



Your 2024 Prescription Drug List

Access 4-Tier

Effective May 1, 2024



**United
Healthcare**

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

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

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

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

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



Reading your PDL (continued)

Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



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

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

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



Drug Name	Drug Tier	Requirements & Limits
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	4	
BACTRIM DS	4	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	E	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	4	
NUZYRA ORAL	4	

Drug Name	Drug Tier	Requirements & Limits
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE	4	
XACIATO	E	
XENLETA ORAL	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA
DEPAKOTE	4	
DEPAKOTE ER	4	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
FYCOMPA	3	PA
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	4	

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Drug Name	Drug Tier	Requirements & Limits
LAMICTAL ORAL TABLET	4	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	PA
NEURONTIN ORAL CAPSULE	4	
NEURONTIN ORAL TABLET	4	
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
SYMPAZAN	E	
TOPAMAX	4	
TOPAMAX SPRINKLES	4	
topiramate oral tablet	1	
TRILEPTAL ORAL TABLET	4	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	4	
zonisamide oral	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	4	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	1	QL

Drug Name	Drug Tier	Requirements & Limits
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
FORFIVO XL	4	QL
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	QL
VIIBRYD STARTER PACK	2	
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	
Antiemetics - Drugs for Nausea and Vomiting		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	4	
scopolamine	1	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL CAPSULE 186 MG	3	

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Drug Name	Drug Tier	Requirements & Limits
DIFLUCAN ORAL TABLET	E	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	
VIVJOA	3	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	4	
COLCHICINE ORAL CAPSULE	E	
colchicine oral capsule	1	(generic for Mitigare)
colchicine oral tablet	1	
COLCRYS	E	
MITIGARE	2	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, QL
eletriptan hydrobromide	1	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA, QL
IMITREX ORAL	E	
MAXALT	E	
NURTEC ODT	2	PA, ST, QL
RELPAX	E	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
UBRELVY	2	PA, ST, QL
ZAVZPRET	E	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	

Drug Name	Drug Tier	Requirements & Limits
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
CALQUENCE	2	PA, QL, SP
COTELLIC	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	4	PA, QL, SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
POMALYST	3	PA, 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

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Drug Name	Drug Tier	Requirements & Limits
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, ST, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
NEUPRO	3	
NOURIANZ	3	QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	2	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral tablet	1	
LATUDA	E	QL
lurasidone hcl	1	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	4	ST, QL
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SEROQUEL	E	
UZEDY	E	
VRAYLAR ORAL CAPSULE	4	QL
ZYPREXA ORAL	E	
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY	E	ST, QL
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
EPCLUSA ORAL TABLET	2	PA, QL, SP
HARVONI ORAL TABLET	2	PA, ST, QL, SP
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
oseltamivir phosphate oral capsule	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX	2	
RUKOBIA	4	PA
SITAVIG	E	
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	
VALTREX	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	

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Drug Name	Drug Tier	Requirements & Limits
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	4	
XANAX	E	

Bipolar Agents - Drugs for Mood Disorders

lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	

Cardiovascular Agents - Drugs for Heart and Circulation Conditions

ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
ATORVALIQ	4	
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	
CARDIZEM CD	E	
CARDURA	4	
cartia xt	1	

Drug Name	Drug Tier	Requirements & Limits
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
enalapril maleate oral tablet	1	
ENTRESTO	4	PA, QL
EXFORGE	E	
ezetimibe	1	
fenofibrate oral tablet	1	
FENOGLIDE	E	
flecainide acetate	1	
FUROSCIX	4	PA
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	4	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	4	
LOPRESSOR	4	
losartan potassium oral	1	
losartan potassium-hctz	1	

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Drug Name	Drug Tier	Requirements & Limits
LOTENSIN	4	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	4	
MAXZIDE-25	4	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MINIPRESS	4	
minoxidil oral	1	
MULTAQ	4	PA
NEXLETOL	2	QL
NEXLIZET	2	QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	4	
NORLIQVA	4	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	4	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, QL
REPATHA SURECLICK	2	PA, QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	4	QL

Drug Name	Drug Tier	Requirements & Limits
spironolactone oral tablet	1	
TEKTURNA	3	
telmisartan	1	
TENORMIN	E	
THALITONE	4	
TOPROL XL	E	
torsemide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	4	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr	1	(generic for Mydayis), QL
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	2	QL
APTENSIO XR	4	QL
atomoxetine hcl	1	QL
AZSTARYS	3	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	2	QL

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Drug Name	Drug Tier	Requirements & Limits
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)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl oral tablet	1	
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG	E	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG	E	
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	3	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
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

Drug Name	Drug Tier	Requirements & Limits
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
LYRICA ORAL CAPSULE	4	
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	4	
perigard	1	
Dermatological Agents - Drugs for Skin Conditions		
AKLIEF	4	PA
ala-cort	E	
AMZEEQ	4	
AVITA EXTERNAL CREAM 0.025 %	4	PA
brimonidine tartrate external	1	PA
CARAC	E	

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Drug Name	Drug Tier	Requirements & Limits
CIBINQO	2	PA, QL, SP
CLEOCIN-T	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	4	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	1	(generic for Clindagel)
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T)
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
clotrimazole-betamethasone external cream	1	
DAZOMON	E	PA
DUPIXENT	2	PA, QL, SP
EFUDEX	4	
ENSTILAR	4	
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	2	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	4	
KLISYRI	4	
METROCREAM	4	
metronidazole external cream	1	

Drug Name	Drug Tier	Requirements & Limits
MIRVASO	4	PA
NORITATE	E	
OPZELURA	4	PA, QL, SP
RETIN-A EXTERNAL CREAM	E	PA
RHOFADE	4	PA
SANTYL	3	
SOOLANTRA	1	
TACLONEX EXTERNAL OINTMENT	E	
tacrolimus external	1	
TOLAK	4	
tretinoin external cream	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbase	E	
triderm	1	
VTAMA	4	PA
XEPI	3	
ZILXI	4	PA, ST
ZORYVE	4	PA, QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	

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Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	E	QL
AQINJECT PEN NEEDLE	2	QL
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
bd ultra-fine U-500 insulin syringes	2	QL
bd ultra-fine veo insulin syringes	2	QL
BIGFOOT UNITY PROGRAM	E	
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CONTOUR MONITOR KIT W/DEVICE	E	
CONTOUR NEXT EZ KIT W/DEVICE	E	
CONTOUR NEXT GEN MONITOR KIT	E	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/DEVICE	4	
CONTOUR NEXT LINK KIT W/DEVICE	E	(Contour Next Link 2.4)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	E	

Drug Name	Drug Tier	Requirements & Limits
DIABETES MONITOR DIGIT SOLN	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
FORA 6 CONNECT/GTEL TEST	3	QL
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYOPEN 1-PACK	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	

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Drug Name	Drug Tier	Requirements & Limits
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
LANCETS	1	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOTWIST PEN NEEDLE	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 POD (GEN 5)	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA IN VITRO STRIP	1	QL
ONETOUCH ULTRA MINI BLOOD GLUCOSE METER	1	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ BLOOD GLUCOSE METER	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL
TECHLITE INSULIN SYRINGES	2	(manufactured by Arkay) QL
TECHLITE PEN NEEDLES	2	(manufactured by Arkay) QL
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	

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Drug Name	Drug Tier	Requirements & Limits
BASAGLAR KWIKPEN	E	
BASAGLAR TEMPO PEN	E	
HUMALOG INJECTION	4	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN GLARGINE	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen)
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	

Drug Name	Drug Tier	Requirements & Limits
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	4	ST
ADLYXIN STARTER PACK	4	ST
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
glimepiride	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	
GLUCOTROL XL	4	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL

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Drug Name	Drug Tier	Requirements & Limits
NESINA	2	QL
ONGLYZA	E	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
saxagliptin hcl	1	QL
SOLQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	4	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	4	PA, QL, SP
ELOCTATE	4	PA, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP

Drug Name	Drug Tier	Requirements & Limits
HUMATE-P	2	SP
JIVI	4	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, SP
NEULASTA	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	4	PA, QL, SP
UDENYCA	2	
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	4	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	2	QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	4	QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	

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Drug Name	Drug Tier	Requirements & Limits
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	QL
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er oral capsule extended release	1	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium citrate er	1	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	4	
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	

Drug Name	Drug Tier	Requirements & Limits
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	2	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
gavilyte-c	1	H
gavilyte-g	1	H
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	4	
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	2	
na sulfate-k sulfate-mg sulf	1	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA, QL
VIBERZI	3	QL
ZELNORM	3	PA, ST

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Drug Name	Drug Tier	Requirements & Limits
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP	2	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	1	
THIOLA	4	SP
THIOLA EC	3	SP
VELPHORO	2	
VESICARE	4	

Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
UROXATRAL	E	

Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aurovela 1.5/30	1	H

Drug Name	Drug Tier	Requirements & Limits
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	2	QL
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	2	QL
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2	
dotti	1	QL
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
eluryng	1	H
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

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Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.025 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	QL
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H

Drug Name	Drug Tier	Requirements & Limits
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	1	H
jencycla	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
lessina	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
loryna	1	H
lo-zumandimine	1	H
lutera	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	

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Drug Name	Drug Tier	Requirements & Limits
MENOSTAR	3	QL
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINIVELLE	E	QL
mono-linyah	1	H
MYFEMBREE	2	QL
NATAZIA	1	
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	4	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H

Drug Name	Drug Tier	Requirements & Limits
tarina fe 1/20 eq	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
VAGIFEM	E	
VEOZAH	4	QL
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	

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Drug Name	Drug Tier	Requirements & Limits
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	1	
LANREOTIDE ACETATE	E	SP
NGENLA	4	PA, QL, SP
NOCDURNA	3	QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	QL
SKYTROFA	4	PA, QL, SP
SOMATULINE DEPOT	4	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	QL
ANDROGEL PUMP	E	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	E	QL
NATESTO	E	QL
TESTIM	1	QL
testosterone cypionate intramuscular	1	

Drug Name	Drug Tier	Requirements & Limits
VOGELXO	E	QL
VOGELXO PUMP	E	QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	2	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	4	
thyroid oral	1	
TIROSINT-SOL	2	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-ADAZ	2	(manufactured by Sandoz), PA, QL, SP
ADALIMUMAB-ADBM SUBCUTANEOUS AUTO-INJECTOR KIT	E	PA, SP
ADALIMUMAB-ADBM SUBCUTANEOUS PREFILLED SYRINGE KIT	E	PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA	2	PA, QL, SP
AZASAN	4	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CIMZIA STARTER KIT	2	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	E	PA, SP
CIMZIA SUBCUTANEOUS KIT	E	PA	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
CINRYZE	E	PA, QL, SP	HYRIMOZ-CROHNS/UC STARTER PACK	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP	HYRIMOZ-PED CROHNS STARTER	E	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP	HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL	IMURAN	E	
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP	KINERET	3	PA, ST, QL, SP
COSENTYX UNOREADY	3	PA, ST, QL, SP	LITFULO	3	PA, QL, SP
CYLTEZO	2	PA, QL, SP	LUPKYNIS	4	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER	2	PA, QL, SP	methotrexate sodium oral	1	
CYLTEZO-PSORIASIS STARTER	2	PA, QL, SP	mycophenolate mofetil oral tablet	1	
ENBREL	2	PA, QL, SP	OLUMIANT ORAL TABLET	2	PA, ST, QL, SP
ENBREL MINI	2	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
ENBREL SURECLICK	2	PA, QL, SP	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA, ST, QL, SP
HADLIMA	2	PA, QL, SP	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	3	PA, QL, SP
HADLIMA PUSHTOUCH	2	PA, QL, SP	OTEZLA ORAL TABLET	2	PA, QL, SP
HAEGARDA	2	PA, SP	OTREXUP	E	QL
HUMIRA	2	PA, QL, SP	PROGRAF ORAL CAPSULE	4	
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP	RASUVO	2	QL
HUMIRA PEN	2	PA, QL, SP	RINVOQ	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP	RUCONEST	4	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP	SIMPONI	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP	SKYRIZI PEN	2	PA, QL, SP
HUMIRA PEN-PSOR/UEVIT STARTER	2	PA, QL, SP	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
HYFTOR	4	PA, QL			
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	PA, QL, SP			

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Drug Name	Drug Tier	Requirements & Limits
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST, QL
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	
Immunological Agents - Drugs for Vaccination		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
SHINGRIX	3	H
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	QL, SP
ganirelix acetate	1	QL, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP

Drug Name	Drug Tier	Requirements & Limits
Inflammatory Bowel Disease Agents		
APRISO	1	
budesonide rectal	1	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
PROCTOFOAM HC	2	
UCERIS ORAL	1	
UCERIS RECTAL	E	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FOSAMAX	4	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
teriparatide inj	E	PA, ST, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	4	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	4	
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	
FLAREX	2	
ILEVRO	4	
INVELTYS	3	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	4	
LOTEMAX OPHTHALMIC OINTMENT	3	

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Drug Name	Drug Tier	Requirements & Limits
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	4	
MOXEZA	4	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX ST	4	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	
BETIMOL	2	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.1 %	E	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol	E	
COMBIGAN	2	
COSOPT	4	

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

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CYCLOSPORINE IN KLARITY	E	
cyclosporine ophthalmic	E	PA
EMPAVELI	2	PA, QL, SP
RESTASIS	1	PA
RESTASIS MULTIDOSE	4	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	
XIIDRA	2	PA

Otic Agents - Drugs for Ear Conditions

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

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	
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

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Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
SYMJEPI	2	

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

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

Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

ADVAIR DISKUS	E	QL
ADVAIR HFA	2	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL

Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	3	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	QL, RS
breyndra	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	2	QL
FASENRA PEN	4	PA, QL
FLOVENT HFA	E	QL
FLUTICASONE FUROATE-VILANTEROL	2	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	4	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL

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



Drug Name	Drug Tier	Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
PERFORMIST	4	QL
PROVENTIL HFA	E	
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	
wixela inhub	1	QL
XOPENEX HFA	3	

Drug Name	Drug Tier	Requirements & Limits
YUPELRI	4	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, (generic for Tob), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REMODULIN	E	
REVATIO ORAL TABLET	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	
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	

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Drug Name	Drug Tier	Requirements & Limits
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
methocarbamol oral	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	4	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	4	QL
DAYVIGO	4	QL
eszopiclone	1	
LUMRYZ	E	PA, QL, SP
LUNESTA	E	
modafinil	1	QL
PROVIGIL	E	QL
RESTORIL	4	
SODIUM OXYBATE	4	(manufactured by Hikma) PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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estradiol patch twice weekly 0.05 mg/24hr transdermal	23	fluorouracil external cream 5 %	16	G	
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estradiol patch twice weekly 0.1 mg/24hr transdermal	23	fluoxetine hcl oral tablet 10 mg	10	gabapentin oral tablet 600 mg, 800 mg	9
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estradiol transdermal patch weekly . .	23	FLUTICASONE FUROATE- VILANTEROL	29	gavilyte-c	21
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etonogestrel-ethinyl estradiol	23	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	30	GILENYA ORAL CAPSULE 0.25 MG	15
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GLYCATE	21
glycopyrrolate oral tablet 1 mg, 2 mg	21
GLYCOPYRROLATE ORAL TABLET 1.5 MG	21
GLYXAMBI	19
GOLYTELY	21
guanfacine hcl	13, 14
guanfacine hcl er	14
GUARDIAN 4 GLUCOSE SENSOR . .	17
GUARDIAN 4 TRANSMITTER	17
GUARDIAN CONNECT TRANSMITTER	17
GUARDIAN LINK 3 TRANSMITTER .	17
GUARDIAN SENSOR (3)	17
GUARDIAN SENSOR 3	17
GVOKE HYPOPEN 1-PACK	17
GVOKE HYPOPEN 2-PACK	17
GVOKE KIT	17
GVOKE PFS	17
GYNAZOLE-1	11

H

HADLIMA	26
HADLIMA PUSHTOUCH	26
HAEGARDA	26
hailey 1.5/30	23
hailey 24 fe	23
hailey fe 1/20	23
hailey fe 1.5/30	23
HALCION	13
haloette	23
HARVONI ORAL TABLET	12
HEALTHPRO BLOOD GLUCOSE MONITO	18
heather	23
HEMADY	24
HEMANGEOL	13
HEMLIBRA	20
HEMOFIL M	20

HIDEX 6-DAY	24
HUMALOG INJECTION	19
HUMALOG KWIKPEN	19
HUMALOG MIX 50/50 KWIKPEN . .	19
HUMALOG MIX 50/50 VIAL	19
HUMALOG MIX 75/25 KWIKPEN . .	19
HUMALOG MIX 75/25 VIAL	19
HUMALOG TEMPO PEN	19
HUMALOG U-100 JUNIOR KWIKPEN	19
HUMATE-P	20
HUMIRA	26
HUMIRA PEDIATRIC CROHNS START	26
HUMIRA PEN	26
HUMIRA PEN-CD/UC/HS STARTER	26
HUMIRA PEN-PEDIATRIC UC START	26
HUMIRA PEN-PS/UV/ADOL HS START	26
HUMIRA PEN-PSOR/UEIT STARTER	26
HUMULIN 70/30 KWIKPEN	19
HUMULIN 70/30 VIAL	19
HUMULIN N KWIKPEN	19
HUMULIN N VIAL	19
HUMULIN R U-500 KWIKPEN	19
HUMULIN R U-500 VIAL	19
HUMULIN R VIAL	19
hydralazine hcl oral	13
hydrochlorothiazide oral	13
hydrocodone-acetaminophen oral tablet	8
hydrocortisone external cream 1 % .	16
hydrocortisone external cream 2.5 %	16
hydrocortisone external ointment 1 %, 2.5 %	16
hydrocortisone oral	24
hydromorphone hcl oral tablet	8
hydroxychloroquine sulfate oral	12
hydroxyzine hcl oral tablet	13
hydroxyzine pamoate oral	13
HYFTOR	26

HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	26
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	26
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	26
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	26
HYRIMOZ-CROHNS/UC STARTER PACK	26
HYRIMOZ-PED CROHNS STARTER .	26
HYRIMOZ-PLAQUE PSORIASIS START	26
HYZAAR	13

I

IBRANCE ORAL CAPSULE	11
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8
ICLUSIG ORAL TABLET 10 MG, 30 MG	11
ICLUSIG ORAL TABLET 15 MG, 45 MG	11
IDHIFA	11
ILEVRO	27
IMBRUVICA ORAL TABLET 140 MG, 280 MG	11
IMITREX ORAL	11
IMPOYZ	16
IMURAN	26
IMVEXXY MAINTENANCE PACK	20
IMVEXXY STARTER PACK	20
INBRIJA	12
incassia	23
INDERAL LA	13
indomethacin oral	8
INSULIN GLARGINE	19
INSULIN GLARGINE SOLOSTAR	19
INSULIN LISPRO	19
INSULIN LISPRO (1 UNIT DIAL)	19
INSULIN LISPRO JUNIOR KWIKPEN	19



INSULIN LISPRO PROT & LISPRO . . .	19	KINERET	26	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	30
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	18	KITABIS PAK	30	levetiracetam oral tablet	10
INTUNIV	14	KLARITY-A	27	levo-t	25
INVELTYS	27	KLISYRI	16	levocetirizine dihydrochloride oral tablet	29
ipratropium bromide nasal	29	KLONOPIN	13	levofloxacin oral tablet	9
ipratropium-albuterol	30	klor-con 10	21	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	23
irbesartan	13	klor-con m10	21	levora 0.15/30 (28)	23
irbesartan-hydrochlorothiazide	13	klor-con m15	21	levothyroxine sodium oral tablet	25
isibloom	23	klor-con m20	21	levoxyl	25
isosorbide mononitrate er	13	klor-con oral tablet extended release	21	LEXAPRO	10
ISTALOL	28	KLOXXADO	8	LIALDA	27
IYUZEH	28	KOATE	20	lidocaine external patch 5 %	8
J		KOATE-DVI	20	lidocaine hcl mouth/throat	15
jantoven	9	KOGENATE FS	20	lidocaine viscous hcl	15
JARDIANCE	19	KOSELUGO	11	LIDODERM	8
jasmiel	23	KOVALTRY	20	LINZESS	21
jencycla	23	KRINTAFEL	12	liothyronine sodium oral	25
JENTADUETO	19	kurvelo	23	LIPITOR	13
JENTADUETO XR	19	KYNMOBI	12	lisdexamfetamine dimesylate	15
JIVI	20	L		lisinopril oral	13
JORNAY PM	14	labetalol hcl oral	13	lisinopril-hydrochlorothiazide	13
juleber	23	LAMICTAL ORAL TABLET	10	LITFULO	26
JULUCA	12	lamotrigine oral tablet	10	lithium carbonate er	13
junel 1/20	23	LANCETS	16-18	lithium carbonate oral capsule	13
junel 1.5/30	23	LANREOTIDE ACETATE	25	LITHOBID	13
junel fe 1/20	23	LANTUS SOLOSTAR	19	LO LOESTRIN FE	23
junel fe 1.5/30	23	LANTUS U-100 VIAL	19	lo-zumandimine	23
junel fe 24	23	larin 1/20	23	LOESTRIN 1/20 (21)	23
K		larin 1.5/30	23	LOESTRIN 1.5/30 (21)	23
K-TAB	21	larin 24 fe	23	LOESTRIN FE 1/20	23
kalliga	23	larin fe 1/20	23	LOESTRIN FE 1.5/30	23
KAZANO	19	larin fe 1.5/30	23	LOKELMA	21
KEPPRA ORAL TABLET	9	LASIX	13	LOPID	13
KESIMPTA	15	LASTACAFT	29	LOPRESSOR	13
ketoconazole external cream	11	latanoprost ophthalmic	28	lorazepam oral tablet	13
ketoconazole external shampoo	11	LATUDA	12	loryna	23
ketorolac tromethamine oral	8	LEDIPASVIR-SOFOSBUVIR	12	losartan potassium oral	13
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	26	lenalidomide	11	losartan potassium-hctz	13
		lessina	23	LOTEMAX OPHTHALMIC GEL	27
		letrozole oral	11		



LOTEMAX OPHTHALMIC OINTMENT	27	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	15	methylprednisolone oral tablet therapy pack	24
LOTEMAX OPHTHALMIC SUSPENSION	28	MEDROL ORAL TABLET THERAPY PACK	24	metoclopramide hcl oral tablet	10
LOTEMAX SM	28	medroxyprogesterone acetate intramuscular suspension prefilled syringe	23	metoprolol succinate er	14
LOTENSIN	14	medroxyprogesterone acetate oral	23	metoprolol tartrate oral	14
loteprednol etabonate	28	meloxicam oral tablet	8	METROCREAM	16
LOTREL	14	MENOPUR	27	metronidazole external cream	16
lovastatin oral	14	MENOSTAR	24	metronidazole oral tablet	9
LOVAZA	14	mesalamine oral tablet delayed release 1.2 gm	27	metronidazole vaginal	9
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	9	mesalamine oral tablet delayed release 800 mg	27	MICARDIS	14
LUMAKRAS	11	metformin hcl er	19	MICRODOT TEST	18
LUMIGAN	28	metformin hcl er (mod)	19	microgestin 1/20	24
LUMRYZ	31	metformin hcl er (osm)	19	microgestin 1.5/30	24
LUNESTA	31	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	19	microgestin 24 fe	24
LUPKYNIS	26	metformin hcl oral tablet 625 mg	19	microgestin fe 1/20	24
lurasidone hcl	12	methimazole oral	25	microgestin fe 1.5/30	24
lutera	23	methocarbamol oral	31	mili	24
lyleq	23	methotrexate sodium oral	26	MINILINK REAL-TIME TRANSMITTER	18
lyllana	23	methylphenidate hcl er (cd)	15	MINIMED 630G GUARDIAN PRESS	18
LYNPARZA	11	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15	MINIPRESS	14
LYRICA ORAL CAPSULE	15	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	15	MINIVELLE	22-24
LYUMJEV KWIKPEN	19	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	15	minocycline hcl oral capsule	9
LYUMJEV TEMPO PEN	19	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	15	minoxidil oral	14
LYUMJEV VIAL	19	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	15	mirtazapine oral tablet	10
lyza	23	methylphenidate hcl er (osm) oral tablet extended release 72 mg	15	MIRVASO	16
M		methylphenidate hcl er (xr)	15	misoprostol oral	21
MACROBID	9	methylphenidate hcl er oral tablet extended release	15	MITIGARE	11
MACRODANTIN	9	methylphenidate hcl oral tablet	15	MM EASY TOUCH GLUCOSE METER	18
marlissa	23			modafinil	31
MAVENCLAD	15			mondoxyne nl	9
MAVYRET ORAL PACKET	12			mono-lynyah	24
MAXALT	11			montelukast sodium oral tablet	30
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	28			montelukast sodium oral tablet chewable	30
MAXZIDE	14			morphine sulfate er oral tablet extended release	8
MAXZIDE-25	14			MOTEGRITY	21
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	15			MOUNJARO	19
				MOVIPREP	21
				MOXEZA	28
				moxifloxacin hcl (2x day)	28
				moxifloxacin hcl ophthalmic	28



MS CONTIN.....	8	NITROSTAT	14	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	30
MULPLETA.....	20	NIVA THYROID	25	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.....	30
MULTAQ	14	NOCDURNA.....	25	NUCYNTA.....	8
mupirocin external.....	9	nora-be.....	24	NUCYNTA ER.....	8
mycophenolate mofetil oral tablet...	26	NORDITROPIN FLEXPRO	25	NURTEC ODT	11
MYFEMBREE.....	24	norethin ace-eth estrad-fe oral tablet.....	24	NUTROPIN AQ NUSPIN 10	25
N					
na sulfate-k sulfate-mg sulf.....	21	norethindrone acet-ethinyl est	24	NUTROPIN AQ NUSPIN 20	25
nabumetone oral	8	norethindrone acetate oral	24	NUTROPIN AQ NUSPIN 5	25
NALOCET.....	8	norethindrone oral.....	24	NUVARING.....	24
naloxone hcl injection solution prefilled syringe.....	8	norgestimate-eth estradiol	24	NUVESSA.....	9
naloxone hcl nasal.....	8	norgestimate-ethinyl estradiol triphasic	24	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	20
naltrexone hcl oral.....	8	NORITATE	16	NUWIQ INTRAVENOUS KIT 1500 UNIT	20
NAPROSYN ORAL TABLET.....	8	NORLIQVA	14	NUZYRA ORAL.....	9
naproxen oral tablet	8	norlyroc	24	nymyo	24
NARCAN	8	nortriptyline hcl oral capsule	10	nystatin external cream.....	11
NASCOBAL	21	NORVASC	14	nystatin mouth/throat	11
NATAZIA.....	24	NOURIANZ.....	12	O	
NATESTO	25	NOVAREL.....	27	ocella	24
NAYZILAM.....	10	NOVOEIGHT	20	OCUFLOX.....	28
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	28	NOVOFINE AUTOCOVER PEN NEEDLE	18	ODOMZO	11
neomycin-polymyxin-hc otic suspension.....	28	NOVOFINE PEN NEEDLE.....	18	OFEV.....	30
NESINA.....	20	NOVOFINE PLUS PEN NEEDLE	18	ofloxacin ophthalmic.....	28
NEULASTA.....	20	NOVOLIN 70/30 FLEXPEN	19	ofloxacin otic	28
NEUPRO.....	12	NOVOLIN 70/30 RELION	19	olanzapine oral tablet	12
NEURONTIN ORAL CAPSULE	10	NOVOLIN 70/30 RELION	19	olmesartan medoxomil oral	14
NEURONTIN ORAL TABLET	10	NOVOLIN 70/30 VIAL	19	olmesartan medoxomil-hctz.....	14
NEUTEK 2TEK TEST.....	18	NOVOLIN N FLEXPEN	19	OLUMIANT ORAL TABLET	26
NEVANAC.....	28	NOVOLIN N FLEXPEN RELION.....	19	OMECLAMOX-PAK	21
NEXLETOL.....	14	NOVOLIN N RELION	19	omega-3-acid ethyl esters	14
NEXLIZET.....	14	NOVOLIN N VIAL.....	19	omeprazole oral capsule delayed release	21
NGENLA.....	25	NOVOLIN R FLEXPEN	19	OMNIPOD 5 G6 INTRO (GEN 5)	18
nifedipine er.....	14	NOVOLIN R FLEXPEN RELION.....	19	OMNIPOD 5 G6 POD (GEN 5)	18
nifedipine er osmotic release	14	NOVOLIN R RELION	19	ON CALL EXPRESS BLOOD GLUCOSE	18
nikki.....	24	NOVOLIN R VIAL.....	19		
nitrofurantoin macrocrystal	9	NOVOLIN R RELION	19		
nitrofurantoin monohydrate macrocrystals	9	NOVOLIN R VIAL.....	19		
nitroglycerin sublingual.....	14	NOVOTWIST PEN NEEDLE	18		
		np thyroid.....	25		
		NUBEQA.....	11		
		NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30		



ON CALL EXPRESS MONITORING SYS.....	18	oxybutynin chloride oral tablet.....	22	PLEGRIDY INTRAMUSCULAR.....	15
ondansetron hcl oral tablet.....	10	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg.....	8	PLEGRIDY STARTER PACK.....	15
ondansetron odt.....	10	oxycodone hcl oral tablet 5 mg.....	8	PLEGRIDY SUBCUTANEOUS.....	15
ONETOUCH DELICA PLUS LANCETS.....	18	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG.....	8	PLENVU.....	21
ONETOUCH ULTRA 2 KIT W/DEVICE.....	18	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	8	polymyxin b-trimethoprim.....	28
ONETOUCH ULTRA IN VITRO STRIP.....	18	OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG.....	8	POMALYST.....	11
ONETOUCH ULTRA MINI BLOOD GLUCOSE METER.....	18	OZEMPIC.....	20	portia-28.....	24
ONETOUCH ULTRASOFT LANCETS.....	18			potassium chloride crys er.....	21
ONETOUCH VERIO FLEX SYSTEM KIT.....	18	P		potassium chloride er oral capsule extended release.....	21
ONETOUCH VERIO IQ BLOOD GLUCOSE METER.....	18	PACERONE ORAL TABLET 100 MG, 400 MG.....	14	potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq.....	21
ONETOUCH VERIO REFLECT KIT W/DEVICE.....	18	PACERONE ORAL TABLET 200 MG.....	14	potassium citrate er.....	21
ONETOUCH VERIO TEST STRIPS.....	18	PAMELOR.....	10	PRADAXA ORAL CAPSULE.....	9
ONGLYZA.....	20	PANCREAZE.....	22	pramipexole dihydrochloride.....	12
OPSUMIT.....	30	pantoprazole sodium oral tablet delayed release.....	21	pravastatin sodium.....	14
OPTIUMEZ TEST.....	18	PARADIGM REAL-TIME TRANSMITTER.....	18	prazosin hcl oral.....	14
OPZELURA.....	16	paroxetine hcl oral tablet.....	10	PRECISION XTRA.....	18
ORENCIA CLICKJECT.....	26	PAXIL ORAL TABLET.....	10	PRECISION XTRA BLOOD GLUCOSE.....	18
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML.....	26	PAXLOVID (150/100).....	12	PRED FORTE.....	28
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML.....	26	PAXLOVID (300/100).....	12	PRED MILD.....	28
ORFADIN ORAL CAPSULE.....	22	PEDIAPRED.....	24	prednisolone acetate ophthalmic... ..	28
ORFADIN ORAL SUSPENSION.....	22	peg 3350-kcl-na bicarb-nacl.....	21	PREDNISOLONE ACETATE P-F.....	28
ORGOVYX.....	11	peg-3350/electrolytes.....	21	prednisolone oral solution.....	24
ORIAHNN.....	25	peg-3350/electrolytes/ascorbat... ..	21	prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml.....	25
ORILISSA.....	25	peg-kcl-nacl-nasulf-na asc-c.....	21	prednisolone sodium phosphate oral solution 15 mg/5ml.....	25
oseltamivir phosphate oral capsule..	12	penicillin v potassium oral tablet... ..	9	prednisone oral tablet.....	25
OSENI.....	20	PERCOCET.....	8	prednisone oral tablet therapy pack .	25
OSPHENA.....	20	PERFOROMIST.....	30	pregabalin oral capsule.....	15
OTEZLA ORAL TABLET.....	26	PERIDEX.....	15	PREGNYL.....	27
OTREXUP.....	26	perigard.....	15	PREMARIN ORAL.....	24
OVIDREL.....	27	PERTZYE.....	22	PREMARIN VAGINAL.....	24
OXAYDO.....	8	phenazo oral tablet 200 mg.....	22	PREMIUM BLOOD GLUCOSE TEST.....	18
oxcarbazepine oral tablet.....	10	phenazopyridine hcl oral.....	22	PREMPHASE.....	24
oxybutynin chloride er.....	22	pioglitazone hcl.....	20	PREMPRO.....	24
		PIP BLOOD GLUCOSE TEST STRIP.....	18	PREZCOBIX.....	12
		PLAQUENIL.....	12	PRISTIQ.....	10
		PLAVIX.....	12	PROCARDIA XL.....	14
				prochlorperazine maleate oral.....	10



PROCTOFOAM HC	27	RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG	15	ROCKLATAN	28
progesterone oral	24	RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG	15	ropinirole hcl	12
PROGRAF ORAL CAPSULE	26	RELION TRUE MET AIR GLUC METER	18	rosuvastatin calcium	14
PROLATE ORAL TABLET	8	RELION TRUE METRIX TEST STRIPS	18	roweepra	10
promethazine hcl oral tablet	10	RELION ULTIMA GLUCOSE SYSTEM	18	ROXICODONE	8
promethazine-dm	29	RELION ULTIMA TEST	18	RUCONEST	26
PROMETRIUM	24	RELPAK	11	RUKOBIA	12
propranolol hcl er	14	REMERON	10	RYBELSUS	20
propranolol hcl oral tablet	14	REMODULIN	30		
PROSCAR	22	REPATHA	14	S	
PROTONIX ORAL TABLET DELAYED RELEASE	21	REPATHA PUSHTRONEX SYSTEM	14	SANTYL	16
PROVENTIL HFA	29, 30	REPATHA SURECLICK	14	saxagliptin hcl	20
PROVERA	22, 24	RESTASIS	28	scopolamine	10
PROVIGIL	31	RESTASIS MULTIDOSE	28	SEREVENT DISKUS	30
PROZAC	10	RESTORIL	31	SEROQUEL	12
pseudoephedrine-bromphen-dm	29	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	20	sertraline hcl oral tablet	10
PTS PANELS EGLU TEST	18	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	20	sharobel	24
PULMICORT SUSPENSION	30	RETEVMO ORAL CAPSULE 40 MG	11	SHINGRIX	27
PULMOZYME	30	RETEVMO ORAL CAPSULE 80 MG	11	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	20
PYLERA	21	RETIN-A EXTERNAL CREAM	16	sildenafil citrate oral tablet 20 mg	30
PYRIDIUM	22	REVATIO ORAL TABLET	30	SIMPONI	26
Q		REVLIMID	11	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	14
quetiapine fumarate	12	REXULTI	12	simvastatin oral tablet 80 mg	14
QUINTET AC BLOOD GLUCOSE TEST	18	RHOFADE	16	SINGULAIR ORAL TABLET	30
QUINTET BLOOD GLUCOSE TEST	18	RHOPRESSA	28	SINGULAIR ORAL TABLET CHEWABLE	30
QVAR REDHALER	30	RIGHTEST GT333 GLUCOSE TEST	18	SITAVIG	12
R		RINVOQ	26	SKYRIZI PEN	26
rabeprazole sodium oral tablet delayed release	21	RISPERDAL ORAL TABLET	12	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	26
RADICAVA ORS	15	risperidone oral tablet	12	SKYTROFA	25
RADICAVA ORS STARTER KIT	15	RITALIN	15	SOANZ	14
ramipril	14	RITALIN LA	15	SODIUM OXYBATE	31
RASUVO	26	rizatriptan benzoate	11	SOFOSBUVIR-VELPATASVIR	12
REBIF	15	ROBINUL	21	solifenacin succinate	22
REBIF TITRATION PACK	15	ROBINUL-FORTE	21	SOLIQUA	20
reclipsen	24	ROCALTROL ORAL CAPSULE	27	SOMATULINE DEPOT	25
RECOMBINATE	20			SOOLANTRA	16
REGLAN	10			SPIRIVA HANDIHALER	30
RELAFEN DS	8			SPIRIVA RESPIMAT	30
				spironolactone oral tablet	14



sprintec 28	24	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	timolol maleate ophthalmic solution	28	
sronyx	24	TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27	timolol maleate pf	28	
STELARA SUBCUTANEOUS	27	TAMIFLU ORAL CAPSULE	12	TIMOPTIC OCUDOSE	28	
STENDRA	20	tamoxifen citrate oral tablet 10 mg	11	tiotropium bromide monohydrate	30	
STIOLTO RESPIMAT	30	tamoxifen citrate oral tablet 20 mg	11	TIROSINT-SOL	25	
STIVARGA	11	tamsulosin hcl	22	TIVICAY	12	
STRATTERA	15	TAPERDEX 12-DAY	25	tizanidine hcl oral tablet	31	
STRENSIQ	22	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	25	TOBI NEBULIZER	30	
STRIVERDI RESPIMAT	30	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	25	TOBI PODHALER	30	
SUBOXONE	8	TAPERDEX 7-DAY	25	TOBRADEX ST	28	
subvenite	10	TARGADOX	9	tobramycin inhalation nebulization solution 300 mg/4ml	30	
sucralfate oral tablet	21	tarina 24 fe	24	tobramycin nebulization solution 300 mg/5ml inhalation	30	
SUFLAVE	21	tarina fe 1/20 eq	24	tobramycin ophthalmic	28	
sulfamethoxazole-trimethoprim oral tablet	9	TASIGNA	12	tobramycin-dexamethasone	28	
sumatriptan succinate oral	11	TAVALISSE	20	TOLAK	16	
SUNOSI	31	TECHLITE INSULIN SYRINGES	18	TOPAMAX	10	
SUPREP BOWEL PREP KIT	21	TECHLITE PEN NEEDLES	18	TOPAMAX SPRINKLES	10	
SUTAB	21	TEGSEDI	22	topiramate oral tablet	10	
syeda	24	TEKURNA	14	TOPROL XL	14	
SYMBICORT	30	telmisartan	14	torsemide	14	
SYMFI	12	temazepam	31	TOUJEO MAX SOLOSTAR	19	
SYMFI LO	12	TEMPO REFILL	18	TOUJEO SOLOSTAR	19	
SYMJEPI	29	TEMPO WELCOME	18	TRACLEER 62.5 MG, 125 MG	30	
SYMLINPEN 120	20	TENORMIN	14	TRADJENTA	20	
SYMLINPEN 60	20	terbinafine hcl oral	11	tramadol hcl oral tablet	8	
SYMPAZAN	10	TERIPARATIDE (RECOMBINANT)	27	TRANSDERM-SCOP	10	
SYMPROIC	21	teriparatide inj	27	trazodone hcl oral	10	
SYNJARDY	20	TESTIM	25	TRELEGY ELLIPTA	30	
SYNJARDY XR	20	testosterone cypionate intramuscular	25	TREMFYA	27	
SYNTHROID	25	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30	treprostinil	30	
T			TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	30	tretinoin external cream	16
TABRECTA	11	THALITONE	14	TREXALL	27	
TACLONEX EXTERNAL OINTMENT	16	THIOLA	22	TREZIX	8	
tacrolimus external	16	THIOLA EC	22	tri-estarylla	24	
tacrolimus oral	27	THYQUIDITY	25	tri-linyah	24	
tadalafil oral	20	thyroid oral	25	tri-lo-estarylla	24	
TADLIQ	30	TIGLUTIK	15	tri-lo-marzia	24	
tafluprost (pf)	28	timolol maleate (once-daily)	28	tri-lo-mili	24	
TAGRISSE	11			tri-lo-sprintec	24	
TAKHZYRO	27			tri-mili	24	
				tri-nymyo	24	



tri-sprintec	24	UCERIS ORAL	27	VIIBRYD	10	
tri-vylibra	24	UCERIS RECTAL	27	VIIBRYD STARTER PACK	10	
tri-vylibra lo	24	UDENYCA	20	vilazodone hcl	10	
triamcinolone acetonide external cream	16	UNISTRIP1 GENERIC	18	VISTARIL	13	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	16	unithroid	25	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	21	
triamcinolone acetonide external ointment 0.05 %	16	UROCIT-K 10	21	VITRAKVI	12	
triamcinolone in absorbbase	16	UROCIT-K 15	21	VIVELLE-DOT	22-24	
triamterene-hctz	14	UROCIT-K 5	21	VIVJOA	11	
triazolam	13	UROXATRAL	22	VOGELXO	25	
TRICOR	14	UZEDY	12	VOGELXO PUMP	25	
triderm	16	V			VOSEVI	12
TRIJARDY XR	20	VAGIFEM	24	VRAYLAR ORAL CAPSULE	12	
TRILEPTAL ORAL TABLET	10	valacyclovir hcl oral	12	VTAMA	16	
TRINTELLIX	10	VALIUM	13	VYLEESI	20	
TRIUMEQ	12	valsartan oral tablet	14	vylibra	24	
TRUE FOCUS BLOOD GLUCOSE STRIP	18	valsartan-hydrochlorothiazide	14	VYVANSE	15	
TRUE METRIX AIR GLUCOSE METER KIT	18	VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	10	W		
TRUE METRIX BLOOD GLUCOSE TEST	18	VALTRES	12	WAKIX	31	
TRUE METRIX GO GLUCOSE METER	18	VANDAZOLE	9	warfarin sodium oral	9	
TRUE METRIX METER KIT	18	VASOTEC	14	WELLBUTRIN SR	10	
TRUE METRIX PRO BLOOD GLUCOSE	18	VELPHORO	22	WELLBUTRIN XL	10	
TRUETRACK TEST	18	VELTASSA	21	WILATE	20	
TRULICITY	20	venlafaxine hcl	10	wixela inhub	30	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	12	venlafaxine hcl er oral capsule extended release 24 hour	10	X		
TRUVADA ORAL TABLET 200-300 MG	12	VENTOLIN HFA	29, 30	XACIATO	9	
TYMLOS	27	VEOZAH	24	XALATAN	28	
TYRVAYA	28	verapamil hcl er oral tablet extended release	14	XANAX	13	
TYVASO	30	VERKAZIA	28	XARELTO	9	
TYVASO DPI MAINTENANCE KIT	30	VERQUVO	14	XARELTO STARTER PACK	9	
TYVASO DPI TITRATION KIT	30	VERZENIO	12	XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	10	
TYVASO REFILL	30	VESICARE	22	XELJANZ	27	
TYVASO STARTER	30	vestura	24	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	27	
U		VIAGRA	20	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	27	
UBRELVY	11	VIBERZI	21	XENLETA ORAL	9	
		VIBRAMYCIN ORAL CAPSULE	9	XEPI	16	
		VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	20			
		vienna	24			
		VIGAMOX	28			



XIIDRA	28	ZITHROMAX TRI-PAK.	9
XOFLUZA (40 MG DOSE).	12	ZITHROMAX Z-PAK.	9
XOFLUZA (80 MG DOSE).	12	ZOCOR.	14
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	27	ZOLOFT ORAL TABLET.	10
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED.	27	zolpidem tartrate er.	31
XOPENEX HFA.	30	zolpidem tartrate oral tablet.	31
XTAMPZA ER.	8	ZOMIG NASAL SOLUTION 2.5 MG.	11
XTANDI.	12	ZOMIG NASAL SOLUTION 5 MG	11
xulane	24	ZONEGRAN	10
XYWAV	31	zonisamide oral	10

Y

YASMIN 28.	24	ZORYVE.	16
YAZ.	24	ZTLIDO.	8
YUPELRI.	30	ZUBSOLV.	8
yuvafem	24	zumandimine	24
		ZYLET.	28
		ZYPREXA ORAL	12

Z

zafemy	24
ZANAFLEX ORAL TABLET	31
ZARXIO	20
ZAVZPRET.	11
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	20
ZEJULA	12
ZELBORAF.	12
ZELNORM	21
ZENPEP	22
ZEPOSIA	15
ZEPOSIA 7-DAY STARTER PACK	15
ZEPOSIA STARTER KIT	15
ZESTORETIC.	14
ZESTRIL.	14
ZETIA	14
ZETONNA.	29
ZILXI	16
ZIMHI	8
ZIOPTAN	28
ZITHROMAX ORAL SUSPENSION RECONSTITUTED.	9
ZITHROMAX ORAL TABLET	9



Nondiscrimination notice and access to communication services

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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



Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos niit'izí bee nééhozinígíí bine'déę 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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