala-cort	E	
AMZEEQ	4	QL
AVITA EXTERNAL CREAM 0.025 %	E	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

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Drug Name	Drug Tier	Requirements & Limits
clotrimazole-betamethasone external cream	1	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	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
PANRETIN	3	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	E	QL
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	4	PA, QL
rosadan external cream 0.75 %	1	
SANTYL	3	QL
SOOLANTRA	1	QL
TACLONEX EXTERNAL SUSPENSION	1	QL
tacrolimus external	1	QL
TEMOVATE EXTERNAL CREAM 0.05 %	4	QL

Drug Name	Drug Tier	Requirements & Limits
TEMOVATE EXTERNAL OINTMENT 0.05 %	4	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	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
tritocin external ointment 0.05 %	E	
VTAMA	4	PA, QL
XEPI	3	QL
ZILXI	4	PA, ST, QL
ZORYVE EXTERNAL CREAM	4	PA, QL

#### Diabetes - Glucose Monitoring and Supplies

ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ACUTREND GLUCOSE	E	QL	DEXCOM G6 TRANSMITTER	3	PA, QL
AQINJECT PEN NEEDLE	2	QL	DEXCOM G7 RECEIVER	3	PA, QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL	DEXCOM G7 SENSOR	3	PA, QL
BD ULTRA-FINE insulin syringes	2	QL	EASY TOUCH HEALTHPRO GLUCOSE	E	
BD ULTRA-FINE PEN NEEDLES	2	QL	EASY TOUCH TEST	E	QL
BD ULTRA-FINE U-500 insulin syringes	2	QL	EASYGLUCO	E	
BD ULTRA-FINE VEO insulin syringes	2	QL	EASYMAX 15 TEST	E	QL
BIOTEL CARE TEST STRIPS	E	QL	EASYMAX NG BLOOD GLUCOSE KIT	E	
BLOOD GLUCOSE TEST STRIPS	E	QL	EMBRACE BLOOD GLUCOSE TEST	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
CARETOUCH MONITOR SYSTEM	E		ENLITE GLUCOSE SENSOR	3	PA
CARETOUCH TEST	E	QL	EQ BLOOD GLUCOSE TEST	E	QL
CONTOUR MONITOR KIT W/ DEVICE	E		FORA 6 CONNECT/GTEL TEST	E	QL
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP	2	QL	FORTISCARE G1 TEST STRIP	E	QL
CONTOUR NEXT EZ KIT W/ DEVICE	E		FORTISCARE TEST	E	QL
CONTOUR NEXT GEN MONITOR KIT	E		FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
CONTOUR NEXT GEN TEST STRIPS	2	QL	FREESTYLE LIBRE 2 SENSOR	3	PA, QL
CONTOUR NEXT LINK KIT W/ DEVICE	E		FREESTYLE LIBRE 3 SENSOR	3	PA, QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24 )	FREESTYLE PRECISION NEO SYSTEM	E	
CONTOUR NEXT MONITOR KIT W/ DEVICE	2		FREESTYLE PRECISION NEO TEST	E	QL
CONTOUR NEXT ONE DEVICE	E		FREESTYLE TEST	E	QL
CONTOUR NEXT ONE KIT	2		GLUCOCARD EXPRESSION TEST	E	QL
CONTOUR TEST STRIPS	E	QL	GLUCOCARD SHINE TEST	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL	GLUCOCARD VITAL TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL	GUARDIAN 4 GLUCOSE SENSOR	3	PA
D-CARE BLOOD GLUCOSE	E	QL	GUARDIAN 4 TRANSMITTER	3	PA
D-CARE GLUCOMETER	E		GUARDIAN CONNECT TRANSMITTER	3	PA, QL
DEXCOM G6 RECEIVER	3	PA, QL	GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL	GUARDIAN SENSOR (3)	3	PA, QL
			GUARDIAN SENSOR 3	3	PA, QL
			GVOKE HYPOPEN 1-PACK	2	QL
			GVOKE HYPOPEN 2-PACK	2	QL

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GVOKE KIT	2		ONETOUCH VERIO KIT W/DEVICE	1	
GVOKE PFS	2	QL	ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
HEALTHPRO BLOOD GLUCOSE MONITO	E		ONETOUCH VERIO TEST STRIPS	1	QL
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL	OPTIUMEZ TEST	E	QL
LANCETS	1		PARADIGM REAL-TIME TRANSMITTER	3	PA
MICRODOT TEST	E	QL	PIP BLOOD GLUCOSE TEST STRIP	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA	PRECISION XTRA	E	
MINIMED 630G GUARDIAN PRESS	3	PA	PRECISION XTRA BLOOD GLUCOSE	E	QL
MM BLULINK GLUCOSE TEST	E	QL	PREMIUM BLOOD GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E		PTS PANELS EGLU TEST	E	QL
NEUTEK 2TEK TEST	E	QL	QUINTET AC BLOOD GLUCOSE TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL	QUINTET BLOOD GLUCOSE TEST	E	QL
NOVOFINE PEN NEEDLE	2	QL	RELION TRUE MET AIR GLUC METER	E	
NOVOFINE PLUS PEN NEEDLE	2	QL	RELION TRUE METRIX TEST STRIPS	E	QL
NOVOTWIST PEN NEEDLE	2	QL	RELION ULTIMA GLUCOSE SYSTEM	E	
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL	RELION ULTIMA TEST	E	QL
OMNIPOD 5 G6 PODS (GEN 5)	2	PA, QL	RIGHTEST GT333 GLUCOSE TEST	E	QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	TECHLITE INSULIN SYRINGES	2	(ARKRAY), QL
ON CALL EXPRESS MONITORING SYS	E		TECHLITE PEN NEEDLES	2	(ARKRAY), QL
ONETOUCH DELICA PLUS LANCETS	1		TEMPO REFILL	E	
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE	1		TEMPO WELCOME	E	
ONETOUCH ULTRA 2 KIT W/ DEVICE	1		TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH ULTRA IN VITRO STRIP	1	QL	TRUE METRIX AIR GLUCOSE METER KIT	E	
ONETOUCH ULTRASOFT LANCETS	1		TRUE METRIX BLOOD GLUCOSE TEST	E	QL
ONETOUCH VERIO FLEX SYSTEM KIT	1		TRUE METRIX GO GLUCOSE METER	E	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1		TRUE METRIX METER KIT	E	
			TRUE METRIX PRO BLOOD GLUCOSE	E	QL
			TRUETRACK TEST	E	QL
			UNISTRIP1 GENERIC	E	QL

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Drug Name	Drug Tier	Requirements & Limits
<b>Diabetes - Insulin</b>		
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 SUBCUTANEOUS	2	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 MAX SOLOSTAR	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

Drug Name	Drug Tier	Requirements & Limits
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
SEMGLEE	E	QL
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	4	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	4	
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
glimepiride	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCOTROL XL	4	
GLUMETZA	E	PA

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
glyburide oral	1		ALPHANATE	2	SP
GLYXAMBI	2	ST, QL	ALPROLIX	3	SP
JARDIANCE	2	QL	ALTUVIIIO	4	PA, SP
JENTADUETO	2	QL	ARANESP (ALBUMIN FREE)	2	QL, SP
JENTADUETO XR	2	QL	DOPTELET	4	PA, QL, SP
metformin hcl er	1		ELOCTATE	4	PA, SP
metformin hcl er (mod)	E	PA	EMPAVELI	2	PA, QL, SP
metformin hcl er (osm)	E	PA	HEMLIBRA	2	PA, SP
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		HEMOFIL M	2	SP
metformin hcl oral tablet 625 mg	E		HUMATE-P	2	SP
MOUNJARO	2	PA, ST, QL	IDELVION	3	SP
ONGLYZA	E	QL	JIVI	4	PA, SP
OZEMPIC	2	PA, ST, QL	KOATE	2	SP
pioglitazone hcl	1	QL	KOATE-DVI	2	SP
RYBELSUS	2	PA, ST, QL	KOGENATE FS	2	SP
saxagliptin hcl	1	QL	KOVALTRY	2	SP
SOLIQUA	2	QL	MULPLETA	2	PA, QL, SP
SYMLINPEN 120	3	QL	NEULASTA	2	
SYMLINPEN 60	3	QL	NOVOEIGHT	2	SP
SYNJARDY	2	QL	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
SYNJARDY XR	2	QL	NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
TRADJENTA	2	QL	RECOMBINATE	2	SP
TRIJARDY XR	2	QL	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
TRULICITY	2	PA, ST, QL	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL	TAVALISSE	4	PA, QL, SP
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL	UDENYCA	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL	WILATE	2	
<b>Drugs for Blood Disorders</b>			ZARXIO	2	
ADVATE	2	SP	<b>Drugs for Sexual Dysfunction</b>		
ADYNOVATE	4	PA, SP	ADDYI	4	PA, QL
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA	CIALIS	E	QL
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP	IMVEXXY MAINTENANCE PACK	2	QL

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Drug Name	Drug Tier	Requirements & Limits
IMVEXXY STARTER PACK	2	QL
OSPHEHA	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	
cyanocobalamin nasal	1	
DODEX	4	
DRISDOL	4	
ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT)	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	PA, QL
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	

Drug Name	Drug Tier	Requirements & Limits
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
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	
VOQUEZNA	E	QL
VOQUEZNA DUAL PAK	E	ST, QL
VOQUEZNA TRIPLE PAK	E	ST, QL

### Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions

CLENPIQ	3	QL
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	
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

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Drug Name	Drug Tier	Requirements & Limits
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	4	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	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	3	PA, QL

#### Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment

CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	E	

#### Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
oxybutynin chloride er	1	

Drug Name	Drug Tier	Requirements & Limits
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	1	
THIOLA	4	SP
THIOLA EC	4	SP
tiopronin	1	SP
VELPHORO	2	
VESICARE	E	

#### Genitourinary Agents - Drugs for Prostate Conditions

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

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

afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	4	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H

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Drug Name	Drug Tier	Requirements & Limits
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	1	QL
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
eluryng	1	H
emoquette oral tablet 0.15-30 mg-mcg	1	H
enilloring	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	QL

Drug Name	Drug Tier	Requirements & Limits
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	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	QL
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
femynor oral tablet 0.25-35 mg-mcg	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	1	H
jencycla	1	H
juleber	1	H
junel 1.5/30	1	H

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

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Drug Name	Drug Tier	Requirements & Limits
tarina fe 1/20 eq	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
tri femynor	1	H
tri-estarylla	1	H
tri-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-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
tulana oral tablet 0.35 mg	1	H
VAGIFEM	E	
VEOZAH	4	PA, QL
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zumandimine	1	H
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	4	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	E	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	

Drug Name	Drug Tier	Requirements & Limits
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	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
<b>Hormonal Agents - Other</b>		
cabergoline	1	
LANREOTIDE ACETATE	E	SP
NGENLA	4	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
SOMATULINE DEPOT	4	SP

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Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	E	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
<b>Hormonal Agents - Thyroid</b>		
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	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADBIM (2 PEN)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBIM (2 SYRINGE)	2	PA, QL, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBIM(CD/UC/HS STRT)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBIM(PS/UV STARTER)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-FKJP	E	PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AZASAN	4	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA, QL, SP
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP	HYRIMOZ-CROHNS/UC STARTER	E	PA, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL	HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP	HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP	HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
COSENTYX UNOREADY	3	PA, ST, QL, SP	IMURAN	E	
ENBREL	2	PA, QL, SP	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
ENBREL MINI	2	PA, QL, SP	KINERET	3	PA, ST, QL, SP
ENBREL SURECLICK	2	PA, QL, SP	LITFULO	3	PA, QL, SP
HADLIMA	2	PA, QL, SP	LUPKYNIS	4	PA, QL, SP
HADLIMA PUSHTOUCH	2	PA, QL, SP	methotrexate sodium oral	1	
HAEGARDA	2	PA, QL, SP	mycophenolate mofetil oral tablet	1	
HUMIRA (2 PEN)	2	PA, QL, SP	OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, QL
HUMIRA (2 SYRINGE)	2	PA, QL, SP	OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP	OMVOH	3	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER	2	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
HUMIRA-PED>=40KG CROHNS START	2	PA, QL, SP	ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
HUMIRA-PED>=40KG UC STARTER	2	PA, QL, SP	OTEZLA ORAL TABLET	2	PA, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP	OTREXUP	E	QL
HUMIRA-PSORIASIS/UVEIT STARTER	2	PA, QL, SP	PROGRAF ORAL CAPSULE	4	
HYFTOR	4	PA, QL	RASUVO	2	QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP	RINVOQ	2	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP	RUCONEST	4	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP	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

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Drug Name	Drug Tier	Requirements & Limits
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
YUFLYMA (2 SYRINGE)	E	PA, QL, SP

#### Immunological Agents - Drugs for Vaccination

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

#### Infertility Agents

cetrorelix acetate	1	PA, ST, QL, SP
CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/Organon), QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP

Drug Name	Drug Tier	Requirements & Limits
GONAL-F RFF REDIJECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP

#### Inflammatory Bowel Disease Agents

APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
PROCTOFOAM HC	2	
UCERIS ORAL	1	

#### Metabolic Bone Disease Agents - Drugs for Osteoporosis

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

#### Metabolic Bone Disease Agents - Other

calcitriol oral capsule	1	
ROCALTRON ORAL CAPSULE	4	

#### Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

ALREX	4	QL
AZASITE	3	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION 0.3 %	4	

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Drug Name	Drug Tier	Requirements & Limits
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
ILEVRO	E	
INVELTYS	3	
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 0.2 %	1	QL
loteprednol etabonate ophthalmic suspension 0.5 %	1	QL
MAXITROL OPHTHALMIC SUSPENSION	4	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	4	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	4	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL

Drug Name	Drug Tier	Requirements & Limits
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVIY	4	PA, QL
ZYLET	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
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	1	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 ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
XALATAN	E	
ZIOPTAN	3	ST, QL

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Drug Name	Drug Tier	Requirements & Limits
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA
XIIDRA	4	PA, QL
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
<b>Respiratory - Drugs for Anaphylaxis</b>		
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	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 INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	QL

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
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	
fluticasone propionate nasal	1	QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
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	

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Drug Name	Drug Tier	Requirements & Limits
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
breyndia	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 INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	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

Drug Name	Drug Tier	Requirements & Limits
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
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PROVENTIL HFA	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	1	QL
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
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

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Drug Name	Drug Tier	Requirements & Limits
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
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#### Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL TABLET	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
TYVASO	2	PA
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA
TYVASO STARTER	2	PA

#### Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
methocarbamol oral 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

Drug Name	Drug Tier	Requirements & Limits
eszopiclone	1	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
PROVIGIL	E	QL
RESTORIL	4	
SODIUM OXYBATE	4	PA, QL, SP (Manufactured by Hikma)
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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amoxicillin oral tablet . . . . .	9	40 mg, 80 mg . . . . .	13	BAQSIMI TWO PACK . . . . .	20
amoxicillin-potassium clavulanate		ATROVENT HFA . . . . .	32	BASAGLAR KWIKPEN. . . . .	20
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25 MG/2.5GM (1%),		AVALIDE . . . . .	13	BENICAR HCT . . . . .	13
40.5 MG/2.5GM (1.62%),		AVAPRO . . . . .	13	BENLYSTA SUBCUTANEOUS	
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APTENSIO XR. . . . .	15	azathioprine oral. . . . .	27	BIJUVA . . . . .	23
APTIOM. . . . .	10	azelastrine hcl nasal solution 0.1 %,		BIKTARVY. . . . .	12
AQINJECT PEN NEEDLE. . . . .	18	137 mcg/spray . . . . .	31	bimatoprost ophthalmic. . . . .	30
ARAKODA . . . . .	12	azelastrine hcl nasal solution 0.15 % . . . . .	31	BIOTEL CARE TEST STRIPS . . . . .	18
ARANESP (ALBUMIN FREE). . . . .	21	azithromycin oral suspension		bis subcit-metronid-tetracyc . . . . .	22
ARIMIDEX . . . . .	11	reconstituted. . . . .	9	bismuth/metronidaz/tetracyclin . . . . .	22
aripiprazole oral tablet . . . . .	12	azithromycin oral tablet . . . . .	9	bisoprolol fumarate oral. . . . .	13
ARMOUR THYROID. . . . .	27	AZSTARYS . . . . .	15	bisoprolol-hydrochlorothiazide . . . . .	13
ARNUITY ELLIPTA . . . . .	32			blisovi 24 fe . . . . .	23
ASACOL HD ORAL TABLET				blisovi fe 1/20 . . . . .	23
DELAYED RELEASE 800 MG . . . . .	29			blisovi fe 1.5/30. . . . .	23
atenolol oral . . . . .	13			BLOOD GLUCOSE TEST STRIPS . . . . .	18
ATIVAN ORAL. . . . .	13				
atomoxetine hcl . . . . .	15				

## B

bac . . . . .	8
baclofen oral tablet. . . . .	33



BLOOD GLUCOSE TEST STRIPS 333	calcitriol oral capsule	29	CIPRO ORAL TABLET	9
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	CALQUENCE ORAL CAPSULE 100 MG	11	CIPRODEX OTIC SUSPENSION 0.3-0.1 %	31
BREO ELLIPTA	camila	23	ciprofloxacin hcl ophthalmic	30
breyana	CARAC	16	ciprofloxacin hcl oral	9
BREZTRI AEROSPHERE	CARAFATE ORAL TABLET	22	ciprofloxacin-dexamethasone	31
BRILINTA	CARDIZEM CD	13	citalopram hydrobromide oral tablet	10
brimonidine tartrate ophthalmic solution 0.1 %	CARDURA	14	CLENPIQ	22
brimonidine tartrate ophthalmic solution 0.15 %	CARETOUCH MONITOR SYSTEM	18	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	9
brimonidine tartrate ophthalmic solution 0.2 %	CARETOUCH TEST	18	CLEOCIN ORAL CAPSULE 75 MG	9
brimonidine tartrate-timolol	cartia xt	14	CLEOCIN-T	16
BRIVIACT ORAL TABLET	carvedilol	14	CLIMARA	24
BROMFED DM	cefdinir	9	CLIMARA PRO	24
BRONCHITOL	cefuroxime axetil	9	clindacin etz external swab	16
BRONCHITOL TOLERANCE TEST	CELEBREX	8	clindacin-p	16
budesonide inhalation	celecoxib oral	8	CLINDAGEL	16
budesonide-formoterol fumarate	CELEXA	10	clindamycin hcl oral	9
buprenorphine hcl sublingual	CELLCEPT ORAL TABLET	27	clindamycin phosphate external lotion	16
buprenorphine hcl-naloxone hcl	CENTANY EXTERNAL OINTMENT 2 %	9	clindamycin phosphate external solution	16
bupropion hcl er (sr)	cephalexin oral capsule	9	clindamycin phosphate external swab	16
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	cephalexin oral suspension reconstituted	9	clindamycin phosphate gel 1 % external	16
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	CERDELGA	23	CLINDESSE	9
bupropion hcl oral	cetorelix acetate	29	clobetasol propionate external cream	16
buspiron hcl oral	CETROTIDE	29	clobetasol propionate external ointment	16
butalbital-apap-caffeine oral tablet	chateal eq	24	clobetasol propionate external solution	16
BYDUREON BCISE AUTOINJECTOR	chateal oral tablet 0.15-30 mg-mcg	24	CLOMID	29
BYETTA 10 MCG PEN	chlorhexidine gluconate mouth/ throat	16	clomiphene citrate oral tablet 50 mg	29
BYETTA 5 MCG PEN	chlorthalidone	14	clonazepam oral tablet	13
	CHORIONIC GONADOTROPIN INTRAMUSCULAR	29	clonidine hcl oral	14
	CIALIS	21	clopidogrel bisulfate oral	12
	CIBINQO	16	clotrimazole-betamethasone external cream	17
	ciclodan	11	colchicine oral	11
	ciclopirox external solution	11	COLCRYS ORAL TABLET 0.6 MG	11
	CILOXAN OPHTHALMIC SOLUTION 0.3 %	29	COMBIGAN	30
	CIMDUO	12	COMBIVENT RESPIMAT	32
	CIMZIA STARTER KIT	27		
	CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	27		
	CINRYZE	27		

## C

cabergoline	26
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	13



CONCERTA.....	15	CVS GLUCOSE METER TEST STRIPS .....	18	desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg .....	24	
CONTOUR MONITOR KIT W/DEVICE .....	18	cyanocobalamin injection solution 1000 mcg/ml.....	22	desvenlafaxine succinate er .....	10	
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP .....	18	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML .....	22	DEXABLISS.....	26	
CONTOUR NEXT EZ KIT W/DEVICE .....	18	cyanocobalamin nasal .....	22	dexamethasone oral tablet .....	26	
CONTOUR NEXT GEN MONITOR KIT .....	18	cyclobenzaprine hcl oral tablet 10 mg, 5 mg .....	33	dexamethasone oral tablet therapy pack .....	26	
CONTOUR NEXT GEN TEST STRIPS .....	18	cyclobenzaprine hcl oral tablet 7.5 mg .....	33	DEXCOM G6 RECEIVER .....	18	
CONTOUR NEXT LINK KIT W/DEVICE .....	18	CYCLOSPORINE IN KLARITY .....	31	DEXCOM G6 SENSOR .....	18	
CONTOUR NEXT MONITOR KIT W/DEVICE .....	18	cyclosporine ophthalmic .....	31	DEXCOM G6 TRANSMITTER .....	18	
CONTOUR NEXT ONE DEVICE .....	18	CYMBALTA .....	10	DEXCOM G7 RECEIVER .....	18	
CONTOUR NEXT ONE KIT .....	18	cyproheptadine hcl oral tablet .....	31	DEXCOM G7 SENSOR.....	18	
CONTOUR TEST STRIPS .....	18	cyred eq.....	24	dexmethylphenidate hcl.....	15	
COPAXONE.....	16	cyred oral tablet 0.15-30 mg-mcg.....	24	dexmethylphenidate hcl er .....	15	
COREG .....	14	CYTOMEL .....	27	diazepam oral tablet.....	13	
CORLANOR .....	14	CYTOTEC .....	22	diclofenac sodium oral.....	8	
CORTEF .....	26	<b>D</b>			dicyclomine hcl oral capsule.....	22
CORTIFOAM.....	29	D-CARE BLOOD GLUCOSE .....	18	dicyclomine hcl oral tablet.....	22	
COSENTYX (300 MG DOSE) .....	28	D-CARE GLUCOMETER .....	18	DIFICID ORAL TABLET .....	9	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ..	28	dabigatran etexilate mesylate oral capsule 150 mg, 75 mg .....	9	DIFLUCAN ORAL TABLET .....	11	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML .....	28	DAYVIGO.....	33	DILAUDID ORAL TABLET.....	8	
COSENTYX SENSOREADY (300 MG) .....	28	deblitane .....	24	diltiazem hcl er coated beads.....	14	
COSENTYX SENSOREADY PEN .....	28	DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG .....	26	DIOVAN .....	14	
COSENTYX UNOREADY.....	28	delyla .....	24	DIOVAN HCT.....	14	
COSOPT .....	30	DEPAKOTE .....	10	DIPENTUM .....	29	
COSOPT PF .....	30	DEPAKOTE ER .....	10	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG.....	23	
COTELLIC .....	11	DEPEN TITRATABS .....	23	divalproex sodium er .....	10	
COZAAR .....	14	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE .....	24	divalproex sodium oral tablet delayed release.....	10	
CREON .....	23	DEPO-SUBQ PROVERA 104.....	24	DIVIGEL.....	24	
CRESEMBA ORAL CAPSULE 186 MG .....	11	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML.....	27	DODEX .....	22	
CRESTOR .....	14	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.....	27	DOPTelet .....	21	
CVS ADVANCED GLUCOSE TEST.....	18	DESCOVY .....	13	dorzolamide hcl-timolol mal .....	30	
				dorzolamide hcl-timolol mal pf .....	30	
				dotti .....	24	
				DOVATO .....	13	
				doxazosin mesylate oral .....	14	
				doxepin hcl oral capsule .....	10	
				doxycycline hyclate oral capsule .....	9	
				doxycycline hyclate oral tablet 100 mg, 20 mg .....	9	



doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg . . . . .	9
doxycycline monohydrate oral capsule 100 mg, 50 mg . . . . .	9
doxycycline monohydrate oral capsule 150 mg, 75 mg . . . . .	9
doxycycline monohydrate oral tablet . . .	9
DRISDOL . . . . .	22
drosiprone-ethinyl estradiol . . . . .	24
DUAVEE . . . . .	24
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg . . . . .	10
duloxetine hcl oral capsule delayed release particles 40 mg . . . . .	10
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR . . . . .	17
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML . . . . .	17
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML . . . . .	17
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG . . . . .	26

## E

EASY TOUCH HEALTHPRO GLUCOSE . . . . .	18
EASY TOUCH TEST . . . . .	18
EASYGLUCO . . . . .	18
EASYMAX 15 TEST . . . . .	18
EASYMAX NG BLOOD GLUCOSE KIT . . . . .	18
EFFEXOR XR . . . . .	10
EFUDEX . . . . .	17
ELESTRIN . . . . .	24
eletriptan hydrobromide . . . . .	11
ELIQUIS . . . . .	9
ELIQUIS DVT/PE STARTER PACK . . . . .	9
ELOCTATE . . . . .	21
eluryng . . . . .	24
EMBRACE BLOOD GLUCOSE TEST . . . . .	18

EMBRACE WAVE BLOOD GLUCOSE IN VITRO . . . . .	18
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML . . . . .	11
emoquette oral tablet 0.15-30 mg-mcg . . . . .	24
EMPAVELI . . . . .	21
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg . . . . .	13
emtricitabine-tenofovir df oral tablet 200-300 mg . . . . .	13
enalapril maleate oral tablet . . . . .	14
ENBREL . . . . .	28
ENBREL MINI . . . . .	28
ENBREL SURECLICK . . . . .	28
endocet . . . . .	8
ENDOMETRIN . . . . .	29
enilloring . . . . .	24
ENLITE GLUCOSE SENSOR . . . . .	18
enoxaparin sodium injection solution prefilled syringe . . . . .	9
enskyce . . . . .	24
ENSTILAR . . . . .	17
ENTRESTO . . . . .	14
EPCLUSA ORAL TABLET . . . . .	13
EPIDIOLEX . . . . .	10
epinephrine solution auto-injector 0.15 mg/0.15ml injection . . . . .	31
epinephrine solution auto-injector 0.15 mg/0.3ml injection . . . . .	31
epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	31
EPIPEN 2-PAK . . . . .	31
EPIPEN JR 2-PAK . . . . .	31
EQ BLOOD GLUCOSE TEST . . . . .	18
ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT) . . . . .	22
ergocalciferol oral capsule . . . . .	22
ERIVEDGE . . . . .	11
ERLEADA ORAL TABLET 240 MG . . . . .	11
ERLEADA ORAL TABLET 60 MG . . . . .	11
ERMEZA . . . . .	27

errin . . . . .	24
erythromycin ophthalmic . . . . .	30
escitalopram oxalate oral tablet . . . . .	10
ESGIC ORAL TABLET . . . . .	8
estarylla . . . . .	24
ESTRACE . . . . .	24
estradiol oral . . . . .	24
estradiol patch twice weekly 0.025 mg/24hr transdermal . . . . .	24
estradiol patch twice weekly 0.0375 mg/24hr transdermal . . . . .	24
estradiol patch twice weekly 0.05 mg/24hr transdermal . . . . .	24
estradiol patch twice weekly 0.075 mg/24hr transdermal . . . . .	24
estradiol patch twice weekly 0.1 mg/24hr transdermal . . . . .	24
estradiol transdermal gel . . . . .	24
estradiol transdermal patch weekly . . . . .	24
estradiol vaginal . . . . .	24
ESTRING . . . . .	24
ESTROGEL . . . . .	24
eszopiclone . . . . .	33
etonogestrel-ethinyl estradiol . . . . .	24
EUCRISA . . . . .	17
euthyrox . . . . .	27
EVAMIST . . . . .	24
EXFORGE . . . . .	14
EXKIVITY . . . . .	11
EXTAVIA . . . . .	16
EYSUVIS . . . . .	30
ezetimibe . . . . .	14

## F

falmina . . . . .	24
famotidine oral suspension reconstituted . . . . .	22
FASENRA PEN . . . . .	32
FEMARA . . . . .	12
femynor oral tablet 0.25-35 mg-mcg . . . . .	24
fenofibrate oral tablet 120 mg, 40 mg . . . . .	14





fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg.....	14	FORFIVO XL .....	10	GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED .....	20	
FENOGLIDE .....	14	FORTEO .....	29	GLUCOCARD EXPRESSION TEST ..	18	
FEXMID .....	33	FORTESTA .....	27	GLUCOCARD SHINE TEST.....	18	
FINACEA EXTERNAL FOAM.....	17	FORTISCARE G1 TEST STRIP .....	18	GLUCOCARD VITAL TEST .....	18	
finasteride oral tablet 5 mg .....	23	FORTISCARE TEST .....	18	GLUCOTROL XL.....	20	
finngolimod hcl.....	16	FOSAMAX.....	29	GLUMETZA.....	20	
FLAREX.....	30	FREESTYLE LIBRE 14 DAY SENSOR .....	18	glyburide oral .....	21	
flecainide acetate .....	14	FREESTYLE LIBRE 2 SENSOR.....	18	GLYCATE.....	22	
FLOMAX .....	23	FREESTYLE LIBRE 3 SENSOR.....	18	glycopyrrolate oral tablet 1 mg, 2 mg.....	22	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT .....	32	FREESTYLE PRECISION NEO SYSTEM.....	18	GLYCOPYRROLATE ORAL TABLET 1.5 MG .....	22	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE .....	29	FREESTYLE PRECISION NEO TEST .....	18	GLYXAMBI .....	21	
fluconazole oral tablet .....	11	FREESTYLE TEST .....	18	GOLYTELY .....	22	
FLUOROURACIL EXTERNAL CREAM 0.5 % .....	17	FUROSCIX .....	14	GONAL-F.....	29	
fluorouracil external cream 5 % .....	17	furosemide oral tablet .....	14	GONAL-F RFF .....	29	
fluoxetine hcl oral capsule.....	10	FYCOMPA ORAL SUSPENSION .....	10	GONAL-F RFF REDIJECT .....	29	
fluoxetine hcl oral tablet 10 mg.....	10	FYCOMPA ORAL TABLET.....	10	guanfacine hcl .....	14, 15	
fluoxetine hcl oral tablet 20 mg, 60 mg.....	10	fyremadel .....	29	guanfacine hcl er .....	15	
FLUTICASONE FUROATE- VILANTEROL .....	32	<b>G</b>			GUARDIAN 4 GLUCOSE SENSOR. ..	18
FLUTICASONE PROPIONATE HFA ..	32	gabapentin oral capsule .....	10	GUARDIAN 4 TRANSMITTER.....	18	
fluticasone propionate nasal.....	31	gabapentin oral tablet 600 mg, 800 mg .....	10	GUARDIAN CONNECT TRANSMITTER.....	18	
FLUTICASONE-SALMETEROL INHALATION AEROSOL .....	32	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	29	GUARDIAN LINK 3 TRANSMITTER ..	18	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act .....	32	gavilyte-c .....	22	GUARDIAN SENSOR (3) .....	18	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT .....	32	gavilyte-g .....	22	GUARDIAN SENSOR 3 .....	18	
flvoxamine maleate .....	10	GAVRETO .....	12	GVOKE HYPOPEN 1-PACK.....	18	
FOCALIN.....	15	gemfibrozil oral .....	14	GVOKE HYPOPEN 2-PACK.....	18	
FOCALIN XR.....	15	GILENYA ORAL CAPSULE 0.25 MG ..	16	GVOKE KIT .....	19	
folic acid oral tablet 1 mg .....	22	GILENYA ORAL CAPSULE 0.5 MG ..	16	GVOKE PFS.....	19	
FOLLISTIM AQ .....	29	glatiramer acetate.....	16	GYNAZOLE-1 .....	11	
FORA 6 CONNECT/GTEL TEST .....	18	glatopa.....	16	<b>H</b>		
		glimepiride .....	20	HADLIMA .....	28	
		glipizide er.....	20	HADLIMA PUSH TOUCH .....	28	
		glipizide oral tablet 10 mg, 5 mg.....	20	HAEGARDA .....	28	
		glipizide oral tablet 2.5 mg .....	20	hailey 1.5/30 .....	24	
		glipizide xl .....	20	hailey 24 fe .....	24	
				hailey fe 1/20.....	24	
				hailey fe 1.5/30 .....	24	
				HALCION.....	13	



haloette . . . . .	24	hydrochlorothiazide oral . . . . .	14	ICLUSIG ORAL TABLET 15 MG, 45 MG . . . . .	12
HARVONI ORAL TABLET . . . . .	13	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg . . . . .	8	IDELVION . . . . .	21
HEALTHPRO BLOOD GLUCOSE MONITO . . . . .	19	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8	IDHIFA . . . . .	12
heather . . . . .	24	hydrocortisone external cream 1 % . .	17	ILEVRO . . . . .	30
HEMADY . . . . .	26	hydrocortisone external cream 2.5 % . . . . .	17	IMBRUVICA ORAL CAPSULE . . . . .	12
HEMANGEOL . . . . .	14	hydrocortisone external ointment 1 %, 2.5 % . . . . .	17	IMBRUVICA ORAL TABLET 140 MG, 280 MG . . . . .	12
HEMLIBRA . . . . .	21	hydrocortisone oral . . . . .	26	IMBRUVICA ORAL TABLET 420 MG . . . . .	12
HEMOFIL M. . . . .	21	hydromorphone hcl oral tablet . . . . .	8	IMBRUVICA ORAL TABLET 560 MG . . . . .	12
HIDEX 6-DAY . . . . .	26	hydroxychloroquine sulfate oral . . . .	12	IMITREX . . . . .	11
HUMALOG INJECTION . . . . .	20	hydroxyzine hcl oral tablet . . . . .	13	IMPOYZ . . . . .	17
HUMALOG KWIKPEN . . . . .	20	hydroxyzine pamoate oral . . . . .	13	IMURAN . . . . .	28
HUMALOG MIX 50/50 KWIKPEN . . . . .	20	HYFTOR . . . . .	28	IMVEXXY MAINTENANCE PACK . . . . .	21
HUMALOG MIX 50/50 VIAL . . . . .	20	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML . . . . .	28	IMVEXXY STARTER PACK . . . . .	22
HUMALOG MIX 75/25 KWIKPEN . . . . .	20	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML . . . . .	28	INBRIJA . . . . .	12
HUMALOG MIX 75/25 VIAL . . . . .	20	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML . . . . .	28	incassia . . . . .	24
HUMALOG SUBCUTANEOUS . . . . .	20	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML . . . . .	28	INDERAL LA . . . . .	14
HUMALOG TEMPO PEN . . . . .	20	HYRIMOZ-CROHNS/UC STARTER . . . . .	28	INDOMETHACIN ORAL CAPSULE 20 MG . . . . .	8
HUMALOG U-100 JUNIOR KWIKPEN . . . . .	20	HYRIMOZ-PED<40KG CROHNS STARTER . . . . .	28	indomethacin oral capsule 25 mg, 50 mg . . . . .	8
HUMATE-P . . . . .	21	HYRIMOZ-PED>=40KG CROHN STARTER . . . . .	28	INSULIN GLARGINE . . . . .	20
HUMIRA (2 PEN) . . . . .	28	HYRIMOZ-PLAQUE PSORIASIS START . . . . .	28	INSULIN GLARGINE MAX SOLOSTAR . . . . .	20
HUMIRA (2 SYRINGE) . . . . .	28	HYZAAR . . . . .	14	INSULIN GLARGINE SOLOSTAR . . . . .	20
HUMIRA-CD/UC/HS STARTER . . . . .	28			INSULIN LISPRO . . . . .	20
HUMIRA-PED<40KG CROHNS STARTER . . . . .	28			INSULIN LISPRO (1 UNIT DIAL) . . . . .	20
HUMIRA-PED>=40KG CROHNS START . . . . .	28			INSULIN LISPRO JUNIOR KWIKPEN . . . . .	20
HUMIRA-PED>=40KG UC STARTER . . . . .	28			INSULIN LISPRO PROT & LISPRO . . . . .	20
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.8ML . . . . .	28			INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM . . . . .	19
HUMIRA-PSORIASIS/UEVIT STARTER . . . . .	28			INTUNIV . . . . .	15
HUMULIN 70/30 KWIKPEN . . . . .	20			INVELTYS . . . . .	30
HUMULIN 70/30 VIAL . . . . .	20			ipratropium bromide nasal . . . . .	31
HUMULIN N KWIKPEN . . . . .	20			ipratropium-albuterol . . . . .	32
HUMULIN N VIAL . . . . .	20			irbesartan . . . . .	14
HUMULIN R U-500 KWIKPEN . . . . .	20			irbesartan-hydrochlorothiazide . . . . .	14
HUMULIN R U-500 VIAL . . . . .	20			isibloom . . . . .	24
HUMULIN R VIAL . . . . .	20			isosorbide mononitrate er . . . . .	14
hydralazine hcl oral . . . . .	14				

## I

IBRANCE ORAL CAPSULE . . . . .	12
ibuprofen oral tablet 400 mg, 600 mg, 800 mg . . . . .	8
ICLUSIG ORAL TABLET 10 MG, 30 MG . . . . .	12





ISTALOL .....	30
IYUZEH .....	30

## J

jantoven .....	10
JARDIANCE .....	21
jasmiel .....	24
jencycla .....	24
JENTADUETO .....	21
JENTADUETO XR .....	21
JIVI .....	21
JORNAY PM .....	15
juleber .....	24
JULUCA .....	13
junel 1/20 .....	25
junel 1.5/30 .....	24
junel fe 1/20 .....	25
junel fe 1.5/30 .....	25
junel fe 24 .....	25

## K

K-TAB .....	22
kalliga .....	25
KEPPRA ORAL TABLET .....	10
KESIMPTA .....	16
ketoconazole external cream .....	11
ketoconazole external shampoo .....	11
ketorolac tromethamine oral .....	8
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR .....	28
KINERET .....	28
KITABIS PAK .....	32
KLISYRI .....	17
KLONOPIN .....	13
klor-con 10 .....	22
klor-con m10 .....	22
klor-con m15 .....	22
klor-con m20 .....	22
klor-con oral tablet extended release .....	22
KLOXXADO .....	8
KOATE .....	21

KOATE-DVI .....	21
KOGENATE FS .....	21
KOSELUGO .....	12
KOVALTRY .....	21
KRINTAFEL .....	12
kurvelo .....	25
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG .....	12

## L

labetalol hcl oral .....	14
LAGEVRIO .....	13
LAMICTAL ORAL TABLET .....	10
lamotrigine oral tablet .....	10
LANCETS .....	17, 19
LANREOTIDE ACETATE .....	26
LANTUS SOLOSTAR .....	20
LANTUS U-100 VIAL .....	20
larin 1/20 .....	25
larin 1.5/30 .....	25
larin 24 fe .....	25
larin fe 1/20 .....	25
larin fe 1.5/30 .....	25
larissia oral tablet 0.1-20 mg-mcg .....	25
LASIX .....	14
latanoprost ophthalmic .....	30
LATUDA .....	12
LEDIPASVIR-SOFOSBUVIR .....	13
lenalidomide .....	12
lessina .....	25
letrozole oral .....	12
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT .....	32
levetiracetam oral tablet .....	10
levo-t .....	27
levocetirizine dihydrochloride oral tablet .....	31
levofloxacin oral tablet .....	9
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg .....	25
levora 0.15/30 (28) .....	25

levothyroxine sodium oral tablet .....	27
levoxyl .....	27
LEXAPRO .....	10
LIALDA .....	29
lidocaine hcl mouth/throat .....	16
lidocaine viscous hcl .....	16
LIKMEZ .....	9
lillow oral tablet 0.15-30 mg-mcg .....	25
LINZESS .....	22
liothyronine sodium oral .....	27
LIPITOR .....	14
lisdexamfetamine dimesylate .....	15
lisinopril oral .....	14
lisinopril-hydrochlorothiazide .....	14
LITFULO .....	28
lithium carbonate er .....	13
lithium carbonate oral capsule .....	13
LITHOBID .....	13
LO LOESTRIN FE .....	25
lo-zumandimine .....	25
LOESTRIN 1/20 (21) .....	25
LOESTRIN 1.5/30 (21) .....	25
LOESTRIN FE 1/20 .....	25
LOESTRIN FE 1.5/30 .....	25
LOKELMA .....	22
LOPID .....	14
LOPRESSOR .....	14
lorazepam oral tablet .....	13
loryna .....	25
losartan potassium oral .....	14
losartan potassium-hctz .....	14
LOTEMAX OPHTHALMIC GEL .....	30
LOTEMAX OPHTHALMIC OINTMENT .....	30
LOTEMAX OPHTHALMIC SUSPENSION .....	30
LOTEMAX SM .....	30
LOTENSIN .....	14
loteprednol etabonate ophthalmic gel .....	30
loteprednol etabonate ophthalmic suspension 0.2 % .....	30



loteprednol etabonate ophthalmic suspension 0.5 % . . . . .	30	MEDROL ORAL TABLET THERAPY PACK . . . . .	26	methylprednisolone oral tablet therapy pack . . . . .	26
LOTREL . . . . .	14	medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	25	metoclopramide hcl oral tablet . . . . .	11
lovastatin oral . . . . .	14	medroxyprogesterone acetate oral . . . . .	25	metoprolol succinate er . . . . .	14
LOVAZA . . . . .	14	meloxicam oral tablet . . . . .	8	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	14
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE . . . . .	10	MENOPUR . . . . .	29	metoprolol tartrate oral tablet 37.5 mg, 75 mg . . . . .	14
LUMAKRAS . . . . .	12	MENOSTAR . . . . .	25	METROCREAM . . . . .	17
LUMIGAN . . . . .	30	mesalamine oral tablet delayed release 1.2 gm . . . . .	29	metronidazole external cream . . . . .	17
LUMRYZ . . . . .	33	mesalamine oral tablet delayed release 800 mg . . . . .	29	metronidazole oral tablet . . . . .	9
LUNESTA . . . . .	33	metformin hcl er . . . . .	21	metronidazole vaginal . . . . .	9
LUPKYNIS . . . . .	28	metformin hcl er (mod) . . . . .	21	MICARDIS . . . . .	14
lurasidone hcl . . . . .	12	metformin hcl er (osm) . . . . .	21	MICRODOT TEST . . . . .	19
lutera . . . . .	25	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg . . . . .	21	microgestin 1/20 . . . . .	25
lyleq . . . . .	25	metformin hcl oral tablet 625 mg . . . . .	21	microgestin 1.5/30 . . . . .	25
lyllana . . . . .	25	methimazole oral . . . . .	27	microgestin 24 fe . . . . .	25
LYMEPAK ORAL TABLET 100 MG . . . . .	9	methocarbamol oral tablet 1000 mg . . . . .	33	microgestin fe 1/20 . . . . .	25
LYNPARZA . . . . .	12	methocarbamol oral tablet 500 mg, 750 mg . . . . .	33	microgestin fe 1.5/30 . . . . .	25
LYRICA ORAL CAPSULE . . . . .	16	methotrexate sodium oral . . . . .	28	mili . . . . .	25
LYUMJEV KWIKPEN . . . . .	20	methylphenidate hcl er (cd) . . . . .	15	MINILINK REAL-TIME TRANSMITTER . . . . .	19
LYUMJEV TEMPO PEN . . . . .	20	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg . . . . .	15	MINIMED 630G GUARDIAN PRESS . . . . .	19
LYUMJEV VIAL . . . . .	20	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg . . . . .	15	MINIPRESS . . . . .	14
lyza . . . . .	25	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg . . . . .	15	MINIVELLE . . . . .	24, 25
<b>M</b>					
MACROBID . . . . .	9	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG . . . . .	15	minocycline hcl oral capsule . . . . .	9
MACRODANTIN . . . . .	9	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG . . . . .	15	minoxidil oral . . . . .	14
marlissa . . . . .	25	methylphenidate hcl er (osm) oral tablet extended release 72 mg . . . . .	15	mirtazapine oral tablet . . . . .	10
MAVENCLAD . . . . .	16	methylphenidate hcl er (xr) . . . . .	15	MIRVASO . . . . .	17
MAVYRET ORAL PACKET . . . . .	13	methylphenidate hcl er oral tablet extended release . . . . .	15	misoprostol oral . . . . .	22
MAXALT . . . . .	11	methylphenidate hcl oral tablet . . . . .	15	MITIGARE . . . . .	11
MAXALT-MLT . . . . .	11			MM BLULINK GLUCOSE TEST . . . . .	19
MAXITROL OPHTHALMIC SUSPENSION . . . . .	30			MM EASY TOUCH GLUCOSE METER . . . . .	19
MAXZIDE . . . . .	14			MOBIC ORAL TABLET 15 MG, 7.5 MG . . . . .	8
MAXZIDE-25 . . . . .	14			modafinil oral . . . . .	33
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG . . . . .	16			mondoxyne nl . . . . .	9
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG . . . . .	16			mono-lynyah . . . . .	25



morphine sulfate er oral tablet extended release . . . . .	8	NEVANAC . . . . .	30	NOVOLIN N FLEXPEN RELION . . . . .	20
MOTTEGRITY . . . . .	22	NEXLETOL . . . . .	14	NOVOLIN N RELION . . . . .	20
MOTPOLY XR . . . . .	10	NEXLIZET . . . . .	14	NOVOLIN N VIAL . . . . .	20
MOUNJARO . . . . .	21	NGENLA . . . . .	26	NOVOLIN R FLEXPEN . . . . .	20
MOVIPREP . . . . .	22	nifedipine er . . . . .	14	NOVOLIN R FLEXPEN RELION . . . . .	20
MOXEZA OPHTHALMIC SOLUTION 0.5 % . . . . .	30	nifedipine er osmotic release . . . . .	14	NOVOLIN R RELION . . . . .	20
moxifloxacin hcl (2x day) . . . . .	30	nikki . . . . .	25	NOVOLIN R VIAL . . . . .	20
moxifloxacin hcl ophthalmic . . . . .	30	nitrofurantoin macrocrystal . . . . .	9	NOVOTWIST PEN NEEDLE . . . . .	19
MS CONTIN . . . . .	8	nitrofurantoin monohydrate macrocrystals . . . . .	9	np thyroid . . . . .	27
MULPLETA . . . . .	21	nitroglycerin sublingual . . . . .	14	NUBEQA . . . . .	12
MULTAQ . . . . .	14	NITROSTAT . . . . .	14	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	32
mupirocin external . . . . .	9	NIVA THYROID . . . . .	27	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML . . . . .	32
mycophenolate mofetil oral tablet . . . . .	28	NOCDURNA . . . . .	26	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML . . . . .	32
MYDAYIS . . . . .	15	nora-be . . . . .	25	NUCYNTA . . . . .	8
MYFEMBREE . . . . .	25	NORDITROPIN FLEXPRO . . . . .	26	NUCYNTA ER . . . . .	8
<b>N</b>					
na sulfate-k sulfate-mg sulf . . . . .	22	norelgestromin-eth estradiol . . . . .	25	NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM . . . . .	23
nabumetone oral . . . . .	8	norethin ace-eth estrad-fe oral tablet . . . . .	25	NURTEC . . . . .	11
NALOCET . . . . .	8	norethindrone acet-ethinyl est . . . . .	25	NUTROPIN AQ NUSPIN 10 . . . . .	26
naloxone hcl injection solution prefilled syringe . . . . .	8	norethindrone acetate oral . . . . .	25	NUTROPIN AQ NUSPIN 20 . . . . .	26
naloxone hcl nasal . . . . .	8	norethindrone oral . . . . .	25	NUTROPIN AQ NUSPIN 5 . . . . .	26
naltrexone hcl oral . . . . .	8	norgestimate-eth estradiol . . . . .	25	NUVARING . . . . .	25
NAPROSYN ORAL TABLET . . . . .	8	norgestimate-ethinyl estradiol triphasic . . . . .	25	NUVESSA . . . . .	9
naproxen oral tablet . . . . .	8	NORITATE . . . . .	17	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT . . . . .	21
NARCAN . . . . .	8	NORLIQVA . . . . .	14	NUWIQ INTRAVENOUS KIT 1500 UNIT . . . . .	21
NASCOBAL . . . . .	22	norlyda . . . . .	25	NUZYRA ORAL . . . . .	9
NATAZIA . . . . .	25	norlyroc . . . . .	25	nymyo . . . . .	25
NATESTO . . . . .	27	nortriptyline hcl oral capsule . . . . .	10	nystatin external cream . . . . .	11
NAYZILAM . . . . .	10	NORVASC . . . . .	14	nystatin mouth/throat . . . . .	11
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	30	NOURIANZ . . . . .	12	<b>O</b>	
neomycin-polymyxin-hc otic suspension . . . . .	31	NOVAREL . . . . .	29	ocella . . . . .	25
NEULASTA . . . . .	21	NOVOEIGHT . . . . .	21	OCUFLOX . . . . .	30
NEUPRO . . . . .	12	NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	19	ODOMZO . . . . .	12
NEURONTIN ORAL CAPSULE . . . . .	10	NOVOFINE PEN NEEDLE . . . . .	19		
NEURONTIN ORAL TABLET . . . . .	10	NOVOFINE PLUS PEN NEEDLE . . . . .	19		
NEUTEK 2TEK TEST . . . . .	19	NOVOLIN 70/30 FLEXPEN . . . . .	20		
		NOVOLIN 70/30 FLEXPEN RELION . . . . .	20		
		NOVOLIN 70/30 RELION . . . . .	20		
		NOVOLIN 70/30 VIAL . . . . .	20		
		NOVOLIN N FLEXPEN . . . . .	20		



OFEV . . . . .	33	OPZELURA . . . . .	17	PAXIL ORAL TABLET . . . . .	10
ofloxacin ophthalmic . . . . .	30	ORENCIA CLICKJECT . . . . .	28	PAXLOVID (150/100) . . . . .	13
ofloxacin otic . . . . .	31	ORENCIA SUBCUTANEOUS . . . . .	28	PAXLOVID (300/100) . . . . .	13
olanzapine oral tablet . . . . .	12	ORFADIN ORAL CAPSULE . . . . .	23	PEDIAPRED . . . . .	26
olmesartan medoxomil oral . . . . .	14	ORFADIN ORAL SUSPENSION . . . . .	23	peg 3350-kcl-na bicarb-nacl . . . . .	23
olmesartan medoxomil-hctz . . . . .	14	ORGOVYX . . . . .	12	peg-3350/electrolytes . . . . .	23
OLUMIANT ORAL TABLET 1 MG, 4 MG . . . . .	28	ORIAHNN . . . . .	26	peg-3350/electrolytes/ascorbat . . . . .	23
OLUMIANT ORAL TABLET 2 MG . . . . .	28	ORLISSA . . . . .	26	peg-kcl-nacl-nasulf-na asc-c . . . . .	23
OMECLAMOX-PAK . . . . .	22	orsythia . . . . .	25	penicillin v potassium oral tablet . . . . .	9
omega-3-acid ethyl esters . . . . .	14	oseltamivir phosphate oral capsule . . . . .	13	PERCOCET . . . . .	8
omeprazole oral capsule delayed release . . . . .	22	OSPHERA . . . . .	22	PERFOROMIST . . . . .	32
OMNIPOD 5 G6 INTRO (GEN 5) . . . . .	19	OTEZLA ORAL TABLET . . . . .	28	PERIDEX . . . . .	16
OMNIPOD 5 G6 PODS (GEN 5) . . . . .	19	OTREXUP . . . . .	28	periogard . . . . .	16
OMNITROPE . . . . .	26	OVIDREL . . . . .	29	PERTZYE . . . . .	23
OMVOH . . . . .	28	OXAYDO ORAL TABLET 5 MG, 7.5 MG . . . . .	8	phenazo oral tablet 200 mg . . . . .	23
ON CALL EXPRESS BLOOD GLUCOSE . . . . .	19	oxcarbazepine oral tablet . . . . .	10	phenazopyridine hcl oral . . . . .	23
ON CALL EXPRESS MONITORING SYS . . . . .	19	oxybutynin chloride er . . . . .	23	pioglitazone hcl . . . . .	21
ondansetron hcl oral tablet . . . . .	11	oxybutynin chloride oral tablet . . . . .	23	PIP BLOOD GLUCOSE TEST STRIP . . . . .	19
ondansetron odt . . . . .	11	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg . . . . .	8	PLAQUENIL . . . . .	12
ONETOUCH DELICA PLUS LANCETS . . . . .	19	oxycodone hcl oral tablet 5 mg . . . . .	8	PLAVIX . . . . .	12
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE . . . . .	19	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG . . . . .	8	PLEGRIDY INTRAMUSCULAR . . . . .	16
ONETOUCH ULTRA 2 KIT W/DEVICE . . . . .	19	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8	PLEGRIDY STARTER PACK . . . . .	16
ONETOUCH ULTRA IN VITRO STRIP . . . . .	19	OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG . . . . .	8	PLEGRIDY SUBCUTANEOUS . . . . .	16
ONETOUCH ULTRASOFT LANCETS . . . . .	19	OZEMPIC . . . . .	21	PLENVU . . . . .	23
ONETOUCH VERIO FLEX SYSTEM KIT . . . . .	19			polymyxin b-trimethoprim . . . . .	30
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE . . . . .	19			POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-% . . . . .	30
ONETOUCH VERIO KIT W/DEVICE . . . . .	19			POMALYST . . . . .	12
ONETOUCH VERIO REFLECT KIT W/DEVICE . . . . .	19			portia-28 . . . . .	25
ONETOUCH VERIO TEST STRIPS . . . . .	19			potassium chloride crys er . . . . .	22
ONGLYZA . . . . .	21			potassium chloride er . . . . .	22
OPSUMIT . . . . .	33			potassium citrate er . . . . .	22
OPTIUMEZ TEST . . . . .	19			PRADAXA ORAL CAPSULE . . . . .	10
				pramipexole dihydrochloride . . . . .	12
				pravastatin sodium . . . . .	14
				prazosin hcl oral . . . . .	14
				PRECISION XTRA . . . . .	19
				PRECISION XTRA BLOOD GLUCOSE . . . . .	19
				PRED FORTE . . . . .	30
				PRED MILD . . . . .	30
				prednisolone acetate ophthalmic . . . . .	30

**P**



PREDNISOLONE ACETATE P-F . . . . .	30	PROZAC . . . . .	10	REPATHA SURECLICK . . . . .	15	
prednisolone oral solution . . . . .	26	pseudoephedrine-bromphen-dm . . . . .	31	RESTASIS . . . . .	31	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml . . . . .	26	PTS PANELS EGLU TEST . . . . .	19	RESTASIS MULTIDOSE . . . . .	31	
prednisolone sodium phosphate oral solution 15 mg/5ml . . . . .	26	PULMICORT SUSPENSION . . . . .	32	RESTORIL . . . . .	33	
prednisolone sodium phosphate oral solution 20 mg/5ml . . . . .	26	PULMOZYME . . . . .	32	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML . . . . .	21	
prednisone oral tablet . . . . .	26	PYLERA . . . . .	22	RETACRIT INJECTION SOLUTION 20000 UNIT/ML . . . . .	21	
prednisone oral tablet therapy pack . . . . .	26	PYRIDIUM . . . . .	23	RETEVMO ORAL CAPSULE 40 MG. . . . .	12	
pregabalin oral capsule . . . . .	16	<b>Q</b>			RETEVMO ORAL CAPSULE 80 MG. . . . .	12
PREGNYL . . . . .	29	quetiapine fumarate . . . . .	12	RETIN-A EXTERNAL CREAM . . . . .	17	
PREMARIN ORAL . . . . .	25	QUINTET AC BLOOD GLUCOSE TEST . . . . .	19	REVATIO ORAL TABLET . . . . .	33	
PREMARIN VAGINAL . . . . .	25	QUINTET BLOOD GLUCOSE TEST . . . . .	19	REVLIMID . . . . .	12	
PREMIUM BLOOD GLUCOSE TEST . . . . .	19	QVAR REDIHALER . . . . .	32	REXULTI . . . . .	12	
PREMPHASE . . . . .	25	<b>R</b>			RHOFADE . . . . .	17
PREMPRO . . . . .	25	rabeprazole sodium oral tablet delayed release . . . . .	22	RHOPRESSA . . . . .	30	
previfem oral tablet 0.25-35 mg-mcg . . . . .	25	RADICAVA ORS . . . . .	16	RIGHTEST GT333 GLUCOSE TEST . . . . .	19	
PREZCOBIX . . . . .	13	RADICAVA ORS STARTER KIT . . . . .	16	RINVOQ . . . . .	28	
PRISTIQ . . . . .	10	ramipril . . . . .	15	RISPERDAL ORAL TABLET . . . . .	12	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT . . . . .	32	RASUVO . . . . .	28	risperidone oral tablet . . . . .	12	
PROCARDIA XL . . . . .	14	REBIF . . . . .	16	RITALIN . . . . .	15	
prochlorperazine maleate oral . . . . .	11	REBIF TITRATION PACK . . . . .	16	RITALIN LA . . . . .	15	
PROCTOFOAM HC . . . . .	29	reclipsen . . . . .	25	rizatriptan benzoate . . . . .	11	
progesterone oral . . . . .	25	RECOMBINATE . . . . .	21	ROBINUL . . . . .	23	
PROGRAF ORAL CAPSULE . . . . .	28	REGLAN . . . . .	11	ROBINUL-FORTE . . . . .	23	
PROLATE ORAL TABLET . . . . .	8	RELAFEN DS . . . . .	8	ROCALTROL ORAL CAPSULE . . . . .	29	
promethazine hcl oral tablet . . . . .	11	RELAFEN ORAL TABLET 500 MG, 750 MG . . . . .	8	ROCKLATAN . . . . .	30	
promethazine-dm . . . . .	31	RELEXXII . . . . .	15	ropinirole hcl . . . . .	12	
PROMETRIUM . . . . .	25	RELION TRUE MET AIR GLUC METER . . . . .	19	rosadan external cream 0.75 % . . . . .	17	
propranolol hcl er . . . . .	14	RELION TRUE METRIX TEST STRIPS . . . . .	19	rosuvastatin calcium . . . . .	15	
propranolol hcl oral tablet . . . . .	14	RELION ULTIMA GLUCOSE SYSTEM . . . . .	19	roweepra . . . . .	10	
PROSCAR . . . . .	23	RELION ULTIMA TEST . . . . .	19	ROXICODONE ORAL TABLET 15 MG, 30 MG . . . . .	8	
PROTONIX ORAL TABLET DELAYED RELEASE . . . . .	22	RELPAK . . . . .	11	ROXICODONE ORAL TABLET 5 MG . . . . .	8	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 % . . . . .	17	REMERON . . . . .	11	RUCONEST . . . . .	28	
PROVENTIL HFA . . . . .	31, 32	REPATHA . . . . .	15	RUKOBIA . . . . .	13	
PROVERA . . . . .	24, 25	REPATHA PUSHTRONEX SYSTEM . . . . .	15	RYBELSUS . . . . .	21	
PROVIGIL . . . . .	33	<b>S</b>			SANTYL . . . . .	17
				saxagliptin hcl . . . . .	21	



scopolamine . . . . .	11	STRIVERDI RESPIMAT . . . . .	32	tamoxifen citrate oral tablet 20 mg. . . . .	12
SEMGLEE . . . . .	20	SUBOXONE. . . . .	8	tamsulosin hcl. . . . .	23
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML. . . . .	20	subvenite. . . . .	10	TAPERDEX 12-DAY. . . . .	26
SEREVENT DISKUS. . . . .	32	sucrafate oral tablet. . . . .	22	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG . . . . .	26
SEROQUEL. . . . .	12	SUFLAVE. . . . .	23	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21). . . . .	26
sertraline hcl oral tablet. . . . .	11	sulfamethoxazole-trimethoprim oral tablet . . . . .	9	TAPERDEX 7-DAY. . . . .	26
sharobel. . . . .	25	sumatriptan succinate oral . . . . .	11	TARGADOX. . . . .	9
SHINGRIX . . . . .	29	SUNOSI . . . . .	33	tarina 24 fe. . . . .	25
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	22	SUPREP BOWEL PREP KIT . . . . .	23	tarina fe 1/20 eq . . . . .	26
sildenafil citrate oral tablet 20 mg. . . . .	33	SUTAB. . . . .	23	tarina fe 1/20 oral tablet 1-20 mg-mcg. . . . .	26
SIMPONI . . . . .	28	syeda . . . . .	25	TASIGNA . . . . .	12
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg . . . . .	15	SYMBICORT . . . . .	32	TAVALISSE . . . . .	21
simvastatin oral tablet 80 mg . . . . .	15	SYMFI . . . . .	13	TECHLITE INSULIN SYRINGES . . . . .	19
SINGULAIR ORAL TABLET. . . . .	32	SYMFI LO . . . . .	13	TECHLITE PEN NEEDLES. . . . .	19
SINGULAIR ORAL TABLET CHEWABLE . . . . .	32	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML . . . . .	31	TEGLUTIK . . . . .	16
SITAVIG . . . . .	13	SYMLINPEN 120. . . . .	21	TEGSEDI . . . . .	23
SKYRIZI PEN . . . . .	28	SYMLINPEN 60. . . . .	21	TEKTURNA. . . . .	15
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	28	SYMPAZAN. . . . .	10	TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG . . . . .	15
SKYTROFA . . . . .	26	SYMPROIC . . . . .	23	telmisartan . . . . .	15
SOAAZ . . . . .	15	SYNJARDY . . . . .	21	temazepam . . . . .	33
SODIUM OXYBATE . . . . .	33	SYNJARDY XR . . . . .	21	TEMOVATE EXTERNAL CREAM 0.05 % . . . . .	17
SOFOSBUVIR-VELPATASVIR . . . . .	13	SYNTHROID . . . . .	27	TEMOVATE EXTERNAL OINTMENT 0.05 % . . . . .	17
solifenacin succinate . . . . .	23	<b>T</b>		TEMPO REFILL. . . . .	19
SOLQUA. . . . .	21	TABRECTA . . . . .	12	TEMPO WELCOME . . . . .	19
SOMATULINE DEPOT . . . . .	26	TACLONEX EXTERNAL SUSPENSION. . . . .	17	TENORMIN . . . . .	15
SOOLANTRA . . . . .	17	tacrolimus external. . . . .	17	terbinafine hcl oral . . . . .	11
SPIRIVA HANDIHALER . . . . .	32	tacrolimus oral . . . . .	28	teriparatide . . . . .	29
SPIRIVA RESPIMAT . . . . .	32	tadalafil oral. . . . .	22	teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml . . . . .	29
spironolactone oral tablet . . . . .	15	TADLIQ . . . . .	33	TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR 620 MCG/2.48ML . . . . .	29
sprintec 28 . . . . .	25	tafluprost (pf) . . . . .	30	TESTIM . . . . .	27
sronyx . . . . .	25	TAGRISSO. . . . .	12	testosterone cypionate intramuscular . . . . .	27
STELARA SUBCUTANEOUS . . . . .	28	TAKHZYRO . . . . .	28	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	32
STENDRA . . . . .	22	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR. . . . .	28		
STIOLTO RESPIMAT . . . . .	32	TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	28		
STIVARGA. . . . .	12	TAMIFLU ORAL CAPSULE . . . . .	13		
STRATTERA . . . . .	16	tamoxifen citrate oral tablet 10 mg. . . . .	12		
STRENSIQ. . . . .	23				





THALITONE . . . . .	15	tramadol hcl oral tablet 50 mg . . . . .	8	TRUE FOCUS BLOOD GLUCOSE STRIP. . . . .	19
THIOLA . . . . .	23	TRANSDERM-SCOP . . . . .	11	TRUE METRIX AIR GLUCOSE METER KIT . . . . .	19
THIOLA EC . . . . .	23	trazodone hcl oral. . . . .	11	TRUE METRIX BLOOD GLUCOSE TEST . . . . .	19
THYQUIDITY . . . . .	27	TRELEGY ELLIPTA . . . . .	32	TRUE METRIX GO GLUCOSE METER . . . . .	19
thyroid oral . . . . .	27	TREMFYA . . . . .	29	TRUE METRIX METER KIT . . . . .	19
TIGLUTIK ORAL SUSPENSION 50 MG/10ML. . . . .	16	tretinoin external cream. . . . .	17	TRUE METRIX PRO BLOOD GLUCOSE . . . . .	19
timolol maleate (once-daily). . . . .	30	TREXALL. . . . .	29	TRUETRACK TEST . . . . .	19
timolol maleate ocudose . . . . .	30	TREZIX . . . . .	8	TRULICITY . . . . .	21
timolol maleate ophthalmic solution. . . . .	30	tri femynor . . . . .	26	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG. . . . .	13
timolol maleate pf . . . . .	30	tri-estarylla. . . . .	26	TRUVADA ORAL TABLET 200-300 MG . . . . .	13
TIMOPTIC OCUDOSE . . . . .	30	tri-linyah . . . . .	26	tulana oral tablet 0.35 mg . . . . .	26
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 % . . . . .	30	tri-lo-estarylla . . . . .	26	TYMLOS . . . . .	29
tiopronin . . . . .	23	tri-lo-marzia . . . . .	26	TYRVAYA . . . . .	31
tiotropium bromide monohydrate . . . . .	32	tri-lo-mili. . . . .	26	TYVASO . . . . .	33
TIROSINT-SOL . . . . .	27	tri-lo-sprintec. . . . .	26	TYVASO DPI MAINTENANCE KIT . . . . .	33
TIVICAY . . . . .	13	tri-mili . . . . .	26	TYVASO DPI TITRATION KIT . . . . .	33
TIVORBEX ORAL CAPSULE 20 MG. . . . .	8	tri-nymyo . . . . .	26	TYVASO REFILL . . . . .	33
tizanidine hcl oral tablet. . . . .	33	tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg . . . . .	26	TYVASO STARTER . . . . .	33
TOBI NEBULIZER. . . . .	32	tri-sprintec . . . . .	26		
TOBI PODHALER . . . . .	32	tri-vylibra . . . . .	26		
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 % . . . . .	30	tri-vylibra lo . . . . .	26		
TOBRADEX ST . . . . .	30	triamcinolone acetonide external cream 0.025 %, 0.1 % . . . . .	17		
tobramycin inhalation nebulization solution 300 mg/4ml . . . . .	33	triamcinolone acetonide external cream 0.5 % . . . . .	17		
tobramycin nebulization solution 300 mg/5ml inhalation. . . . .	33	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	17		
tobramycin ophthalmic . . . . .	30	triamcinolone acetonide external ointment 0.05 % . . . . .	17		
tobramycin-dexamethasone . . . . .	30	triamcinolone in absorbase. . . . .	17		
TOLAK. . . . .	17	triamterene-hctz . . . . .	15		
TOPAMAX . . . . .	10	TRIANEX EXTERNAL OINTMENT 0.05 % . . . . .	17		
TOPAMAX SPRINKLE . . . . .	10	triazolam . . . . .	13		
topiramate oral . . . . .	10	TRICOR . . . . .	15		
TOPROL XL. . . . .	15	triderm. . . . .	17		
torse mide . . . . .	15	TRIJARDY XR . . . . .	21		
TOUJEO MAX SOLOSTAR . . . . .	20	TRILEPTAL ORAL TABLET . . . . .	10		
TOUJEO SOLOSTAR . . . . .	20	TRINTELLIX . . . . .	11		
TRACLEER 62.5 MG, 125 MG. . . . .	33	tritocin external ointment 0.05 % . . . . .	17		
TRADJENTA . . . . .	21	TRIUMEQ . . . . .	13		
tramadol hcl oral tablet 100 mg, 25 mg. . . . .	8				

## U

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UROCIT-K 15. . . . .	22
UROCIT-K 5. . . . .	22
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VALIUM . . . . .	13	
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valsartan-hydrochlorothiazide . . . . .	15	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML . . . . .	10	
VALTRESX . . . . .	13	
VANDAZOLE . . . . .	9	
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XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG . . . . .	10	
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Room 509F, HHH Building  
Washington, D.C. 20201

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# Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែតតិតតុល្ល ដល់មាន់នលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos nił'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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