



# Your 2024 Prescription Drug List

## Traditional 3-Tier

Effective May 1, 2024



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2024 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, River Valley, Oxford, and Student Resources medical plans with a pharmacy benefit subject to the Traditional 3-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
Anti-Parkinson's 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 . . . . .	14
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 . . . . .	19
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 . . . . .	21
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 . . . . .	25
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 a brand-name, and if there are coverage requirements or limits. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your member ID card.

## What are tiers?

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

## When does the PDL change?

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

## Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)<sup>1</sup> 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<sup>2</sup>). 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.

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

2. For New York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.



# Medication tips

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

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

## What if my doctor writes a brand-name prescription?

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

## What if I am taking a specialty medication?

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

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

## Over-the-counter (OTC) medications

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

# Reading your PDL

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

## Tier information

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

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

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	<b>\$ Lower-cost</b> Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tier 2</b>	<b>\$\$ Mid-range cost</b> Medications that provide good overall value. Mainly preferred brand-name drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
<b>Tier 3</b>	<b>\$\$\$ Highest-cost</b> Medications that provide the lowest overall value.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

## Drug list information

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

<b>E</b>	<b>May be excluded from coverage. May be subject to Prior Authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York. (Referred to as First Start in New Jersey)</b> —Lower-cost options are available and covered.
<b>H</b>	<b>Health Care Reform Preventive</b> —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
<b>H-PA</b>	<b>Health Care Reform Preventive with Prior Authorization</b> —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
<b>PA</b>	<b>Prior Authorization (sometimes referred to as precertification)</b> <sup>3</sup> —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan. <sup>4</sup>
<b>QL</b>	<b>Quantity Limits</b> <sup>5</sup> —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
<b>RS</b>	<b>Refill and Save Program</b> <sup>6</sup> —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
<b>SP</b>	<b>Specialty Medication</b> —Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
<b>ST</b>	<b>Step Therapy (referred to as First Start in New Jersey)</b> —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered. <sup>5</sup>

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

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

5. Not applicable to certain Student Resources plans.

6. Not applicable to Oxford and Student Resources plans.



# Reading your PDL (continued)

## Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage.

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

## Questions

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



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



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

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

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

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



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

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

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



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

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

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Drug Name	Drug Tier	Requirements & Limits
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	3	PA
LAMICTAL ORAL TABLET	3	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	3	PA
NEURONTIN ORAL TABLET	3	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
SYMPAZAN	E	
TOPAMAX	3	PA
TOPAMAX SPRINKLES	3	PA
topiramate oral tablet	1	
TRILEPTAL ORAL TABLET	3	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	3	PA
zonisamide oral	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	

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

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Drug Name	Drug Tier	Requirements & Limits
promethazine hcl oral tablet	1	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL CAPSULE 186 MG	3	
DIFLUCAN ORAL TABLET	E	
fluconazole oral tablet	1	
GNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
nystatin external cream	1	QL
nystatin mouth/throat	1	
terbinafine hcl oral	1	
VIVJOA	3	PA, QL
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
COLCHICINE ORAL CAPSULE	E	
colchicine oral capsule	1	(generic for Mitigare)
colchicine oral tablet	1	
COLCRYS	E	
MITIGARE	2	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA, ST, QL
IMITREX ORAL	E	QL
MAXALT	E	QL

Drug Name	Drug Tier	Requirements & Limits
NURTEC ODT	2	PA, ST, QL
RELPAZ	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	E	
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
<b>Antineoplastics - Drugs for Cancer</b>		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
CALQUENCE	2	PA, QL, SP
COTELLIC	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	3	PA, QL, SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP

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



Drug Name	Drug Tier	Requirements & Limits
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP

#### Antiparasitics - Drugs for Parasitic Infections

ARAKODA	3	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	E	

#### Antiparkinson Agents - Drugs for Parkinson's Disease

INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
NEUPRO	3	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	

#### Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	

#### Antipsychotics - Drugs for Mood Disorders

ABILIFY	E	
aripiprazole oral tablet	1	
LATUDA	E	QL
lurasidone hcl	1	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	3	PA, ST, QL
RISPERDAL ORAL TABLET	E	

Drug Name	Drug Tier	Requirements & Limits
risperidone oral tablet	1	
SEROQUEL	E	
UZEDY	E	
VRAYLAR ORAL CAPSULE	3	QL
ZYPREXA ORAL	E	

#### Antivirals - Drugs for Viral Infections

acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
EPCLUSA ORAL TABLET	2	PA, QL, SP
HARVONI ORAL TABLET	2	PA, ST, QL, SP
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
oseltamivir phosphate oral capsule	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALTREX	E	QL

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Drug Name	Drug Tier	Requirements & Limits
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	3	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	

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

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Drug Name	Drug Tier	Requirements & Limits
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MICARDIS	E	
MINIPRESS	3	
minoxidil oral	1	
MULTAQ	3	PA
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	3	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	

Drug Name	Drug Tier	Requirements & Limits
PACERONE ORAL TABLET 200 MG	3	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	1	
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	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	QL
spironolactone oral tablet	1	
TEKTURNA	3	
telmisartan	1	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	E	QL
amphetamine-dextroamphetamine	1	

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

Drug Name	Drug Tier	Requirements & Limits
RELEXSII ORAL TABLET EXTENDED RELEASE 63 MG	E	
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
ingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, SP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	3	
periogard	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
AKLIEF	3	PA, QL
ala-cort	E	
AMZEEQ	3	QL
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
brimonidine tartrate external	1	PA, QL
CARAC	E	
CIBINQO	2	PA, QL, SP
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T), QL
clobetasol propionate external cream	1	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	
DAZOMON	E	PA

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

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

Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/DEVICE	3	
CONTOUR NEXT LINK KIT W/DEVICE	E	(Contour Next Link 2.4 )
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	E	
DIABETES MONITOR DIGIT SOLN	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
FORA 6 CONNECT/GTEL TEST	3	QL
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	QL
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
LANCETS	1	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOTWIST PEN NEEDLE	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 POD (GEN 5)	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA IN VITRO STRIP	1	QL
ONETOUCH ULTRA MINI BLOOD GLUCOSE METER	1	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ BLOOD GLUCOSE METER	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL

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

Drug Name	Drug Tier	Requirements & Limits
INSULIN GLARGINE	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	E	QL
ADLYXIN	3	ST
ADLYXIN STARTER PACK	3	ST
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL

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

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

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Drug Name	Drug Tier	Requirements & Limits
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
UDENYCA	2	
WILATE	2	
ZARXIO	2	

Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	PA, QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL

Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er oral capsule extended release	1	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium citrate er	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	

Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	

Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
gavilyte-c	1	H

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

Drug Name	Drug Tier	Requirements & Limits
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
VELPHORO	2	
VESICARE	E	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
UROXATRAL	E	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cyred eq	1	H

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

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

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

Drug Name	Drug Tier	Requirements & Limits
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tri-estarylla	1	H
tri-lynyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
VAGIFEM	E	
VEOZAH	3	PA, QL
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	1	H

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Drug Name	Drug Tier	Requirements & Limits
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zumandimine	1	H
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	3	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
<b>Hormonal Agents - Other</b>		
cabergoline	1	
LANREOTIDE ACETATE	E	SP
NGENLA	3	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPLO	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
SOMATULINE DEPOT	3	SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	1	PA, QL
testosterone cypionate intramuscular	1	
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT-SOL	2	PA

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Drug Name	Drug Tier	Requirements & Limits
unithroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-ADAZ	2	(manufactured by Sandoz), PA, QL, SP
ADALIMUMAB-ADBM SUBCUTANEOUS AUTO-INJECTOR KIT	E	PA, SP
ADALIMUMAB-ADBM SUBCUTANEOUS PREFILLED SYRINGE KIT	E	PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA	2	PA, QL, SP
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA, QL, SP
CIMZIA SUBCUTANEOUS KIT	E	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
COSENTYX UNOREADY	3	PA, ST, QL, SP
CYLTEZO	2	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER	2	PA, QL, SP
CYLTEZO-PSORIASIS STARTER	2	PA, QL, SP
ENBREL	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
HADLIMA	2	PA, QL, SP
HADLIMA PUSH TOUCH	2	PA, QL, SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, QL, SP
HYFTOR	3	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	E	PA, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER PACK	E	PA, QL, SP
HYRIMOZ-PED CROHNS STARTER	E	PA, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
IMURAN	E	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP
KINERET	3	PA, ST, QL, SP
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP
methotrexate sodium oral	1	

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Drug Name	Drug Tier	Requirements & Limits
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA ORAL TABLET	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST, QL
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	
<b>Immunological Agents - Drugs for Vaccination</b>		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
SHINGRIX	3	H

Drug Name	Drug Tier	Requirements & Limits
<b>Infertility Agents</b>		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	QL, SP
ganirelix acetate	1	QL, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	1	
budesonide rectal	1	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
PROCTOFOAM HC	2	
UCERIS ORAL	1	
UCERIS RECTAL	E	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet	1	
FOSAMAX	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
teriparatide inj	E	PA, ST, SP
TYMLOS	3	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	3	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ALREX	3	QL
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	

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Drug Name	Drug Tier	Requirements & Limits
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
ILEVRO	E	
INVELTYS	3	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	1	QL
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	
MOXEZA	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	1	
VIGAMOX	E	
ZYLET	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL

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

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



Drug Name	Drug Tier	Requirements & Limits
<b>Otic Agents - Drugs for Ear Conditions</b>		
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM	3	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	QL
ipratropium bromide nasal	1	
LASTACFT	3	QL
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	

Drug Name	Drug Tier	Requirements & Limits
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	3	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	QL, RS
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	3	RS
breyna	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL

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

Drug Name	Drug Tier	Requirements & Limits
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	1	QL
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL

#### Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, (generic for Tobi), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

#### Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	3	PA, QL, SP
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#### Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REMODULIN	E	PA
REVATIO ORAL TABLET	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	PA
TYVASO	2	PA
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA
TYVASO STARTER	2	PA

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

baclofen oral tablet	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	3	

### Sleep Disorder Agents

AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
eszopiclone	1	
LUMRYZ	E	PA, QL, SP
LUNESTA	E	
modafinil	1	QL
PROVIGIL	E	QL
RESTORIL	3	
SODIUM OXYBATE	3	(manufactured by Hikma) PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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# Index

## A

ABILIFY . . . . .	12	ADMELOG SOLOSTAR . . . . .	19	ALOGLIPTIN-PIOGLITAZONE . . . . .	19
ACCU-CHEK AVIVA PLUS TEST STRIPS . . . . .	17	ADTHYZA . . . . .	25	ALORA . . . . .	22
ACCU-CHEK FASTCLIX LANCET KIT . . . . .	17	ADVAIR DISKUS . . . . .	29	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % . . . . .	28
ACCU-CHEK FASTCLIX LANCETS . . . . .	17	ADVAIR HFA . . . . .	29	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % . . . . .	28
ACCU-CHEK GUIDE KIT W/DEVICE . . . . .	17	ADVATE . . . . .	20	ALPHANATE . . . . .	20
ACCU-CHEK GUIDE ME METER . . . . .	17	ADYNOVATE . . . . .	20	alprazolam oral tablet . . . . .	13
ACCU-CHEK GUIDE TEST STRIPS . . . . .	17	afirmelle . . . . .	22	ALPROLIX . . . . .	20
ACCU-CHEK MULTICLIX LANCET KIT . . . . .	17	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT . . . . .	20	ALREX . . . . .	27
ACCU-CHEK MULTICLIX LANCETS . . . . .	17	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT . . . . .	20	ALTACE . . . . .	13
ACCU-CHEK SMARTVIEW TEST STRIPS . . . . .	17	AIMOVIG . . . . .	11	altavera . . . . .	22
ACCU-CHEK SOFT TOUCH LANCETS . . . . .	17	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML . . . . .	11	ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT . . . . .	20
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT . . . . .	17	AIRDUO RESPICLICK 113/14 . . . . .	29	ALUNBRIG . . . . .	11
ACCU-CHEK SOFTCLIX LANCETS . . . . .	17	AIRDUO RESPICLICK 232/14 . . . . .	29	AMBIEN . . . . .	31
ACCU-CHEK SOFTCLIX LANCETS . . . . .	17	AIRDUO RESPICLICK 55/14 . . . . .	29	AMBIEN CR . . . . .	31
ACCU-CHEK SOFTCLIX LANCETS . . . . .	17	AIRSUPRA . . . . .	29	amiodarone hcl oral . . . . .	13
ACCU-CHEK SOFTCLIX LANCETS . . . . .	17	AKLIEF . . . . .	16	amitriptyline hcl oral . . . . .	10
ACCU-CHEK SOFTCLIX LANCETS . . . . .	17	ala-cort . . . . .	16	AMJEVITA . . . . .	26
ACCU-CHEK SOFTCLIX LANCETS . . . . .	17	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation . . . . .	29	amlodipine besylate oral . . . . .	13
acetaminophen-codeine oral tablet . . . . .	8	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	amlodipine besylate-benazepril hcl . . . . .	13
ACIPHEX . . . . .	21	ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5% . . . . .	29	amlodipine besylate-valsartan . . . . .	13
ACTEMRA ACTPEN . . . . .	26	ALDACTONE . . . . .	13	amoxicillin oral capsule . . . . .	8
ACTEMRA SUBCUTANEOUS . . . . .	26	ALECENSA . . . . .	11	amoxicillin oral suspension reconstituted . . . . .	8
ACTOS . . . . .	19	alendronate sodium oral tablet . . . . .	27	amoxicillin oral tablet . . . . .	8
acyclovir oral tablet . . . . .	12	alfuzosin hcl er . . . . .	22	amoxicillin-potassium clavulanate oral suspension reconstituted . . . . .	8
ADALIMUMAB-ADAZ . . . . .	26	aliskiren fumarate . . . . .	13	amoxicillin-potassium clavulanate oral tablet . . . . .	8
ADALIMUMAB-ADBM SUBCUTANEOUS AUTO-INJECTOR KIT . . . . .	26	allopurinol oral tablet 100 mg, 300 mg . . . . .	11	amphet-dextroamphet 3-bead er . . . . .	15
ADALIMUMAB-ADBM SUBCUTANEOUS PREFILLED SYRINGE KIT . . . . .	26	ALLOPURINOL ORAL TABLET 200 MG . . . . .	11	amphetamine-dextroamphetamine . . . . .	14, 15
ADBRY . . . . .	26	ALOGLIPTIN BENZOATE . . . . .	19	amphetamine-dextroamphetamine 3-bead cap er 24hr . . . . .	15
ADDERALL . . . . .	14	ALOGLIPTIN-METFORMIN HCL . . . . .	19	amphetamine-dextroamphetamine er . . . . .	15
ADDERALL XR . . . . .	14			AMZEEQ . . . . .	16
ADDYI . . . . .	21			anastrozole oral . . . . .	11
ADEMPAS . . . . .	30			ANDRODERM . . . . .	25
ADLYXIN . . . . .	19				
ADLYXIN STARTER PACK . . . . .	19				
ADMELOG . . . . .	19				





BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG . . . . .	10	bupropion hcl oral . . . . .	10	bupropion hcl oral . . . . .	10	buspirone hcl oral . . . . .	13	butalbital-apap-caffeine oral tablet . . . . .	8	BYDUREON . . . . .	19	BYETTA 10 MCG PEN . . . . .	19	BYETTA 5 MCG PEN . . . . .	20	CIMDUO . . . . .	12	CIMZIA STARTER KIT . . . . .	26	CIMZIA SUBCUTANEOUS KIT . . . . .	26	CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT . . . . .	26	CINRYZE . . . . .	26	CIPRO ORAL TABLET . . . . .	9	ciprofloxacin hcl ophthalmic . . . . .	27	ciprofloxacin hcl oral . . . . .	9	ciprofloxacin-dexamethasone . . . . .	29	citalopram hydrobromide oral tablet . . . . .	10	CLENPIQ . . . . .	21	CLEOCIN ORAL CAPSULE 150 MG, 300 MG . . . . .	9	CLEOCIN ORAL CAPSULE 75 MG. . . . .	9	CLEOCIN-T . . . . .	16	CLIMARA . . . . .	22, 23	CLIMARA PRO . . . . .	22	clindacin etz external swab . . . . .	16	clindacin-p . . . . .	16	CLINDAGEL . . . . .	16	clindamycin hcl oral . . . . .	9	clindamycin phosphate external lotion . . . . .	16	clindamycin phosphate external solution . . . . .	16	clindamycin phosphate external swab . . . . .	16	clindamycin phosphate gel 1 % external . . . . .	16	CLINDESSE . . . . .	9	clobetasol propionate external cream . . . . .	16	clobetasol propionate external ointment . . . . .	16	clobetasol propionate external solution . . . . .	16	CLOMID . . . . .	27	clonazepam oral tablet . . . . .	13	clonidine hcl oral . . . . .	13	clopidogrel bisulfate oral . . . . .	12	clotrimazole-betamethasone external cream . . . . .	16	COLCHICINE ORAL CAPSULE . . . . .	11	colchicine oral tablet . . . . .	11	COLCRYST . . . . .	11	COMBIGAN . . . . .	28	COMBIVENT RESPIMAT . . . . .	30	CONCERTA . . . . .	15	CONTOUR MONITOR KIT W/DEVICE . . . . .	17	CONTOUR NEXT EZ KIT W/DEVICE . . . . .	17	CONTOUR NEXT GEN MONITOR KIT . . . . .	17	CONTOUR NEXT GEN TEST STRIPS . . . . .	17	CONTOUR NEXT LINK KIT W/DEVICE . . . . .	17	CONTOUR NEXT MONITOR KIT W/DEVICE . . . . .	17	CONTOUR NEXT ONE KIT . . . . .	17	CONTOUR TEST STRIPS . . . . .	17	COPAXONE . . . . .	15	COREG . . . . .	13	CORLANOR . . . . .	13	CORTEF . . . . .	25	CORTIFOAM . . . . .	27	COSENTYX (300 MG DOSE) . . . . .	26	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML . . . . .	26	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML . . . . .	26	COSENTYX SENSOREADY (300 MG) . . . . .	26	COSENTYX SENSOREADY PEN . . . . .	26	COSENTYX UNOREADY . . . . .	26	COSOPT . . . . .	28	COSOPT PF . . . . .	28	COTELLIC . . . . .	11	COZAAR . . . . .	13	CREON . . . . .	22	CRESEMBA ORAL CAPSULE 186 MG . . . . .	11	CRESTOR . . . . .	13	CVS ADVANCED GLUCOSE TEST . . . . .	17
<b>C</b>																																																																																																																																																			
cabergoline . . . . .	25	calcitriol oral capsule . . . . .	27	CALQUENCE . . . . .	11	camila . . . . .	22	CARAC . . . . .	16	CARAFATE ORAL TABLET . . . . .	21	CARDIZEM CD . . . . .	13	CARDURA . . . . .	13	CARETOUCH MONITOR SYSTEM . . . . .	17	CARETOUCH TEST . . . . .	17	cartia xt . . . . .	13	carvedilol . . . . .	13	cefdinir . . . . .	9	cefuroxime axetil . . . . .	9	CELEBREX . . . . .	8	celecoxib oral . . . . .	8	CELEXA . . . . .	10	CELLCEPT ORAL TABLET . . . . .	26	cephalexin oral capsule . . . . .	9	cephalexin oral suspension reconstituted . . . . .	9	CERDELGA . . . . .	22	chateal eq . . . . .	22	chlorhexidine gluconate mouth/ throat . . . . .	16	chlorthalidone . . . . .	13	CHORIONIC GONADOTROPIN INTRAMUSCULAR . . . . .	27	CIALIS . . . . .	21	CIBINQO . . . . .	16	ciclodan . . . . .	11	ciclopirox external solution . . . . .	11																																																																																										



CVS GLUCOSE METER TEST STRIPS	17
cyanocobalamin injection solution 1000 mcg/ml	21
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	21
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	31
cyclobenzaprine hcl oral tablet 7.5 mg	31
CYCLOSPORINE IN KLARITY	28
cyclosporine ophthalmic	28
CYLTEZO	26
CYLTEZO-CD/UC/HS STARTER	26
CYLTEZO-PSORIASIS STARTER	26
CYMBALTA	10
cyproheptadine hcl oral tablet	29
cyred eq.	22
CYTOMEL	25
CYTOTEC	21

## 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
DEPO-SUBQ PROVERA 104	23
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	25
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	25
DESCOVY	12
desvenlafaxine succinate er	10

DEXABLISS	25
dexamethasone oral tablet	25
dexamethasone oral tablet therapy pack	25
DEXCOM G6 SENSOR	17
DEXCOM G6 TRANSMITTER	17
DEXCOM G7 RECEIVER	17
DEXCOM G7 SENSOR	17
dexmethylphenidate hcl	15
dexmethylphenidate hcl er	15
DIABETES MONITOR DIGIT ADD-ON	17
DIABETES MONITOR DIGIT SOLN	17
diazepam oral tablet	13
diclofenac sodium oral	8
dicyclomine hcl oral capsule	21
dicyclomine hcl oral tablet	21
DIFICID ORAL TABLET	9
DIFLUCAN ORAL TABLET	11
DILAUDID ORAL TABLET	8
diltiazem hcl er coated beads	13
DIOVAN	13
DIOVAN HCT	13
DIPENTUM	27
divalproex sodium er	9
divalproex sodium oral tablet delayed release	9
DIVIGEL	23
DODEX	21
DOPTelet	20
dorzolamide hcl-timolol mal	28
dorzolamide hcl-timolol mal pf	28
dotti	23
DOVATO	12
doxazosin mesylate oral	13
doxepin hcl oral capsule	10
doxycycline hyclate oral capsule	9
doxycycline hyclate oral tablet 100 mg, 20 mg	9
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	9
doxycycline monohydrate oral capsule 100 mg, 50 mg	9

doxycycline monohydrate oral capsule 150 mg, 75 mg	9
doxycycline monohydrate oral tablet	9
DRISDOL	21
drospirenone-ethinyl estradiol	23
DUAVEE	23
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	10
duloxetine hcl oral capsule delayed release particles 40 mg	10
DUPIXENT	16

## E

EASY TOUCH HEALTHPRO GLUCOSE	17
EASY TOUCH TEST	17
EASYGLUCO	17
EASYMAX 15 TEST	17
EASYMAX NG BLOOD GLUCOSE KIT	17
EFFEXOR XR	10
EFUDEX	16
ELESTRIN	23
eletriptan hydrobromide	11
ELIQUIS	9
ELIQUIS DVT/PE STARTER PACK	9
ELOCTATE	20
eluryng	23
EMBRACE BLOOD GLUCOSE TEST	17
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	17
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	11
EMPAVELI	28
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	12
emtricitabine-tenofovir df oral tablet 200-300 mg	12
enalapril maleate oral tablet	13
ENBREL	26
ENBREL MINI	26



ENBREL SURECLICK . . . . .	26	estradiol transdermal patch weekly . . . . .	23	fluoxetine hcl oral tablet 10 mg . . . . .	10	
endocet . . . . .	8	estradiol vaginal . . . . .	23	fluoxetine hcl oral tablet 20 mg . . . . .	10	
ENDOMETRIN . . . . .	27	ESTRING . . . . .	23	fluoxetine hcl oral tablet 60 mg . . . . .	10	
enilloring . . . . .	23	ESTROGEL . . . . .	23	FLUTICASONE FUROATE- VILANTEROL . . . . .	30	
ENLITE GLUCOSE SENSOR . . . . .	17	eszopiclone . . . . .	31	FLUTICASONE PROPIONATE HFA . . . . .	30	
enoxaparin sodium injection solution prefilled syringe . . . . .	9	etonogestrel-ethinyl estradiol . . . . .	23	fluticasone propionate nasal . . . . .	29	
enskyce . . . . .	23	EUCRISA . . . . .	16	FLUTICASONE-SALMETEROL INHALATION AEROSOL . . . . .	30	
ENSTILAR . . . . .	16	euthyrox . . . . .	25	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act . . . . .	30	
ENTRESTO . . . . .	13	EVAMIST . . . . .	23	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT . . . . .	30	
EPCLUSA ORAL TABLET . . . . .	12	EXFORGE . . . . .	13	fluvoxamine maleate . . . . .	10	
EPIDIOLEX . . . . .	9	EXKIVITY . . . . .	11	FOCALIN . . . . .	15	
epinephrine solution auto-injector 0.15 mg/0.15ml injection . . . . .	29	EXTAVIA . . . . .	15	FOCALIN XR . . . . .	15	
epinephrine solution auto-injector 0.15 mg/0.3ml injection . . . . .	29	EYSUVIS . . . . .	28	folinic acid oral tablet 1 mg . . . . .	21	
epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	29	ezetimibe . . . . .	13	FOLLISTIM AQ . . . . .	27	
EPIPEN 2-PAK . . . . .	29	<b>F</b>			FORA 6 CONNECT/GTEL TEST . . . . .	17
EPIPEN JR 2-PAK . . . . .	29	falmina . . . . .	23	FORFIVO XL . . . . .	10	
EQ BLOOD GLUCOSE TEST . . . . .	17	famotidine oral suspension reconstituted . . . . .	21	FORTESTA . . . . .	25	
ergocalciferol oral capsule . . . . .	21	FASENRA PEN . . . . .	30	FORTISCARE G1 TEST STRIP . . . . .	17	
ERIVEDGE . . . . .	11	FEMARA . . . . .	11	FORTISCARE TEST . . . . .	17	
ERLEADA ORAL TABLET 240 MG . . . . .	11	fenofibrate oral tablet 120 mg, 40 mg . . . . .	13	FOSAMAX . . . . .	27	
ERLEADA ORAL TABLET 60 MG . . . . .	11	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg . . . . .	13	FREESTYLE LIBRE 14 DAY SENSOR . . . . .	17	
ERMEZA . . . . .	25	FENOGLIDE . . . . .	13	FREESTYLE LIBRE 2 SENSOR . . . . .	17	
errin . . . . .	23	FEXMID . . . . .	31	FREESTYLE LIBRE 3 SENSOR . . . . .	18	
erythromycin ophthalmic . . . . .	28	FINACEA EXTERNAL FOAM . . . . .	16	FREESTYLE PRECISION NEO SYSTEM . . . . .	18	
escitalopram oxalate oral tablet . . . . .	10	finasteride oral tablet 5 mg . . . . .	22	FREESTYLE PRECISION NEO TEST . . . . .	18	
ESGIC ORAL TABLET . . . . .	8	fingolimod hcl . . . . .	15	FREESTYLE TEST . . . . .	18	
estarylla . . . . .	23	FLAREX . . . . .	28	FUROSCIX . . . . .	13	
ESTRACE . . . . .	23	flecainide acetate . . . . .	13	furosemide oral tablet . . . . .	13	
estradiol oral . . . . .	23	FLOMAX . . . . .	22	FYCOMPA . . . . .	9	
estradiol patch twice weekly 0.025 mg/24hr transdermal . . . . .	23	FLOVENT HFA . . . . .	30	fyremadel . . . . .	27	
estradiol patch twice weekly 0.0375 mg/24hr transdermal . . . . .	23	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . . .	27			
estradiol patch twice weekly 0.05 mg/24hr transdermal . . . . .	23	fluconazole oral tablet . . . . .	11	<b>G</b>		
estradiol patch twice weekly 0.075 mg/24hr transdermal . . . . .	23	FLUOROPLEX . . . . .	16	gabapentin oral capsule . . . . .	10	
estradiol patch twice weekly 0.1 mg/24hr transdermal . . . . .	23	FLUOROURACIL EXTERNAL CREAM 0.5 % . . . . .	16			
estradiol transdermal gel . . . . .	23	fluorouracil external cream 5 % . . . . .	16			
		fluoxetine hcl oral capsule . . . . .	10			



gabapentin oral tablet 600 mg, 800 mg	10	GVOKE KIT	18	HUMIRA PEN-PSOR/UEVIT STARTER	26
ganirelix acetate	27	GVOKE PFS	18	HUMULIN 70/30 KWIKPEN	19
gavilyte-c	21	GYNAZOLE-1	11	HUMULIN 70/30 VIAL	19
gavilyte-g	22			HUMULIN N KWIKPEN	19
GAVRETO	11	<b>H</b>		HUMULIN N VIAL	19
gemfibrozil oral	13	HADLIMA	26	HUMULIN R U-500 KWIKPEN	19
GEN7T EXTERNAL PATCH	8	HADLIMA PUSHTOUCH	26	HUMULIN R U-500 VIAL	19
GILENYA ORAL CAPSULE 0.25 MG	15	HAEGARDA	26	HUMULIN R VIAL	19
GILENYA ORAL CAPSULE 0.5 MG	15	hailey 1.5/30	23	hydralazine hcl oral	13
glatiramer acetate	15	hailey 24 fe	23	hydrochlorothiazide oral	13
glatopa	15	hailey fe 1/20	23	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8
glimepiride	20	hailey fe 1.5/30	23	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8
glipizide er	20	HALCION	13	hydrocortisone external cream 1 %	16
glipizide oral tablet 10 mg, 5 mg	20	haloette	23	hydrocortisone external cream 2.5 %	16
glipizide oral tablet 2.5 mg	20	HARVONI ORAL TABLET	12	hydrocortisone external ointment 1 %, 2.5 %	16
glipizide xl	20	HEALTHPRO BLOOD GLUCOSE MONITO	18	hydrocortisone oral	25
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	20	heather	23	hydromorphone hcl oral tablet	8
GLUCOCARD EXPRESSION TEST	18	HEMADY	25	hydroxychloroquine sulfate oral	12
GLUCOCARD SHINE TEST	18	HEMANGEOL	13	hydroxyzine hcl oral tablet	13
GLUCOCARD VITAL TEST	18	HEMLIBRA	20	hydroxyzine pamoate oral	13
GLUCOTROL XL	20	HEMOPIL M	20	HYFTOR	26
GLUMETZA	20	HIDEX 6-DAY	25	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	26
glyburide oral	20	HUMALOG INJECTION	19	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	26
GLYCATE	22	HUMALOG KWIKPEN	19	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	26
glycopyrrolate oral tablet 1 mg, 2 mg	22	HUMALOG MIX 50/50 KWIKPEN	19	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	26
GLYCOPYRROLATE ORAL TABLET 1.5 MG	22	HUMALOG MIX 50/50 VIAL	19	HYRIMOZ-CROHNS/UC STARTER PACK	26
GLYXAMBI	20	HUMALOG MIX 75/25 KWIKPEN	19	HYRIMOZ-PED CROHNS STARTER	26
GOLYTELY	22	HUMALOG MIX 75/25 VIAL	19	HYRIMOZ-PLAQUE PSORIASIS START	26
guanfacine hcl	13, 15	HUMALOG TEMPO PEN	19		
guanfacine hcl er	15	HUMALOG U-100 JUNIOR KWIKPEN	19		
GUARDIAN 4 GLUCOSE SENSOR	18	HUMATE-P	20		
GUARDIAN 4 TRANSMITTER	18	HUMIRA	26		
GUARDIAN CONNECT TRANSMITTER	18	HUMIRA PEDIATRIC CROHNS START	26		
GUARDIAN LINK 3 TRANSMITTER	18	HUMIRA PEN	26		
GUARDIAN SENSOR (3)	18	HUMIRA PEN-CD/UC/HS STARTER	26		
GUARDIAN SENSOR 3	18	HUMIRA PEN-PEDIATRIC UC START	26		
GVOKE HYOPEN 1-PACK	18	HUMIRA PEN-PS/UV/ADOL HS START	26		
GVOKE HYOPEN 2-PACK	18				



HYZAAR .....13

## I

IBRANCE ORAL CAPSULE..... 11  
ibuprofen oral tablet 400 mg,  
600 mg, 800 mg ..... 8  
ICLUSIG ORAL TABLET 10 MG,  
30 MG ..... 11  
ICLUSIG ORAL TABLET 15 MG,  
45 MG ..... 11  
IDHIFA ..... 11  
ILEVRO .....28  
IMBRUVICA ORAL TABLET  
140 MG, 280 MG ..... 11  
IMITREX ORAL..... 11  
IMPOYZ ..... 16  
IMURAN .....26  
IMVEXXY MAINTENANCE PACK ... 21  
IMVEXXY STARTER PACK ..... 21  
INBRIJA ..... 12  
incassia ..... 23  
INDERAL LA ..... 13  
indomethacin oral ..... 8  
INSULIN GLARGINE ..... 19  
INSULIN GLARGINE SOLOSTAR ... 19  
INSULIN LISPRO ..... 19  
INSULIN LISPRO (1 UNIT DIAL) .... 19  
INSULIN LISPRO JUNIOR KWIKPEN 19  
INSULIN LISPRO PROT & LISPRO... 19  
INSULIN PEN NEEDLES 29G X  
12MM , 30G X 5 MM , 31G X 5 MM ,  
31G X 8 MM , 32G X 4 MM ..... 18  
INTUNIV ..... 15  
INVELTYS .....28  
ipratropium bromide nasal ..... 29  
ipratropium-albuterol ..... 30  
irbesartan ..... 14  
irbesartan-hydrochlorothiazide. .... 14  
isibloom ..... 23  
isosorbide mononitrate er ..... 14  
ISTALOL ..... 28  
IYUZEH .....28

## J

jantoven ..... 9  
JARDIANCE ..... 20  
jasmiel ..... 23  
jencycla ..... 23  
JENTADUETO..... 20  
JENTADUETO XR..... 20  
JIVI ..... 20  
JORNAY PM ..... 15  
juleber ..... 23  
JULUCA ..... 12  
junel 1/20..... 23  
junel 1.5/30 ..... 23  
junel fe 1/20 ..... 23  
junel fe 1.5/30 ..... 23  
junel fe 24 ..... 23

## K

K-TAB ..... 21  
kalliga ..... 23  
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 ..... 20  
KOATE-DVI ..... 20

KOGENATE FS ..... 20  
KOSELUGO..... 11  
KOVALTRY ..... 20  
KRINTAFEL..... 12  
kurvelo ..... 23  
KYNMOBI ..... 12

## L

labetalol hcl oral ..... 14  
LAMICTAL ORAL TABLET ..... 10  
lamotrigine oral tablet ..... 10  
LANCETS ..... 17, 18  
LANREOTIDE ACETATE ..... 25  
LANTUS SOLOSTAR ..... 19  
LANTUS U-100 VIAL ..... 19  
larin 1/20 ..... 23  
larin 1.5/30 ..... 23  
larin 24 fe ..... 23  
larin fe 1/20 ..... 23  
larin fe 1.5/30 ..... 23  
LASIX ..... 14  
LASTACAFT ..... 29  
latanoprost ophthalmic ..... 28  
LATUDA ..... 12  
LEDIPASVIR-SOFOSBUVIR ..... 12  
lenalidomide ..... 11  
lessina ..... 24  
letrozole oral ..... 11  
LEVALBUTEROL HFA INHALATION  
AEROSOL 45 MCG/ACT ..... 30  
levetiracetam oral tablet ..... 10  
levo-t ..... 25  
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 ..... 25  
levoxyl ..... 25  
LEXAPRO ..... 10  
LIALDA ..... 27





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



NUCYNTA ER	8
NURTEC ODT	11
NUTROPIN AQ NUSPIN 10	25
NUTROPIN AQ NUSPIN 20	25
NUTROPIN AQ NUSPIN 5	25
NUVARING	24
NUVESSA	9
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	20
NUWIQ INTRAVENOUS KIT 1500 UNIT	20
NUZYRA ORAL	9
nymyo	24
nystatin external cream	11
nystatin mouth/throat	11

## O

ocella	24
OCUFLOX	28
ODOMZO	11
OFEV	30
ofloxacin ophthalmic	28
ofloxacin otic	29
olanzapine oral tablet	12
olmesartan medoxomil oral	14
olmesartan medoxomil-hctz	14
OLUMIANT ORAL TABLET	27
OMECLAMOX-PAK	21
omega-3-acid ethyl esters	14
omeprazole oral capsule delayed release	21
OMNIPOD 5 G6 INTRO (GEN 5)	18
OMNIPOD 5 G6 POD (GEN 5)	18
ON CALL EXPRESS BLOOD GLUCOSE	18
ON CALL EXPRESS MONITORING SYS	18
ondansetron hcl oral tablet	10
ondansetron odt	10
ONETOUCH DELICA PLUS LANCETS	18

ONETOUCH ULTRA 2 KIT W/DEVICE	18
ONETOUCH ULTRA IN VITRO STRIP	18
ONETOUCH ULTRA MINI BLOOD GLUCOSE METER	18
ONETOUCH ULTRASOFT LANCETS	18
ONETOUCH VERIO FLEX SYSTEM KIT	18
ONETOUCH VERIO IQ BLOOD GLUCOSE METER	18
ONETOUCH VERIO REFLECT KIT W/DEVICE	18
ONETOUCH VERIO TEST STRIPS	18
ONGLYZA	20
OPSUMIT	30
OPTIUMEZ TEST	18
OPZELURA	16
ORENCIA CLICKJECT	27
ORENCIA SUBCUTANEOUS	27
ORFADIN ORAL CAPSULE	22
ORFADIN ORAL SUSPENSION	22
ORGOVYX	11
ORIAHNN	25
ORLISSA	25
oseltamivir phosphate oral capsule	12
OSENI	20
OSPHENA	21
OTEZLA ORAL TABLET	27
OTREXUP	27
OVIDREL	27
OXAYDO	8
oxcarbazepine oral tablet	10
oxybutynin chloride er	22
oxybutynin chloride oral tablet	22
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8
oxycodone hcl oral tablet 5 mg	8
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	8
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8

OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	8
OZEMPIC	20

## P

PACERONE ORAL TABLET 100 MG, 400 MG	14
PACERONE ORAL TABLET 200 MG	14
PAMELOR	10
PANCREAZE	22
pantoprazole sodium oral tablet delayed release	21
PARADIGM REAL-TIME TRANSMITTER	18
paroxetine hcl oral tablet	10
PAXIL ORAL TABLET	10
PAXLOVID (150/100)	12
PAXLOVID (300/100)	12
PEDIAPRED	25
peg 3350-kcl-na bicarb-nacl	22
peg-3350/electrolytes	22
peg-3350/electrolytes/ascorbat	22
peg-kcl-nacl-nasulf-na asc-c	22
penicillin v potassium oral tablet	9
PERCOCET	8
PERFOROMIST	30
PERIDEX	16
perigard	16
PERTZYE	22
phenazo oral tablet 200 mg	22
phenazopyridine hcl oral	22
pioglitazone hcl	20
PIP BLOOD GLUCOSE TEST STRIP	18
PLAQUENIL	12
PLAVIX	12
PLEGRIDY INTRAMUSCULAR	15
PLEGRIDY STARTER PACK	15
PLEGRIDY SUBCUTANEOUS	15
PLENVU	22
polymyxin b-trimethoprim	28
POMALYST	11
portia-28	24
potassium chloride crys er	21



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



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



tiotropium bromide monohydrate . . .	30
TIROSINT-SOL . . . . .	25
TIVICAY . . . . .	12
tizanidine hcl oral tablet . . . . .	31
TOBI NEBULIZER . . . . .	30
TOBI PODHALER . . . . .	30
TOBRADEX ST . . . . .	28
tobramycin inhalation nebulization solution 300 mg/4ml . . . . .	30
tobramycin nebulization solution 300 mg/5ml inhalation . . . . .	30
tobramycin ophthalmic . . . . .	28
tobramycin-dexamethasone . . . . .	28
TOLAK . . . . .	16
TOPAMAX . . . . .	10
TOPAMAX SPRINKLES . . . . .	10
topiramate oral tablet . . . . .	10
TOPROL XL . . . . .	14
torseamide . . . . .	14
TOUJEO MAX SOLOSTAR . . . . .	19
TOUJEO SOLOSTAR . . . . .	19
TRACLEER 62.5 MG, 125 MG. . . . .	31
TRADJENTA . . . . .	20
tramadol hcl oral tablet 100 mg . . . . .	8
tramadol hcl oral tablet 50 mg . . . . .	8
TRANSDERM-SCOP . . . . .	11
trazodone hcl oral . . . . .	10
TRELEGY ELLIPTA . . . . .	30
TREMFYA . . . . .	27
treprostinil . . . . .	31
tretinoin external cream . . . . .	16
TREXALL . . . . .	27
TREZIX . . . . .	8
tri-estarylla . . . . .	24
tri-linyah . . . . .	24
tri-lo-estarylla . . . . .	24
tri-lo-marzia . . . . .	24
tri-lo-mili . . . . .	24
tri-lo-sprintec . . . . .	24
tri-mili . . . . .	24
tri-nymyo . . . . .	24
tri-sprintec . . . . .	24
tri-vylibra . . . . .	24
tri-vylibra lo . . . . .	24
triamcinolone acetonide external cream 0.025 %, 0.1 % . . . . .	16
triamcinolone acetonide external cream 0.5 % . . . . .	16
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	16
triamcinolone acetonide external ointment 0.05 % . . . . .	16
triamcinolone in absorbbase . . . . .	16
triamterene-hctz . . . . .	14
triazolam . . . . .	13
TRICOR . . . . .	14
triderm . . . . .	16
TRIJARDY XR . . . . .	20
TRILEPTAL ORAL TABLET . . . . .	10
TRINTELLIX . . . . .	10
TRIUMEQ . . . . .	12
TRUE FOCUS BLOOD GLUCOSE STRIP . . . . .	19
TRUE METRIX AIR GLUCOSE METER KIT . . . . .	19
TRUE METRIX BLOOD GLUCOSE TEST . . . . .	19
TRUE METRIX GO GLUCOSE METER . . . . .	19
TRUE METRIX METER KIT . . . . .	19
TRUE METRIX PRO BLOOD GLUCOSE . . . . .	19
TRUETRACK TEST . . . . .	19
TRULICITY . . . . .	20
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG . . . . .	12
TRUVADA ORAL TABLET 200-300 MG . . . . .	12
TYMLOS . . . . .	27
TYRVAYA . . . . .	28
TYVASO . . . . .	31
TYVASO DPI MAINTENANCE KIT . . . . .	31
TYVASO DPI TITRATION KIT . . . . .	31
TYVASO REFILL . . . . .	31
TYVASO STARTER . . . . .	31

## U

UBRELVY . . . . .	11
UCERIS ORAL . . . . .	27
UCERIS RECTAL . . . . .	27
UDENYCA . . . . .	21
UNISTRIP1 GENERIC . . . . .	19
unithroid . . . . .	26
UROCIT-K 10 . . . . .	21
UROCIT-K 15 . . . . .	21
UROCIT-K 5 . . . . .	21
UROXATRAL . . . . .	22
UZEDY . . . . .	12

## V

VAGIFEM . . . . .	24
valacyclovir hcl oral . . . . .	12
VALIUM . . . . .	13
valsartan oral tablet . . . . .	14
valsartan-hydrochlorothiazide . . . . .	14
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML . . . . .	10
VALTRESX . . . . .	12
VANDAZOLE . . . . .	9
VASOTEC . . . . .	14
VELPHORO . . . . .	22
VELTASSA . . . . .	21
venlafaxine hcl . . . . .	10
venlafaxine hcl er oral capsule extended release 24 hour . . . . .	10
VENTOLIN HFA . . . . .	29, 30
VEOZAH . . . . .	24
verapamil hcl er oral tablet extended release . . . . .	14
VERKAZIA . . . . .	28
VERQUOVO . . . . .	14
VERZENIO . . . . .	12
VESICARE . . . . .	22
vestura . . . . .	24
VIAGRA . . . . .	21
VIBERZI . . . . .	22
VIBRAMYCIN ORAL CAPSULE . . . . .	9





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Room 509F, HHH Building  
Washington, D.C. 20201

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# Multi-language interpreter services

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

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

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

XIN LƯU 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.

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تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف 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, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEBOOM: 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)**សម្រាប់ជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីស្នើសុំសេវាជំនួយភាសាឥតគិតថ្លៃ។

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'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shq'odí ninaaltsoos nit'i'izi bee nééhozinígíí bine'dé'ę t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

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