



Your 2024 Prescription Drug List

Essential 4-Tier

Effective January 1, 2024



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2024 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, All Savers, Golden Rule, Neighborhood Health Partnership Plan and River Valley medical plans with a pharmacy benefit subject to the Essential 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.

Table of contents

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



Diabetes	
Glucose Monitoring and Supplies	17
Insulin	19
Non-Insulin Agents	20
Drugs for Blood Disorders	20
Drugs for Sexual Dysfunction.	21
Electrolytes / Vitamins	21
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.	21
Drugs for Bowel, Intestine and Stomach Conditions	22
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	22
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.	22
Drugs for Prostate Conditions	22
Hormonal Agents	
Hormone Replacement and Birth Control	22
Oral Steroids	25
Other	25
Testosterone Replacement.	25
Thyroid	26
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	26
Drugs for Vaccination	27
Infertility Agents.	27
Inflammatory Bowel Disease Agents.	27
Metabolic Bone Disease Agents	
Drugs for Osteoporosis.	27
Other	27
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	27
Drugs for Glaucoma	28
Drugs for Miscellaneous Eye Conditions	28
Otic Agents	
Drugs for Ear Conditions.	29
Respiratory	
Drugs for Anaphylaxis	29
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold	29
Drugs for Asthma and COPD	29
Drugs for Cystic Fibrosis.	30
Drugs for Pulmonary Fibrosis.	30
Drugs for Pulmonary Hypertension	30
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm.	31
Sleep Disorder Agents	31
Index.	32



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. Please look at the benefit plan documents provided by your employer or health plan to see which medications are covered under your plan.

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

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.
NF	Non-Formulary Non-formulary drugs are not covered by your insurance provider, however may be filled at a Tier 4 cost share if certain criteria is met.
PA	Prior Authorization —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.
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.



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.

- **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. 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	NF	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	NF	
endocet	1	
ESGIC ORAL TABLET	4	QL
GEN7T EXTERNAL PATCH	NF	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	NF	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl oral tablet	1	
lidocaine external patch 5 %	3	PA, QL
LIDODERM	NF	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	NF	PA, QL
NALOCET	NF	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO	NF	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	NF	
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	NF	QL
PERCOCET	NF	
PROLATE ORAL TABLET	NF	
ROXICODONE	NF	

Drug Name	Drug Tier	Requirements & Limits
tramadol hcl oral tablet 100 mg	NF	
tramadol hcl oral tablet 50 mg	1	
TREZIX	NF	QL
XTAMPZA ER	4	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	NF	QL
celecoxib oral	2	QL
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	NF	
naproxen oral tablet	1	
RELAFEN DS	NF	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
KLOXXADO	2	QL
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	(includes OTC) QL
SUBOXONE	NF	PA, QL
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	

See page 6, 7 for coverage details. Drugs listed as 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
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	NF	
AUGMENTIN ES-600	NF	
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	4	QL
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral tablet	1	
metronidazole vaginal	2	

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

See page 6, 7 for coverage details. Drugs listed as 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
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	4	PA, SP
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	NF	PA
LAMICTAL ORAL TABLET	NF	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	NF	PA
NEURONTIN ORAL TABLET	NF	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
TOPAMAX	NF	PA
topiramate oral tablet	1	
TRILEPTAL ORAL TABLET	NF	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	NF	PA
ZONEGRAN	NF	PA
zonisamide oral	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	NF	QL
bupropion hcl oral	1	
CELEXA	NF	
citalopram hydrobromide oral tablet	1	
CYMBALTA	NF	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
duloxetine hcl oral capsule delayed release particles 40 mg	NF	
EFFEXOR XR	NF	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	NF	
fluvoxamine maleate	1	
FORFIVO XL	NF	QL
LEXAPRO	NF	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	NF	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	NF	
PRISTIQ	NF	QL
PROZAC	NF	
REMERON	NF	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	NF	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	NF	QL
VIIBRYD STARTER PACK	4	
vilazodone hcl	3	QL
WELLBUTRIN SR	NF	
WELLBUTRIN XL	NF	
ZOLOFT ORAL TABLET	NF	
Antiemetics - Drugs for Nausea and Vomiting		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	

See page 6, 7 for coverage details. Drugs listed as 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
promethazine hcl oral tablet	1	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP	NF	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL TABLET	NF	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
nystatin external cream	1	QL
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
VIVJOA	3	PA, QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	NF	
COLCHICINE ORAL CAPSULE	NF	
colchicine oral tablet	2	
COLCRYS	NF	
MITIGARE	2	
ZYLOPRIM	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	3	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA, ST, QL
eletriptan hydrobromide	3	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA, ST, QL
IMITREX ORAL	NF	QL
MAXALT	NF	QL
NURTEC	3	PA, ST, QL

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

See page 6, 7 for coverage details. Drugs listed as 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
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	3	PA, QL, SP
STIVARGA	3	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISO	4	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	3	PA, ST, QL, SP
VERZENIO	3	PA, QL, SP
VITRAKVI	3	PA, QL, SP
XTANDI	3	PA, QL, SP
ZEJULA ORAL CAPSULE	3	PA, QL, SP
ZELBORAF	3	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	NF	
Antiparkinson Agents - Drugs for Parkinson's Disease		
INBRIJA	3	PA, QL, SP
KYNMOBI	4	PA, QL, SP
NEUPRO	NF	
NOURIANZ	NF	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	NF	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	NF	
aripiprazole oral tablet	2	
LATUDA	NF	QL
lurasidone hcl	3	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	

Drug Name	Drug Tier	Requirements & Limits
REXULTI	NF	PA, ST, QL
RISPERDAL ORAL TABLET	NF	
risperidone oral tablet	1	
SEROQUEL	NF	
VRAYLAR ORAL CAPSULE	4	QL
ZYPREXA ORAL	NF	
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY	NF	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	3	PA, QL, SP
HARVONI ORAL TABLET	3	PA, ST, QL, SP
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	3	PA, ST, QL, SP
MAVYRET ORAL PACKET	3	PA, QL, SP
oseltamivir phosphate oral capsule	2	
PAXLOVID (150/100)	3	QL
PAXLOVID (300/100)	3	QL
PREZCOBIX	2	
RUKOBIA	4	PA
SITAVIG	NF	QL
SOFOSBUVIR-VELPATASVIR	3	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	NF	
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	NF	QL

See page 6, 7 for coverage details. Drugs listed as 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
valacyclovir hcl oral	1	QL
VALTREX	NF	QL
VOSEVI	3	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	NF	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	NF	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	NF	
VISTARIL	4	
XANAX	NF	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALDACTONE	NF	
aliskiren fumarate	NF	
ALTACE	NF	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	

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

See page 6, 7 for coverage details. Drugs listed as 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
HYZAAR	NF	
INDERAL LA	NF	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	4	
LIPITOR	NF	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	4	
LOPRESSOR	4	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTREL	NF	
lovastatin oral	1	H
LOVAZA	NF	
MAXZIDE	4	
MAXZIDE-25	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	NF	
MICARDIS	NF	
MINIPRESS	4	
minoxidil oral	1	
MULTAQ	NF	PA
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	4	

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

See page 6, 7 for coverage details. Drugs listed as 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
ZESTORETIC	NF	
ZESTRIL	NF	
ZETIA	NF	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	NF	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	NF	
ADDERALL XR	NF	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
APTENSIO XR	NF	QL
atomoxetine hcl	4	QL
CONCERTA	NF	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	3	QL
FOCALIN	NF	
FOCALIN XR	NF	QL
guanfacine hcl er	2	
INTUNIV	NF	
JORNAY PM	NF	QL
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	NF	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	NF	

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (xr)	NF	QL
methylphenidate hcl er oral tablet extended release	4	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	NF	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG	NF	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG	NF	
RITALIN	NF	
RITALIN LA	NF	QL
STRATTERA	NF	QL
VYVANSE	NF	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	3	PA, QL, SP
AVONEX PREFILLED	3	PA, QL, SP
BAFIERTAM	3	PA, QL, SP
BETASERON	3	PA, QL, SP
COPAXONE	NF	PA, QL, SP
EXTAVIA	NF	PA, ST, QL, SP
ingolimod hcl	1	PA, QL, SP
glatiramer acetate	3	PA, QL, SP
glatopa	3	PA, QL, SP
KESIMPTA	3	PA, QL, SP
MAVENCLAD	4	PA, ST, QL, SP
MAYZENT STARTER PACK	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	4	PA, QL
PLEGRIDY STARTER PACK	4	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	4	PA, QL, SP
REBIF	NF	PA, QL, SP
REBIF TITRATION PACK	NF	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	3	PA, QL, SP
LYRICA ORAL CAPSULE	NF	PA
pregabalin oral capsule	2	
RADICAVA ORS	4	PA, QL, SP

See page 6, 7 for coverage details. Drugs listed as 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
RADICAVA ORS STARTER KIT	4	PA, QL, SP
TIGLUTIK	4	PA
ZEPOSIA	4	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	4	PA, ST, QL, SP
ZEPOSIA STARTER KIT	4	PA, ST, SP

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

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

Dermatological Agents - Drugs for Skin Conditions

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

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	
DAZOMON	NF	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	3	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	3	PA, QL, SP
EFUDEX	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	4	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	NF	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	NF	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	NF	QL
KLISYRI	4	ST, QL
METROCREAM	4	
metronidazole external cream	1	
MIRVASO	4	PA, QL
NORITATE	NF	
OPZELURA	NF	PA, QL, SP
RETIN-A EXTERNAL CREAM	NF	PA, QL
RHOFADE	4	PA, QL
SANTYL	4	QL
SOOLANTRA	4	QL
TACLONEX EXTERNAL OINTMENT	NF	QL
tacrolimus external	2	QL

See page 6, 7 for coverage details. Drugs listed as 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
TOLAK	NF	
tretinoin external cream	3	
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 %	NF	
triamcinolone in absorbbase	NF	
TRIANEX	NF	
triderm	1	QL
tritocin	NF	
VTAMA	4	PA, QL
XEPI	3	QL
ZILXI	NF	PA, ST, QL
ZORYVE	4	PA, QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	NF	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET	1	
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	NF	QL
ACCU-CHEK SOFT TOUCH LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	NF	QL
AQINJECT PEN NEEDLE	2	QL
bd autoshield duo pen needles	2	

Drug Name	Drug Tier	Requirements & Limits
bd ultra-fine insulin syringes	2	
bd ultra-fine insulin syringes u-500	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
bd veo ultra-fine insulin syringes	2	
BIGFOOT UNITY PROGRAM	NF	
BLOOD GLUCOSE TEST STRIPS	NF	QL
BLOOD GLUCOSE TEST STRIPS 333	NF	QL
CARETOUCH MONITOR SYSTEM	NF	
CARETOUCH TEST	NF	QL
CONTOUR MONITOR KIT W/DEVICE	NF	
CONTOUR NEXT EZ KIT W/DEVICE	NF	
CONTOUR NEXT GEN MONITOR	NF	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR TEST STRIPS	NF	QL
CVS ADVANCED GLUCOSE TEST	NF	QL
CVS GLUCOSE METER TEST STRIPS	NF	QL
D-CARE BLOOD GLUCOSE	NF	QL
D-CARE GLUCOMETER	NF	
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	NF	
DIABETES MONITOR DIGIT SOLN	NF	
EASY TOUCH HEALTHPRO GLUCOSE	NF	
EASY TOUCH TEST	NF	QL
EASYGLUCO	NF	
EASYMAX 15 TEST	NF	QL
EASYMAX NG BLOOD GLUCOSE KIT	NF	
EMBRACE BLOOD GLUCOSE TEST	NF	QL

See page 6, 7 for coverage details. Drugs listed as 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
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	NF	QL
FORTISCARE G1 TEST STRIP	NF	QL
FORTISCARE TEST	NF	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	NF	
FREESTYLE PRECISION NEO TEST	NF	QL
FREESTYLE TEST	NF	QL
GLUCOCARD EXPRESSION TEST	NF	QL
GLUCOCARD SHINE TEST	NF	QL
GLUCOCARD VITAL TEST	NF	QL
GUARDIAN 4 GLUCOSE SENSOR	NF	
GUARDIAN 4 TRANSMITTER	NF	
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	QL
GVOKE HYOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	QL
HEALTHPRO BLOOD GLUCOSE MONITO	NF	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
MICRODOT TEST	NF	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM EASY TOUCH GLUCOSE METER	NF	
NEUTEK 2TEK TEST	NF	QL

Drug Name	Drug Tier	Requirements & Limits
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOTWIST PEN NEEDLE	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 POD (GEN 5)	2	PA, QL
ON CALL EXPRESS BLOOD GLUCOSE	NF	QL
ON CALL EXPRESS MONITORING SYS	NF	
ONETOUCH CLUB LANCETS FINE PT	1	
ONETOUCH DELICA LANCETS 30G	1	
ONETOUCH DELICA LANCETS 33G	1	
ONETOUCH DELICA PLUS LANCET30G	1	
ONETOUCH DELICA PLUS LANCET33G	1	
ONETOUCH FINEPOINT LANCETS	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT	NF	
ONETOUCH VERIO IQ BLOOD GLUCOSE METER	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	NF	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	NF	QL
PRECISION XTRA	NF	

See page 6, 7 for coverage details. Drugs listed as 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
PRECISION XTRA BLOOD GLUCOSE	NF	QL
PREMIUM BLOOD GLUCOSE TEST	NF	QL
PTS PANELS EGLU TEST	NF	QL
QUINTET AC BLOOD GLUCOSE TEST	NF	QL
QUINTET BLOOD GLUCOSE TEST	NF	QL
RELION TRUE MET AIR GLUC METER	NF	
RELION TRUE METRIX TEST STRIPS	NF	QL
RELION ULTIMA GLUCOSE SYSTEM	NF	
RELION ULTIMA TEST	NF	QL
RIGHTEST GT333 GLUCOSE TEST	NF	QL
TECHLITE INSULIN SYRINGES	2	(manufactured by Arkay) QL
TECHLITE PEN NEEDLES	2	(manufactured by Arkay) QL
TEMPO REFILL	NF	
TEMPO WELCOME	NF	
TRUE FOCUS BLOOD GLUCOSE STRIP	NF	QL
TRUE METRIX AIR GLUCOSE METER KIT	NF	
TRUE METRIX BLOOD GLUCOSE TEST	NF	QL
TRUE METRIX GO GLUCOSE METER	NF	
TRUE METRIX METER KIT	NF	
TRUE METRIX PRO BLOOD GLUCOSE	NF	QL
TRUETRACK TEST	NF	QL
UNISTRIP1 GENERIC	NF	QL
Diabetes - Insulin		
ADMELOG	NF	QL
ADMELOG SOLOSTAR	NF	QL
BASAGLAR KWIKPEN	NF	QL
BASAGLAR TEMPO PEN	NF	
HUMALOG KWIKPEN	2	QL

Drug Name	Drug Tier	Requirements & Limits
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	2	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	2	QL
HUMALOG TEMPO PEN	NF	
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMALOG VIAL	NF	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	2	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	2	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	2	QL
HUMULIN R VIAL	2	QL
INSULIN GLARGINE	NF	QL
INSULIN GLARGINE SOLOSTAR	NF	QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO KWIKPEN	2	QL
INSULIN LISPRO PROTAMINE / INSULIN LISPRO KWIKPEN	2	QL
INSULIN LISPRO VIAL	2	QL
LANTUS SOLOSTAR	2	QL
LANTUS U-100 VIAL	2	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	NF	
LYUMJEV VIAL	2	QL
NOVOLIN 70/30 FLEXPEN	NF	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	NF	ST, QL
NOVOLIN 70/30 RELION	NF	ST, QL
NOVOLIN 70/30 VIAL	NF	ST, QL
NOVOLIN N FLEXPEN	NF	ST, QL
NOVOLIN N FLEXPEN RELION	NF	ST, QL
NOVOLIN N RELION	NF	ST, QL
NOVOLIN N VIAL	NF	ST, QL
NOVOLIN R FLEXPEN	NF	ST, QL
NOVOLIN R FLEXPEN RELION	NF	ST, QL

See page 6, 7 for coverage details. Drugs listed as 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
NOVOLIN R RELION	NF	ST, QL
NOVOLIN R VIAL	NF	ST, QL
TOUJEO MAX SOLOSTAR	3	QL
TOUJEO SOLOSTAR	3	QL
Diabetes - Non-Insulin Agents		
ACTOS	NF	QL
ADLYXIN	NF	ST, QL
ALOGLIPTIN BENZOATE	NF	QL
ALOGLIPTIN-METFORMIN HCL	NF	QL
ALOGLIPTIN-PIOGLITAZONE	NF	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE	3	PA, ST, QL
BYETTA 10 MCG PEN	3	PA, ST, QL
BYETTA 5 MCG PEN	3	PA, ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCOTROL XL	4	
GLUMETZA	NF	PA
glyburide oral	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
metformin hcl er	1	
metformin hcl er (mod)	NF	PA
metformin hcl er (osm)	NF	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	NF	
MOUNJARO	3	PA, ST, QL
NESINA	2	QL

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

See page 6, 7 for coverage details. Drugs listed as 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
KOATE	3	SP
KOATE-DVI	3	SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
MULPLETA	3	PA, QL, SP
NEULASTA	3	
NOVOEIGHT	3	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	3	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	3	
RECOMBINATE	3	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	3	
TAVALISSE	4	PA, QL, SP
UDENYCA	3	
WILATE	3	
ZARXIO	3	
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
CIALIS	NF	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
VIAGRA	NF	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	

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	PA, QL
NASCOBAL	4	
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	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	NF	QL
bis subcit-metronid-tetracyc	NF	QL
bismuth/metronidaz/tetracyclin	NF	QL
CARAFATE ORAL TABLET	NF	
CYTOTEC	4	
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	4	QL
omeprazole oral capsule delayed release	1	

See page 6, 7 for coverage details. Drugs listed as 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
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	NF	
PYLERA	NF	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GLYCATE	NF	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	NF	
GOLYTELY	4	QL
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
ROBINUL	NF	
ROBINUL-FORTE	NF	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	4	PA, QL
ZELNORM	3	PA, ST

Drug Name	Drug Tier	Requirements & Limits
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA, SP
CREON	2	
DEPEN TITRATABS	3	SP
ORFADIN	3	PA, SP
PANCREAZE	NF	ST
PERTZYE	4	ST
STRENSIQ	3	PA, QL, SP
TEGSEDI	3	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
DITROPAN XL	NF	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	4	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	2	
THIOLA	4	SP
THIOLA EC	4	SP
VELPHORO	2	
VESICARE	NF	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	NF	
PROSCAR	NF	
tamsulosin hcl	1	
UROXATRAL	NF	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL

See page 6, 7 for coverage details. Drugs listed as 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
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	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
chateal eq	1	H
CLIMARA	NF	QL
CLIMARA PRO	3	QL
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	2	QL
DIVIGEL	3	
dotti	2	QL
drospirenone-ethinyl estradiol	NF	
DUAVEE	4	QL
ELESTRIN	3	
eluryng	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	NF	
estradiol oral	1	

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

See page 6, 7 for coverage details. Drugs listed as 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
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)	NF	
LOESTRIN 1/20 (21)	NF	
LOESTRIN FE 1.5/30	NF	
LOESTRIN FE 1/20	NF	
loryna	NF	
lo-zumandimine	NF	
lutera	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H

Drug Name	Drug Tier	Requirements & Limits
microgestin fe 1/20	1	H
mili	1	H
MINIVELLE	NF	QL
mono-lynyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
nikki	NF	
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 oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
NUVARING	NF	
nymyo	1	H
ocella	NF	
portia-28	1	H
PREMARIN ORAL	4	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	4	
progesterone oral	2	
PROMETRIUM	NF	
PROVERA	4	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	NF	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H

See page 6, 7 for coverage details. Drugs listed as 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
tri-estarylla	1	H
tri-lynyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
VAGIFEM	NF	
vestura	NF	
vienva	1	H
VIVELLE-DOT	NF	QL
vylibra	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zumandimine	NF	
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS	NF	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	NF	
HEMADY	NF	
HIDEX 6-DAY	NF	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	

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

See page 6, 7 for coverage details. Drugs listed as 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
Hormonal Agents - Thyroid		
ADTHYZA	NF	
ARMOUR THYROID	3	
CYTOMEL	NF	
ERMEZA	3	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
np thyroid	1	
SYNTHROID	NF	
THYQUIDITY	NF	PA
thyroid oral	1	
TIROSINT-SOL	NF	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	4	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	4	PA, ST, QL, SP
ADALIMUMAB-ADAZ	3	(manufactured by Sandoz) PA, QL, SP
ADBRY	3	PA, QL, SP
AMJEVITA	3	PA, QL, SP
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
CELLCEPT ORAL TABLET	NF	
CIMZIA STARTER KIT	3	PA, QL
CIMZIA SUBCUTANEOUS KIT	NF	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA, QL
CINRYZE	NF	PA, QL, SP
COSENTYX (300 MG DOSE)	4	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA, ST, QL
COSENTYX SENSOREADY (300 MG)	4	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	4	PA, ST, QL, SP
CYLTEZO	3	PA, QL, SP
EMPAVELI	3	PA, QL, SP
ENBREL MINI	3	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	3	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
ENBREL SURECLICK	3	PA, QL, SP
HADLIMA	3	PA, SP
HAEGARDA	3	PA, QL, SP
HUMIRA	3	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	3	PA, QL, SP
HUMIRA PEN	3	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	3	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	3	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	3	PA, QL, SP
HUMIRA PEN-PSOR/UEVIT STARTER	3	PA, QL, SP
HYFTOR	4	PA, QL
IMURAN	NF	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
KINERET	4	PA, ST, QL, SP
LUPKYNIS	NF	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	

See page 6, 7 for coverage details. Drugs listed as 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
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, QL
OLUMIANT ORAL TABLET 2 MG	3	PA, QL, SP
ORENCIA CLICKJECT	4	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	4	PA, ST, QL, SP
OTEZLA ORAL TABLET	3	PA, QL, SP
OTREXUP	NF	QL
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	3	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	3	PA, QL, SP
SKYRIZI PEN	3	PA, QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL
STELARA SUBCUTANEOUS SOLUTION	NF	PA, QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL
tacrolimus oral	1	
TAKHZYRO	3	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	PA, ST, QL, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	PA, ST, QL
TREMFYA	3	PA, QL, SP
TREXALL	2	
XELJANZ	3	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	3	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	NF	
Immunological Agents - Drugs for Vaccination		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H

Drug Name	Drug Tier	Requirements & Limits
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
PFIZER COVID-19 VAC BIVAL 5-11	3	H
PFIZER COVID-19 VAC BIVALENT	3	H
SHINGRIX	3	H
Infertility Agents		
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/Organon), QL, SP
Inflammatory Bowel Disease Agents		
APRISO	1	
budesonide rectal	2	
CORTIFOAM	2	
DIPENTUM	NF	
LIALDA	NF	
mesalamine oral tablet delayed release	2	
PROCTOFOAM HC	2	
UCERIS ORAL	NF	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	NF	PA, ST, SP
FOSAMAX	4	
TERIPARATIDE (RECOMBINANT)	NF	PA, SP
TYMLOS	NF	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	NF	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	4	QL
AZASITE	3	
BESIVANCE	3	

See page 6, 7 for coverage details. Drugs listed as 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
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
ILEVRO	NF	
INVELTYS	3	
KLARITY-A	NF	
LASTACAPT	3	QL
LOTEMAX OPHTHALMIC GEL	NF	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	NF	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	NF	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	NF	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	NF	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	NF	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	

Drug Name	Drug Tier	Requirements & Limits
VIGAMOX	NF	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
BETIMOL	2	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	NF	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	NF	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	NF	QL
ISTALOL	4	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ophthalmic solution	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
XALATAN	NF	
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CYCLOSPORINE IN KLARITY	NF	PA
cyclosporine ophthalmic	NF	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	NF	PA, QL
TYRVAYA	NF	PA, QL

See page 6, 7 for coverage details. Drugs listed as 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
VERKAZIA	4	PA, QL
XIIDRA	4	PA, QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	NF	
ciprofloxacin-dexamethasone	4	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), 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	NF	QL
EPIPEN JR 2-PAK	NF	QL
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	NF	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	NF	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	2	QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	

Drug Name	Drug Tier	Requirements & Limits
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	NF	QL
ADVAIR HFA	3	QL, RS
AIRDUO DIGIHALER	NF	QL
AIRDUO RESPICLICK 113/14	NF	QL
AIRDUO RESPICLICK 232/14	NF	QL
AIRDUO RESPICLICK 55/14	NF	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	NF	(generic for Ventolin HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	3	
ANORO ELLIPTA	3	QL
ARMONAIR DIGIHALER	NF	QL
ARNUITY ELLIPTA	2	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
BUDESONIDE-FORMOTEROL FUMARATE	NF	QL, RS
COMBIVENT RESPIMAT	4	QL
FASENRA PEN	4	PA, QL
FLOVENT HFA	NF	QL
FLUTICASONE FUROATE-VILANTEROL	NF	QL, RS
FLUTICASONE PROPIONATE HFA	NF	QL

See page 6, 7 for coverage details. Drugs listed as 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	NF	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
PERFOROMIST	NF	QL
PROVENTIL HFA	NF	QL
PULMICORT SUSPENSION	NF	QL
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	NF	
SINGULAIR ORAL TABLET CHEWABLE	NF	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	QL

Drug Name	Drug Tier	Requirements & Limits
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	NF	QL
wixela inhub	NF	QL, RS
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	NF	PA, QL, SP
BRONCHITOL	NF	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	NF	PA, ST, QL, SP
KITABIS PAK	NF	PA, QL, SP
PULMOZYME	3	PA, QL, SP
TOBI NEBULIZER	NF	PA, QL, SP
TOBI PODHALER	NF	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	3	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	NF	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	NF	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	NF	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	3	PA, QL, SP
OPSUMIT	3	PA, QL, SP
REMODULIN	NF	PA
REVATIO ORAL TABLET	NF	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	4	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	3	PA, QL, SP
treprostinil	NF	PA
TYVASO	3	PA, SP
TYVASO DPI MAINTENANCE KIT	3	PA, QL, SP
TYVASO DPI TITRATION KIT	3	PA, QL, SP
TYVASO REFILL	3	PA, SP
TYVASO STARTER	3	PA, SP

See page 6, 7 for coverage details. Drugs listed as 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
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	NF	
FEXMID	NF	
methocarbamol oral tablet 1000 mg	NF	
methocarbamol oral tablet 500 mg, 750 mg	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	4	
Sleep Disorder Agents		
AMBIEN	NF	
AMBIEN CR	NF	
BELSOMRA	NF	ST, QL
DAYVIGO	NF	ST, QL
eszopiclone	2	
LUNESTA	NF	
modafinil	2	QL
PROVIGIL	NF	QL
RESTORIL	4	
SODIUM OXYBATE	NF	(manufactured by Hikma), PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	NF	PA, QL, SP
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

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



Index

A

ABILIFY	12	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	20	ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	20
ACCU-CHEK AVIVA PLUS TEST STRIPS	17	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	20	ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	20
ACCU-CHEK FASTCLIX LANCET ...	17	AIMOVIQ	11	ALREX	27
ACCU-CHEK FASTCLIX LANCET KIT	17	AIMOVIQ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	11	ALTACE	13
ACCU-CHEK GUIDE KIT W/DEVICE ..	17	AIRDUO DIGIHALER	29	altavera	23
ACCU-CHEK GUIDE TEST STRIPS ..	17	AIRDUO RESPICLICK 113/14	29	ALTUVIIIIO	20
ACCU-CHEK MULTICLIX LANCET ..	17	AIRDUO RESPICLICK 232/14	29	ALUNBRIG	11
ACCU-CHEK MULTICLIX LANCET KIT	17	AIRDUO RESPICLICK 55/14	29	AMBIEN	31
ACCU-CHEK SMARTVIEW TEST STRIPS	17	AKLIEF	16	AMBIEN CR	31
ACCU-CHEK SOFT TOUCH LANCET	17	ala-cort	16	amiodarone hcl oral	13
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	17	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	29	amitriptyline hcl oral	10
ACCU-CHEK SOFTCLIX LANCETS ..	17	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	29	AMJEVITA	26
ACCUTREND GLUCOSE	17	ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	29	amlodipine besylate oral	13
acetaminophen-codeine oral tablet ..	8	ALDACTONE	13	amlodipine besylate-benazepril hcl ..	13
ACIPHEX	21	ALECENSA	11	amlodipine besylate-valsartan	13
ACTEMRA ACTPEN	26	alendronate sodium oral tablet	27	amoxicillin oral capsule	8
ACTEMRA SUBCUTANEOUS	26	alfuzosin hcl er	22	amoxicillin oral suspension reconstituted	8
ACTOS	20	aliskiren fumarate	13	amoxicillin oral tablet	8
acyclovir oral tablet	12	allopurinol oral tablet 100 mg, 300 mg	11	amoxicillin-potassium clavulanate oral suspension reconstituted	8
ADALIMUMAB-ADAZ	26	ALLOPURINOL ORAL TABLET 200 MG	11	amoxicillin-potassium clavulanate oral tablet	9
ADBRY	26	ALOGLIPTIN BENZOATE	20	amphetamine-dextroamphetamine ..	15
ADDERALL	15	ALOGLIPTIN-METFORMIN HCL	20	amphetamine-dextroamphetamine er	15
ADDERALL XR	15	ALOGLIPTIN-PIOGLITAZONE	20	AMZEEQ	16
ADDYI	21	ALORA	22	anastrozole oral	11
ADEMPAS	30	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	28	ANDRODERM	25
ADLYXIN	20	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	28	ANDROGEL PUMP	25
ADMELOG	19	ALPHANATE	20	ANNOVERA	23
ADMELOG SOLOSTAR	19	alprazolam oral tablet	13	ANORO ELLIPTA	29
ADTHYZA	26			apap-caff-dihydrocodeine	8
ADVAIR DISKUS	29			apri	23
ADVAIR HFA	29			APRISO	27
ADVATE	20			APTENSIO XR	15
ADYNOVATE	20			APTIOM	9
afirmelle	22			AQINJECT PEN NEEDLE	17
				ARAKODA	12



ARANESP (ALBUMIN FREE)	20
ARIMIDEX	11
aripiprazole oral tablet	12
ARMONAIR DIGIHALER	29
ARMOUR THYROID	26
ARNUITY ELLIPTA	29
atenolol oral	13
ATIVAN ORAL	13
atomoxetine hcl	15
atorvastatin calcium oral tablet 10 mg, 20 mg	13
atorvastatin calcium oral tablet 40 mg, 80 mg	13
ATROVENT HFA	29
aubra eq	23
AUGMENTIN	9
AUGMENTIN ES-600	9
aurovela 1/20	23
aurovela 1.5/30	23
aurovela 24 fe	23
aurovela fe 1/20	23
aurovela fe 1.5/30	23
AUSTEDO	15
AUVI-Q	29
AVALIDE	13
AVAPRO	13
aviane	23
avidoxy	9
AVITA	16
AVONEX PEN	15
AVONEX PREFILLED	15
AYGESTIN	23
ayuna	23
AZASAN	26
AZASITE	27
azathioprine oral tablet 100 mg, 75 mg	26
azathioprine oral tablet 50 mg	26
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	29
azelastine hcl nasal solution 0.15 %	29
azithromycin oral suspension reconstituted	9
azithromycin oral tablet	9

B

bac	8
baclofen oral tablet	31
BACTRIM	9
BACTRIM DS	9
BAFIERTAM	15
BAQSIMI ONE PACK	20
BAQSIMI TWO PACK	20
BASAGLAR KWIKPEN	19
BASAGLAR TEMPO PEN	19
bd autoshield duo pen needles	17
bd ultra-fine insulin syringes	17
bd ultra-fine insulin syringes u-500	17
BD ULTRA-FINE PEN NEEDLES	17
bd veo ultra-fine insulin syringes	17
BELBUCA	8
BELSOMRA	31
benazepril hcl oral	13
BENICAR	13
BENICAR HCT	13
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	26
benzonatate oral capsule 100 mg, 200 mg	29
benzonatate oral capsule 150 mg	29
BESIVANCE	27
BETASERON	15
BETHKIS	30
BETIMOL	28
BEVESPI AEROSPHERE	29
BIGFOOT UNITY PROGRAM	17
BIJUVA	23
BIKTARVY	12
bimatoprost ophthalmic	28
bisubcit-metronid-tetracyc	21
bismuth/metronidaz/tetracyclin	21
bisoprolol fumarate oral	13
bisoprolol-hydrochlorothiazide	13
blisovi 24 fe	23
blisovi fe 1/20	23
blisovi fe 1.5/30	23
BLOOD GLUCOSE TEST STRIPS	17
BLOOD GLUCOSE TEST STRIPS 333	17

BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	27
BREO ELLIPTA	29
BREZTRI AEROSPHERE	29
BRILINTA	12
brimonidine tartrate external	16
brimonidine tartrate ophthalmic solution 0.15 %	28
brimonidine tartrate ophthalmic solution 0.2 %	28
brimonidine tartrate-timolol	28
BRIVIACT ORAL TABLET	9
BRONCHITOL	30
BRONCHITOL TOLERANCE TEST	30
budesonide inhalation	29
budesonide rectal	27
BUDESONIDE-FORMOTEROL FUMARATE	29
buprenorphine hcl sublingual	8
buprenorphine hcl-naloxone hcl	8
bupropion hcl er (sr)	10
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	10
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	10
bupropion hcl oral	10
bupirone hcl oral	13
butalbital-apap-caffeine oral tablet	8
BYDUREON BCISE	20
BYETTA 10 MCG PEN	20
BYETTA 5 MCG PEN	20

C

cabergoline	25
calcitriol oral capsule	27
CALQUENCE	11
camila	23
CARAC	16
CARAFATE ORAL TABLET	21
CARDIZEM CD	13
CARDURA	13
CARETOUCH MONITOR SYSTEM	17



CARETOUCH TEST	17	clindamycin phosphate external lotion	16	PREFILLED SYRINGE 75 MG/0.5ML	26
cartia xt	13	clindamycin phosphate external solution	16	COSENTYX SENSOREADY (300 MG)	26
carvedilol	13	clindamycin phosphate external swab	16	COSENTYX SENSOREADY PEN	26
cefdinir	9	clindamycin phosphate gel 1 % external	16	COSOPT	28
cefuroxime axetil	9	CLINDESSE	9	COSOPT PF	28
CELEBREX	8	clobetazol propionate external cream	16	COTELIC	11
celecoxib oral	8	clobetazol propionate external ointment	16	COZAAR	13
CELEXA	10	clobetazol propionate external solution	16	CREON	22
CELLCEPT ORAL TABLET	26	clonazepam oral tablet	13	CRESEMBA ORAL	11
cephalexin oral capsule	9	clonidine hcl oral	13	CRESTOR	13
cephalexin oral suspension reconstituted	9	clopidogrel bisulfate oral	12	CVS ADVANCED GLUCOSE TEST . .	17
CERDELGA	22	clotrimazole-betamethasone external cream	16	CVS GLUCOSE METER TEST STRIPS	17
chateal eq	23	COLCHICINE ORAL CAPSULE	11	cyanocobalamin injection solution 1000 mcg/ml	21
chlorhexidine gluconate mouth/ throat	16	colchicine oral tablet	11	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	21
chlorthalidone	13	COLCRYS	11	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	31
CIALIS	21	COMBIGAN	28	cyclobenzaprine hcl oral tablet 7.5 mg	31
CIBINQO	16	COMBIVENT RESPIMAT	29	CYCLOSPORINE IN KLARITY	28
ciclofanil	11	CONCERTA	15	cyclosporine ophthalmic	28
ciclopirox external solution	11	CONTOUR MONITOR KIT W/DEVICE	17	CYLTEZO	26
CIMDUO	12	CONTOUR NEXT EZ KIT W/DEVICE	17	CYMBALTA	10
CIMZIA STARTER KIT	26	CONTOUR NEXT GEN MONITOR . .	17	cyproheptadine hcl oral tablet	29
CIMZIA SUBCUTANEOUS KIT	26	CONTOUR NEXT GEN TEST STRIPS	17	cyred eq	23
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	26	CONTOUR NEXT MONITOR KIT W/DEVICE	17	CYTOMEL	26
CINRYZE	26	CONTOUR NEXT ONE KIT	17	CYTOTEC	21
CIPRO ORAL TABLET	9	CONTOUR TEST STRIPS	17		
CIPRODEX	29	COPAXONE	15		
ciprofloxacin hcl ophthalmic	28	COREG	13		
ciprofloxacin hcl oral	9	CORLANOR	13		
ciprofloxacin-dexamethasone	29	CORTEF	25		
citalopram hydrobromide oral tablet .	10	CORTIFOAM	27		
CLENPIQ	22	COSENTYX (300 MG DOSE)	26		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	9	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML . .	26		
CLEOCIN ORAL CAPSULE 75 MG	9	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION			
CLEOCIN-T	16				
CLIMARA	23				
CLIMARA PRO	23				
clindacin etz external swab	16				
clindacin-p	16				
CLINDAGEL	16				
clindamycin hcl oral	9				
				D	
				D-CARE BLOOD GLUCOSE	17
				D-CARE GLUCOMETER	17
				dabigatran etexilate mesylate	9
				DAYVIGO	31
				DAZOMON	16
				deblitane	23
				delyla	23
				DEPAKOTE	9
				DEPAKOTE ER	9
				DEPEN TITRATABS	22



DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	23	doxepin hcl oral capsule.	10	EMBRACE BLOOD GLUCOSE TEST	17	
DEPO-SUBQ PROVERA 104	23	doxycycline hyclate oral capsule	9	EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	11	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	25	doxycycline hyclate oral tablet 100 mg	9	EMPAVELI	26	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	25	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	9	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg.	12	
DESCOVY	12	doxycycline monohydrate oral capsule 100 mg, 50 mg	9	emtricitabine-tenofovir df oral tablet 200-300 mg	12	
desvenlafaxine succinate er	10	doxycycline monohydrate oral capsule 150 mg, 75 mg.	9	enalapril maleate oral tablet	13	
DEXABLISS	25	doxycycline monohydrate oral tablet	9	ENBREL MINI.	26	
dexamethasone oral tablet.	25	DRISDOL	21	ENBREL SUBCUTANEOUS SOLUTION	26	
dexamethasone oral tablet therapy pack	25	drosiprenone-ethinyl estradiol	23	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	26	
DEXCOM G7 RECEIVER.	17	DUAVEE	23	ENBREL SURECLICK.	26	
DEXCOM G7 SENSOR	17	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	10	endocet	8	
dexamethylphenidate hcl	15	duloxetine hcl oral capsule delayed release particles 40 mg	10	ENDOMETRIN	27	
dexamethylphenidate hcl er	15	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR.	16	ENLITE GLUCOSE SENSOR	18	
DIABETES MONITOR DIGIT ADD-ON	17	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML.	16	enoxaparin sodium injection solution prefilled syringe.	9	
DIABETES MONITOR DIGIT SOLN.	17	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	16	enskyce	23	
diazepam oral tablet	13	DXEVO 11-DAY.	25	ENSTILAR	16	
diclofenac sodium oral	8			ENTRESTO.	13	
dicyclomine hcl oral capsule	22	E			EPCLUSA ORAL TABLET.	12
dicyclomine hcl oral tablet	22	EASY TOUCH HEALTHPRO GLUCOSE	17	EPIDIOLEX	10	
DIFICID ORAL TABLET.	9	EASY TOUCH TEST	17	epinephrine solution auto-injector 0.15 mg/0.15ml injection	29	
DIFLUCAN ORAL TABLET.	11	EASYGLUCO	17	epinephrine solution auto-injector 0.15 mg/0.3ml injection.	29	
DILAUDID ORAL TABLET	8	EASYMAX 15 TEST.	17	epinephrine solution auto-injector 0.3 mg/0.3ml injection	29	
diltiazem hcl er coated beads	13	EASYMAX NG BLOOD GLUCOSE KIT.	17	EPIPEN 2-PAK	29	
DIOVAN	13	EFFEXOR XR	10	EPIPEN JR 2-PAK	29	
DIOVAN HCT	13	EFUDEX	16	EQ BLOOD GLUCOSE TEST	18	
DIPENTUM.	27	ELESTRIN.	23	ergocalciferol oral capsule.	21	
DITROPAN XL	22	eletriptan hydrobromide.	11	ERIVEDGE	11	
divalproex sodium er.	9	ELIQUIS	9	ERLEADA ORAL TABLET 240 MG	11	
divalproex sodium oral tablet delayed release	10	ELIQUIS DVT/PE STARTER PACK.	9	ERLEADA ORAL TABLET 60 MG	11	
DIVIGEL	23	ELOCTATE	20	ERMEZA.	26	
DODEX	21	eluryng	23	errin.	23	
DOPTELET.	20			erythromycin ophthalmic	28	
dorzolamide hcl-timolol mal	28			escitalopram oxalate oral tablet.	10	
dorzolamide hcl-timolol mal pf.	28			ESGIC ORAL TABLET.	8	
dotti.	23					
DOVATO	12					
doxazosin mesylate oral	13					



estarylla	23	FLAREX	28	FREESTYLE PRECISION NEO SYSTEM	18
ESTRACE	23	flecainide acetate	13	FREESTYLE PRECISION NEO TEST	18
estradiol oral	23	FLOMAX	22	FREESTYLE TEST	18
estradiol patch twice weekly 0.025 mg/24hr transdermal	23	FLOVENT HFA	29	FUROSCIX	13
estradiol patch twice weekly 0.0375 mg/24hr transdermal	23	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	27	furosemide oral tablet	13
estradiol patch twice weekly 0.05 mg/24hr transdermal	23	fluconazole oral tablet	11	fyremadel	27
estradiol patch twice weekly 0.075 mg/24hr transdermal	23	FLUOROPLEX	16		
estradiol patch twice weekly 0.1 mg/24hr transdermal	23	FLUOROURACIL EXTERNAL CREAM 0.5 %	16	G	
estradiol transdermal gel	23	fluorouracil external cream 5 %	16	gabapentin oral capsule	10
estradiol transdermal patch weekly	23	fluoxetine hcl oral capsule	10	gabapentin oral tablet 600 mg, 800 mg	10
estradiol vaginal cream	23	fluoxetine hcl oral tablet 10 mg	10	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	27
estradiol vaginal tablet	23	fluoxetine hcl oral tablet 20 mg	10	gavilyte-c	22
ESTRING	23	fluoxetine hcl oral tablet 60 mg	10	gavilyte-g	22
ESTROGEL	23	FLUTICASONE FUROATE-VILANTEROL	29	GAVRETO	11
eszopiclone	31	FLUTICASONE PROPIONATE HFA	29	gemfibrozil oral	13
etonogestrel-ethinyl estradiol	23	fluticasone propionate nasal	29	GEN7T EXTERNAL PATCH	8
EUCRISA	16	FLUTICASONE-SALMETEROL INHALATION AEROSOL	30	glatiramer acetate	15
euthyrox	26	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	30	glatopa	15
EVAMIST	23	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	30	glimepiride	20
EXFORGE	13	fluvoxamine maleate	10	glipizide er	20
EXKIVITY	11	FOCALIN	15	glipizide ir	20
EXTAVIA	15	FOCALIN XR	15	glipizide xl	20
EYSUVIS	28	folic acid oral tablet 1 mg	21	GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	20
ezetimibe	13	FOLLISTIM AQ	27	GLUCOCARD EXPRESSION TEST	18
		FORFIVO XL	10	GLUCOCARD SHINE TEST	18
F		FORTEO	27	GLUCOCARD VITAL TEST	18
falmina	23	FORTESTA	25	GLUCOTROL XL	20
famotidine oral suspension reconstituted	21	FORTISCARE G1 TEST STRIP	18	GLUMETZA	20
FASENRA PEN	29	FORTISCARE TEST	18	glyburide oral	20
FEMARA	11	FOSAMAX	27	GLYGATE	22
fenofibrate oral tablet 120 mg, 40 mg	13	FREESTYLE LIBRE 14 DAY SENSOR	18	glycopyrrolate oral tablet 1 mg, 2 mg	22
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	13	FREESTYLE LIBRE 2 SENSOR	18	GLYCOPYRROLATE ORAL TABLET 1.5 MG	22
FENOGLIDE	13	FREESTYLE LIBRE 3 SENSOR	18	GLYXAMBI	20
FEXMID	31			GOLYTELY	22
FINACEA EXTERNAL FOAM	16			guanfacine hcl	13, 15
finasteride oral tablet 5 mg	22			guanfacine hcl er	15
fingolimod hcl	15			GUARDIAN 4 GLUCOSE SENSOR	18



GUARDIAN 4 TRANSMITTER	18	HUMIRA PEN-PEDIATRIC UC START.	26	IMPOYZ	16
GUARDIAN CONNECT TRANSMITTER	18	HUMIRA PEN-PS/UV/ADOL HS START.	26	IMURAN	26
GUARDIAN LINK 3 TRANSMITTER	18	HUMIRA PEN-PSOR/UEIT STARTER	26	IMVEXXY MAINTENANCE PACK	21
GUARDIAN SENSOR (3).	18	HUMULIN 70/30 KWIKPEN	19	IMVEXXY STARTER PACK.	21
GUARDIAN SENSOR 3.	18	HUMULIN 70/30 VIAL.	19	INBRIJA	12
GVOKE HYPOPEN 1-PACK	18	HUMULIN N KWIKPEN.	19	incassia.	23
GVOKE HYPOPEN 2-PACK	18	HUMULIN N VIAL	19	INDERAL LA	14
GVOKE KIT.	18	HUMULIN R U-500 KWIKPEN	19	indomethacin oral	8
GVOKE PFS.	18	HUMULIN R U-500 VIAL.	19	INSULIN GLARGINE.	19
GYNAZOLE-1	11	HUMULIN R VIAL	19	INSULIN GLARGINE SOLOSTAR	19
H					
HADLIMA	26	hydrochlorothiazide oral	13	INSULIN LISPRO JUNIOR KWIKPEN	19
HAEGARDA	26	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8	INSULIN LISPRO KWIKPEN.	19
hailey 1.5/30.	23	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8	INSULIN LISPRO PROTAMINE / INSULIN LISPRO KWIKPEN.	19
hailey 24 fe	23	hydrocortisone external cream 1 %	16	INSULIN LISPRO VIAL	19
hailey fe 1/20	23	hydrocortisone external cream 2.5 %	16	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	18
hailey fe 1.5/30.	23	hydrocortisone external ointment 1 %, 2.5 %	16	INTUNIV	15
HALCION	13	hydrocortisone oral	25	INVELTYS.	28
haloette.	23	hydromorphone hcl oral tablet.	8	ipratropium bromide nasal	29
HARVONI ORAL TABLET.	12	hydroxychloroquine sulfate oral.	12	ipratropium-albuterol	30
HEALTHPRO BLOOD GLUCOSE MONITO	18	hydroxyzine hcl oral tablet	13	irbesartan.	14
heather	23	hydroxyzine pamoate oral	13	irbesartan-hydrochlorothiazide	14
HEMADY.	25	HYFTOR	26	isibloom	23
HEMLIBRA.	20	HYZAAR.	14	isosorbide mononitrate er	14
HEMOPIL M	20	I			
HIDEX 6-DAY	25	IBRANCE ORAL CAPSULE	11	ISTALOL	28
HUMALOG KWIKPEN.	19	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8	J	
HUMALOG MIX 50/50 KWIKPEN	19	ICLUSIG ORAL TABLET 10 MG, 30 MG	11	jantoven	9
HUMALOG MIX 50/50 VIAL	19	ICLUSIG ORAL TABLET 15 MG, 45 MG	11	JARDIANCE.	20
HUMALOG MIX 75/25 KWIKPEN	19	IDHIFA.	11	jasmiel.	23
HUMALOG MIX 75/25 VIAL	19	ILEVRO.	28	jencycla.	23
HUMALOG TEMPO PEN	19	IMBRUVICA ORAL TABLET.	11	JENTADUETO	20
HUMALOG U-100 JUNIOR KWIKPEN.	19	IMITREX ORAL	11	JENTADUETO XR	20
HUMALOG VIAL	19				
HUMATE-P.	20				
HUMIRA	26				
HUMIRA PEDIATRIC CROHNS START.	26				
HUMIRA PEN.	26				
HUMIRA PEN-CD/UC/HS STARTER	26				



K

K-TAB	21
kalliga	24
KAZANO	20
KEPPRA ORAL TABLET	10
KESIMPTA	15
ketoconazole external cream	11
ketoconazole external shampoo	11
ketorolac tromethamine oral	8
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	26
KINERET	26
KITABIS PAK	30
KLARITY-A	28
KLISYRI	16
KLONOPIN	13
klor-con 10	21
klor-con m10	21
klor-con m15	21
klor-con m20	21
klor-con oral tablet extended release	21
KLOXXADO	8
KOATE	21
KOATE-DVI	21
KOGENATE FS	21
KOSELUGO	11
KOVALTRY	21
KRINTAFEL	12
kurvelo	24
KYNMOBI	12

L

labetalol hcl oral	14
LAMICTAL ORAL TABLET	10
lamotrigine oral tablet	10
LANREOTIDE ACETATE	25
LANTUS SOLOSTAR	19
LANTUS U-100 VIAL	19
larin 1/20	24
larin 1.5/30	24
larin 24 fe	24
larin fe 1/20	24
larin fe 1.5/30	24

LASIX	14
LASTACAPT	28
latanoprost ophthalmic	28
LATUDA	12
LEDIPASVIR-SOFOSBUVIR	12
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	11
lenalidomide oral capsule 2.5 mg, 20 mg	11
lessina	24
letrozole oral	11
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	30
levetiracetam oral tablet	10
levo-t	26
levocetirizine dihydrochloride oral tablet	29
levofloxacin oral tablet	9
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	24
levora 0.15/30 (28)	24
levothyroxine sodium oral tablet	26
levoxyl	26
LEXAPRO	10
LIALDA	27
lidocaine external patch 5 %	8
lidocaine hcl mouth/throat	16
lidocaine viscous hcl	16
LIDODERM	8
LINZESS	22
liothyronine sodium oral	26
LIPITOR	14
lisinopril oral	14
lisinopril-hydrochlorothiazide	14
lithium carbonate er	13
lithium carbonate oral capsule	13
LITHOBID	13
LO LOESTRIN FE	24
lo-zumandimine	24
LOESTRIN 1/20 (21)	24
LOESTRIN 1.5/30 (21)	24
LOESTRIN FE 1/20	24
LOESTRIN FE 1.5/30	24
LOKELMA	21

LOPID	14
LOPRESSOR	14
lorazepam oral tablet	13
loryna	24
losartan potassium oral	14
losartan potassium-hctz	14
LOTEMAX OPHTHALMIC GEL	28
LOTEMAX OPHTHALMIC OINTMENT	28
LOTEMAX OPHTHALMIC SUSPENSION	28
LOTEMAX SM	28
LOTENSIN	14
loteprednol etabonate ophthalmic gel	28
loteprednol etabonate ophthalmic suspension	28
LOTREL	14
lovastatin oral	14
LOVAZA	14
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	9
LUMAKRAS	11
LUMIGAN	28
LUNESTA	31
LUPKYNIS	26
lurasidone hcl	12
lutura	24
lyleq	24
lyllana	24
LYNPARZA	11
LYRICA ORAL CAPSULE	15
LYUMJEV KWIKPEN	19
LYUMJEV TEMPO PEN	19
LYUMJEV VIAL	19
lyza	24

M

MACROBID	9
MACRODANTIN	9
marlissa	24
MAVENCLAD	15
MAVYRET ORAL PACKET	12
MAXALT	11



MAXITROL OPHTHALMIC SUSPENSION 0.1 %	28	methylprednisolone oral tablet therapy pack	25	MOUNJARO	20
MAXZIDE	14	metoclopramide hcl oral tablet	10	MOVIPREP	22
MAXZIDE-25	14	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	14	moxifloxacin hcl (2x day)	28
MAYZENT STARTER PACK	15	metoprolol succinate er oral tablet extended release 24 hour 25 mg	14	moxifloxacin hcl ophthalmic	28
MEDROL ORAL TABLET THERAPY PACK	25	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	14	MS CONTIN	8
medroxyprogesterone acetate intramuscular suspension prefilled syringe	24	metoprolol tartrate oral tablet 37.5 mg, 75 mg	14	MULPLETA	21
medroxyprogesterone acetate oral	24	METROCREAM	16	MULTAQ	14
meloxicam oral tablet	8	metronidazole external cream	16	mupirocin external	9
MENOSTAR	24	metronidazole oral tablet	9	mycophenolate mofetil oral tablet	26
mesalamine oral tablet delayed release	27	metronidazole vaginal	9	MYDAYIS	15
metformin hcl er	20	MICARDIS	14	MYFEMBREE	24
metformin hcl er (mod)	20	MICRODOT TEST	18		
metformin hcl er (osm)	20	microgestin 1/20	24	N	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	20	microgestin 1.5/30	24	na sulfate-k sulfate-mg sulf.	22
metformin hcl oral tablet 625 mg	20	microgestin 24 fe	24	nabumetone oral	8
methimazole oral	26	microgestin 24 fe	24	NALOCET	8
methocarbamol oral tablet 1000 mg	31	microgestin fe 1/20	24	naloxone hcl injection solution prefilled syringe	8
methocarbamol oral tablet 500 mg, 750 mg	31	microgestin fe 1.5/30	24	naloxone hcl nasal	8
methotrexate oral	26	mili	24	naltrexone hcl oral	8
methotrexate sodium oral	26	MINILINK REAL-TIME TRANSMITTER	18	NAPROSYN ORAL TABLET	8
methylphenidate hcl er (cd)	15	MINIPRESS	14	naproxen oral tablet	8
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15	MINIVELLE	23, 24	NARCAN	8
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	15	minocycline hcl oral capsule	9	NASCOBAL	21
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	15	minoxidil oral	14	NATAZIA	24
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	15	mirtazapine oral tablet	10	NATESTO	25
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	15	MIRVASO	16	NAYZILAM	10
methylphenidate hcl er (xr)	15	misoprostol oral	21	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	28
methylphenidate hcl er oral tablet extended release	15	MITIGARE	11	neomycin-polymyxin-hc otic suspension	29
methylphenidate hcl oral tablet	15	MM EASY TOUCH GLUCOSE METER	18	NESINA	20
		modafinil	31	NEULASTA	21
		mondoxylene nl	9	NEUPRO	12
		mono-linyah	24	NEURONTIN ORAL CAPSULE	10
		montelukast sodium oral tablet	30	NEURONTIN ORAL TABLET	10
		montelukast sodium oral tablet chewable	30	NEUTEK 2TEK TEST	18
		morphine sulfate er oral tablet extended release	8	NEVANAC	28
		MOTTEGRITY	22	NEXLETOL	14
				NEXLIZET	14
				nifedipine er	14
				nifedipine er osmotic release	14
				nikki	24
				nitrofurantoin macrocrystal	9



oxybutynin chloride er	22	pioglitazone hcl	20	prochlorperazine maleate oral	10
oxybutynin chloride oral tablet 2.5 mg.	22	PIP BLOOD GLUCOSE TEST STRIP .	18	PROCTOFOAM HC	27
oxybutynin chloride oral tablet 5 mg. .	22	PLAQUENIL	12	progesterone oral	24
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8	PLAVIX	12	PROGRAF ORAL CAPSULE	27
oxycodone hcl oral tablet 5 mg	8	PLEGRIDY INTRAMUSCULAR	15	PROLATE ORAL TABLET	8
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	8	PLEGRIDY STARTER PACK	15	promethazine hcl oral tablet	11
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8	PLEGRIDY SUBCUTANEOUS	15	promethazine-dm	29
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	8	PLENVU	22	PROMETRIUM	24
OZEMPIC	20	polymyxin b-trimethoprim	28	propranolol hcl er	14
P					
PACERONE ORAL TABLET 100 MG, 400 MG	14	POLYTRIM	28	propranolol hcl oral tablet	14
PACERONE ORAL TABLET 200 MG. .	14	POMALYST	11	PROSCAR	22
PAMELOR	10	portia-28	24	PROTONIX ORAL TABLET DELAYED RELEASE	22
PANCREAZE	22	potassium chloride crys er	21	PROVENTIL HFA	29, 30
pantoprazole sodium oral tablet delayed release	22	potassium chloride er	21	PROVERA	23, 24
PARADIGM REAL-TIME TRANSMITTER	18	potassium citrate er	21	PROVIGIL	31
paroxetine hcl oral tablet	10	PRADAXA ORAL CAPSULE	9	PROZAC	10
PAXIL ORAL TABLET	10	pramipexole dihydrochloride	12	pseudoephedrine-bromphen-dm	29
PAXLOVID (150/100)	12	pravastatin sodium	14	PTS PANELS EGLU TEST	19
PAXLOVID (300/100)	12	prazosin hcl oral	14	PULMICORT SUSPENSION	30
PEDIAPRED	25	PRECISION XTRA	18, 19	PULMOZYME	30
peg 3350-kcl-na bicarb-nacl	22	PRECISION XTRA BLOOD GLUCOSE	19	PYLERA	22
peg-3350/electrolytes	22	PRED FORTE	28	PYRIDIUM	22
peg-3350/electrolytes/ascorbat	22	PRED MILD	28	Q	
peg-kcl-nacl-nasulf-na asc-c	22	prednisolone acetate ophthalmic	28	quetiapine fumarate	12
penicillin v potassium oral tablet	9	PREDNISOLONE ACETATE P-F.	28	QUINTET AC BLOOD GLUCOSE TEST	19
PERCOCET	8	prednisolone oral solution	25	QUINTET BLOOD GLUCOSE TEST	19
PERFOROMIST	30	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	25	QVAR REDHALER	30
PERIDEX	16	prednisolone sodium phosphate oral solution 15 mg/5ml	25	R	
perigard	16	prednisolone sodium phosphate oral solution 20 mg/5ml	25	rabeprazole sodium oral tablet delayed release	22
PERTZYE	22	prednisone oral tablet	25	RADICAVA ORS	15, 16
PFIZER COVID-19 VAC BIVAL 5-11	27	prednisone oral tablet therapy pack	25	RADICAVA ORS STARTER KIT	16
PFIZER COVID-19 VAC BIVALENT.	27	pregabalin oral capsule	15	ramipril	14
phenazo oral tablet 200 mg	22	PREMARIN ORAL	24	RASUVO	27
phenazopyridine hcl oral	22	PREMARIN VAGINAL	24	REBIF	15
		PREMIUM BLOOD GLUCOSE TEST	19	REBIF TITRATION PACK	15
		PREMPRO	24	reclipsen	24
		PREZCOBIX	12	RECOMBINATE	21
		PRISTIQ	10	REGLAN	11
		PROCARDIA XL	14	RELAFEN DS	8



RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG	15	ropinirole hcl	12	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . .	27	
RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG	15	rosuvastatin calcium	14	STENDRA	21	
RELION TRUE MET AIR GLUC METER	19	roweepra	10	STIOLTO RESPIMAT	30	
RELION TRUE METRIX TEST STRIPS	19	ROXICODONE	8	STIVARGA	12	
RELION ULTIMA GLUCOSE SYSTEM	19	RUCONEST	27	STRATTERA	15	
RELION ULTIMA TEST	19	RUKOBIA	12	STRENSIQ	22	
RELPAK	11	RYBELSUS	20	STRIVERDI RESPIMAT	30	
REMERON	10	S			SUBOXONE	8
REMODULIN	30	SANTYL	16	subvenite	10	
REPATHA	14	scopolamine	11	sucralfate oral tablet	22	
REPATHA PUSHTRONEX SYSTEM . .	14	SEREVENT DISKUS	30	sulfamethoxazole-trimethoprim oral tablet	9	
REPATHA SURECLICK	14	SEROQUEL	12	sumatriptan succinate oral	11	
RESTASIS	28	sertraline hcl oral tablet	10	SUNOSI	31	
RESTASIS MULTIDOSE	28	sharobel	24	SUPREP BOWEL PREP KIT	22	
RESTORIL	31	SHINGRIX	27	SUTAB	22	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML,	21	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	21	syeda	24	
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	21	sildenafil citrate oral tablet 20 mg . . .	30	SYMBICORT	30	
RETEVMO ORAL CAPSULE 40 MG .	12	SIMPONI	27	SYMFI	12	
RETEVMO ORAL CAPSULE 80 MG .	12	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	14	SYMFI LO	12	
RETIN-A EXTERNAL CREAM	16	simvastatin oral tablet 80 mg	14	SYMJEPI	29	
REVATIO ORAL TABLET	30	SINGULAIR ORAL TABLET	30	SYMLINPEN 120	20	
REVLIMID	12	SINGULAIR ORAL TABLET CHEWABLE	30	SYMLINPEN 60	20	
REXULTI	12	SITAVIG	12	SYMPROIC	22	
RHOFADE	16	SKYRIZI PEN	27	SYNJARDY	20	
RHOPRESSA	28	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . .	27	SYNJARDY XR	20	
RIGHTEST GT333 GLUCOSE TEST .	19	SKYTROFA	25	SYNTHROID	26	
RINVOQ	27	SOAAZ	14	T		
RISPERDAL ORAL TABLET	12	SODIUM OXYBATE	31	TABRECTA	12	
risperidone oral tablet	12	SOFOSBUVIR-VELPATASVIR	12	TACLONEX EXTERNAL OINTMENT .	16	
RITALIN	15	solifenacin succinate	22	tacrolimus external	16	
RITALIN LA	15	SOLIQUA	20	tacrolimus oral	27	
rizatriptan benzoate	11	SOMATULINE DEPOT	25	tadalafil oral	21	
ROBINUL	22	SOOLANTRA	16	TADLIQ	30	
ROBINUL-FORTE	22	SPIRIVA HANDHALER	30	tafluprost (pf)	28	
ROCALTROL ORAL CAPSULE	27	SPIRIVA RESPIMAT	30	TAGRISSO	12	
ROCKLATAN	28	spironolactone oral	14	TAKHZYRO	27	
		sprintec 28	24	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	
		sronyx	24	TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . .	27	
		STELARA SUBCUTANEOUS SOLUTION	27			



TAMIFLU ORAL CAPSULE.	12	TOBI PODHALER	30	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	17
tamoxifen citrate oral tablet 10 mg . .	12	TOBRADEX OPHTHALMIC SUSPENSION	28	triamcinolone acetonide external ointment 0.05 %	17
tamoxifen citrate oral tablet 20 mg . .	12	TOBRADEX ST	28	triamcinolone in absorbbase	17
tamsulosin hcl	22	tobramycin inhalation nebulization solution 300 mg/4ml	30	triamterene-hctz	14
TAPERDEX 12-DAY	25	tobramycin nebulization solution 300 mg/5ml inhalation	30	TRIANEX	17
TAPERDEX 6-DAY	25	tobramycin ophthalmic	28	triazolam	13
TAPERDEX 7-DAY	25	tobramycin-dexamethasone	28	TRICOR	14
TARGADOX	9	TOLAK	17	triderm	17
tarina 24 fe	24	TOPAMAX	10	TRIJARDY XR	20
tarina fe 1/20 eq	24	topiramate oral tablet	10	TRILEPTAL ORAL TABLET	10
TASIGNA	12	TOPROL XL	14	TRINTELLIX	10
TAVALISSE	21	torsemide	14	tritocin	17
TECHLITE INSULIN SYRINGES	19	TOUJEO MAX SOLOSTAR	20	TRIUMEQ	12
TECHLITE PEN NEEDLES	19	TOUJEO SOLOSTAR	20	TRUE FOCUS BLOOD GLUCOSE STRIP	19
TEGSEDI	22	TRACLEER 62.5 MG, 125 MG	30	TRUE METRIX AIR GLUCOSE METER KIT	19
TEKURNA	14	TRADJENTA	20	TRUE METRIX BLOOD GLUCOSE TEST	19
TEKURNA HCT	14	tramadol hcl oral tablet 100 mg	8	TRUE METRIX BLOOD GLUCOSE TEST	19
telmisartan	14	tramadol hcl oral tablet 50 mg	8	TRUE METRIX GO GLUCOSE METER	19
temazepam	31	TRANSDERM-SCOP	11	TRUE METRIX METER KIT	19
TEMPO REFILL	19	trazodone hcl oral	10	TRUE METRIX PRO BLOOD GLUCOSE	19
TEMPO WELCOME	19	TRELEGY ELLIPTA	30	TRUETRACK TEST	19
TENORMIN	14	TREMFYA	27	TRULICITY	20
terbinafine hcl oral	11	treprostinil	30	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	12
TERIPARATIDE (RECOMBINANT)	27	tretinoin external cream	17	TRUVADA ORAL TABLET 200-300 MG	12
TESTIM	25	TREXALL	27	TYMLOS	27
testosterone cypionate intramuscular	25	TREZIX	8	TYRVAYA	28
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30	tri-estarylla	25	TYVASO	30
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	30	tri-linyah	25	TYVASO DPI MAINTENANCE KIT	30
THALITONE	14	tri-lo-estarylla	25	TYVASO DPI TITRATION KIT	30
THIOLA	22	tri-lo-marzia	25	TYVASO REFILL	30
THIOLA EC	22	tri-lo-mili	25	TYVASO STARTER	30
THYQUIDITY	26	tri-lo-sprintec	25		
thyroid oral	26	tri-mili	25		
TIGLUTIK	16	tri-nymyo	25		
timolol maleate (once-daily)	28	tri-sprintec	25		
timolol maleate ophthalmic solution . .	28	tri-vylibra	25		
timolol maleate pf	28	tri-vylibra lo	25		
TIMOPTIC OCUDOSE	28	triamcinolone acetonide external cream 0.025 %, 0.1 %	17		
TIROSINT-SOL	26	triamcinolone acetonide external cream 0.5 %	17		
TIVICAY	12				
tizanidine hcl oral tablet	31				
TOBI NEBULIZER	30				

U

UBRELVY	11
UCERIS ORAL	27
UDENYCA	21
UNISTRIP1 GENERIC	19



unithroid	26	VIVJOA	11	XYWAV	31	
UROCIT-K 10	21	VOGELXO	25			
UROCIT-K 15	21	VOGELXO PUMP	25	Y		
UROCIT-K 5	21	VOSEVI	13	YASMIN 28	25	
UROXATRAL	22	VRAYLAR ORAL CAPSULE	12	YAZ	25	
V				YUPELRI	30	
VAGIFEM	25	VTAMA	17	yuvafem	25	
valacyclovir hcl oral	13	VYLEESI	21	Z		
VALIUM	13	vylibra	25			
valsartan oral tablet	14	VYVANSE	15			
valsartan-hydrochlorothiazide	14	W				
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	10	WAKIX	31	zafemy	25	
VALTRESX	13	warfarin sodium oral	9	ZANAFLEX ORAL TABLET	31	
VANDAZOLE	9	WELLBUTRIN SR	10	ZARXIO	21	
VASOTEC	14	WELLBUTRIN XL	10	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	20	
VELPHORO	22	WILATE	21	ZEJULA ORAL CAPSULE	12	
VELTASSA	21	wixela inhub	30	ZELBORAF	12	
venlafaxine hcl	10	X			ZELNORM	22
venlafaxine hcl er oral capsule extended release 24 hour	10	XALATAN	28	ZENPEP	22	
VENTOLIN HFA	29, 30	XANAX	13	ZENPEP	22	
verapamil hcl er oral tablet extended release	14	XARELTO	9	ZEPOSIA	16	
VERKAZIA	29	XARELTO STARTER PACK	9	ZEPOSIA 7-DAY STARTER PACK	16	
VERQUVO	14	XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	10	ZEPOSIA STARTER KIT	16	
VERZENIO	12	XELJANZ	27	ZESTORETIC	15	
VESICARE	22	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	27	ZESTRIL	15	
vestura	25	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	27	ZETIA	15	
VIAGRA	21	XENLETA ORAL	9	ZETONNA	29	
VIBERZI	22	XEPI	17	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	15	
VIBRAMYCIN ORAL CAPSULE	9	XIIDRA	29	ZIAC ORAL TABLET 5-6.25 MG	15	
VICTOZA	20	XOFLUZA (40 MG DOSE)	13	ZILXI	17	
vienva	25	XOFLUZA (80 MG DOSE)	13	ZIMHI	8	
VIGAMOX	28	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27	ZIOPTAN	28	
VIIBRYD	10	XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	27	ZITHROMAX ORAL SUSPENSION RECONSTITUTED	9	
VIIBRYD STARTER PACK	10	XOPENEX HFA	30	ZITHROMAX ORAL TABLET	9	
vilazodone hcl	10	XTAMPZA ER	8	ZITHROMAX TRI-PAK	9	
VISTARIL	13	XTANDI	12	ZITHROMAX Z-PAK	9	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	21	xulane	25	ZOCOR	15	
VITRAKVI	12			ZOLOFT ORAL TABLET	10	
VIVELLE-DOT	23, 25			zolpidem tartrate er	31	
				zolpidem tartrate oral tablet	31	
				ZOMIG NASAL SOLUTION 2.5 MG	11	
				ZOMIG NASAL SOLUTION 5 MG	11	
				ZONEGRAN	10	
				zonisamide oral	10	



ZORYVE.....	17
ZTLIDO.....	8
ZUBSOLV.....	8
zumandimine.....	25
ZYLET.....	28
ZYLOPRIM.....	11
ZYPREXA ORAL.....	12

Nondiscrimination notice and access to communication services

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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



Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates and Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA. Administrative services provided by UnitedHealthcare Insurance Company, UnitedHealthcare Services, Inc., Oxford Health Plans LLC or their affiliates, and UnitedHealthcare Service LLC in NY. Health Plan coverage provided by or through a UnitedHealthcare company.

UnitedHealthcare® is a registered trademark owned by UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.

7/23 ©2024 United HealthCare Services, Inc. All Rights Reserved. WF11052074-E 2024 Prescription Drug List – Essential 4-Tier

**United
Healthcare**