



# Your 2023 Prescription Drug List

## Traditional 3-Tier

Effective May 1, 2023



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2023 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 .....	9
Anticoagulants	
Drugs to Treat or Prevent Blood Clots .....	9
Anticonvulsants	
Drugs for Seizures .....	10
Antidepressants	
Drugs for Depression .....	10
Antiemetics	
Drugs for Nausea and Vomiting .....	11
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 .....	15
Drugs for Multiple Sclerosis .....	15
Miscellaneous .....	15
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions .....	15
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 Pregnancy Termination . . . . .	21
Drugs for Sexual Dysfunction. . . . .	21
Electrolytes / Vitamins . . . . .	21
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer. . . . .	21
Drugs for Bowel, Intestine and Stomach Conditions . . . . .	22
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment . . . . .	22
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions. . . . .	22
Drugs for Prostate Conditions . . . . .	22
Hormonal Agents	
Hormone Replacement and Birth Control . . . . .	22
Oral Steroids . . . . .	25
Other . . . . .	25
Testosterone Replacement. . . . .	25
Thyroid . . . . .	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. . . . .	28
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. . . . .	30
Sleep Disorder Agents . . . . .	30
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.

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.

## About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or health plan to see which medications are covered under your plan.



# Medication tips

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

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

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

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

## What if I am taking a specialty medication?

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

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

## Over-the-counter (OTC) medications

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

# Reading your PDL

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

## Tier information

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

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

Drug Tier	Includes	Helpful Tips
<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> —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>5</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>6</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 Oxford and Student Resources plans.

6. Not applicable to certain 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. This is not a covered benefit for Neighborhood Health Plan.

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by the consumer's medical benefit plan. Please consult plan documents regarding benefit coverage, exclusions and cost-sharing. More information will be available on [myuhc.com](http://myuhc.com) in early 2023. Additionally, more information is 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 #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
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	

Drug Name	Drug Tier	Requirements & Limits
ROXICODONE	E	
tramadol hcl oral tablet 100 mg	E	
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	
DUROLANE	E	
EUFLEXXA	E	
GELSYN-3	E	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN	E	
RELAFEN DS	E	
SUPARTZ FX	E	
SYNOJOYNT	E	
TRILURON	E	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	QL
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL

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
SUBOXONE	E	PA, QL
ZIMHI	2	QL
ZUBSOLV	1	QL
<b>Antibacterials - Drugs for Infections</b>		
ACTICLATE	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	3	
BACTRIM DS	3	
cefдинир	1	
cefuroxime axetil	1	
CENTANY	3	QL
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	

Drug Name	Drug Tier	Requirements & Limits
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
LYMEPAK	E	
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	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
vandazole	3	
VIBRAMYCIN ORAL CAPSULE	3	
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	1	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA	2	QL

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Drug Name	Drug Tier	Requirements & Limits
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
gabapentin oral capsule	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA
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	
TOPAMAX	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	

Drug Name	Drug Tier	Requirements & Limits
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg	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	

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Drug Name	Drug Tier	Requirements & Limits
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	
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	3	
DIFLUCAN ORAL TABLET	E	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
nystatin external cream	1	QL
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
VIVJOA	E	PA
<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	
MITIGARE	2	
ZYLOPRIM	3	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG	2	PA, ST

Drug Name	Drug Tier	Requirements & Limits
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA, ST, QL
IMITREX ORAL	E	QL
MAXALT	E	QL
NURTEC	2	PA, ST, QL
RELPAX	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA, ST, QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
<b>Antineoplastics - Drugs for Cancer</b>		
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
bexarotene external	E	QL, SP
CALQUENCE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	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, SP
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
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
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	1	QL, SP
TARGRETIN ORAL	1	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	3	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	E	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
NEUPRO	3	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	
aripiprazole oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
LATUDA	3	QL
olanzapine oral tablet	1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 150 mg	E	
REXULTI	3	PA, ST, QL
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SAPHRIS	1	QL
SEROQUEL	E	
VRAYLAR ORAL CAPSULE	3	QL
ZYPREXA ORAL	E	
<b>Antivirals - Drugs for Viral Infections</b>		
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	QL, SP
oseltamivir phosphate oral capsule	1	
PAXLOVID (150/100)	3	
PAXLOVID (300/100)	3	
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	

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Drug Name	Drug Tier	Requirements & Limits
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
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	
buspirone 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	

Drug Name	Drug Tier	Requirements & Limits
amlodipine besylate-valsartan- hydrochlorothiazide	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CALAN SR	3	
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 oral capsule extended release 24 hour	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral tablet	1	
ENTRESTO	3	PA, QL
ezetimibe	1	
fenofibrate oral tablet 120 mg, 40 mg	E	

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Drug Name	Drug Tier	Requirements & Limits
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
FENOGLIDE	E	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	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	
MULTAQ	3	PA
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
nifedipine er	1	

Drug Name	Drug Tier	Requirements & Limits
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	
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	
SOANZ	E	QL
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
torsemide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	

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Drug Name	Drug Tier	Requirements & Limits
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	1	QL
ADHANSIA XR	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	1	QL
CONCERTA	1	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	E	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)	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	1	QL
MYDAYIS	E	QL

Drug Name	Drug Tier	Requirements & Limits
RELEXXI	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	3	QL
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
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 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
pregabalin oral capsule	1	QL
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	

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Drug Name	Drug Tier	Requirements & Limits
lidocaine viscous hcl	1	
PERIDEX	3	
periogard	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
ABSORICA	E	PA
accutane	1	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
amnestem	1	
AMZEEQ	3	PA, QL
AVITA EXTERNAL CREAM	E	PA, QL
CARAC	E	
CIBINQO	2	PA, QL, SP
claravis	1	
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	QL
clindamycin phosphate gel 1 % external	1	QL
clobetasol propionate external cream	1	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	QL
DAZOMON	E	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ENSTILAR	3	QL
EUCRISA	3	ST, QL
FINACEA	3	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	E	QL
isotretinoin capsule 10 mg oral	E	PA
isotretinoin capsule 10 mg oral	1	
isotretinoin capsule 20 mg oral	E	PA
isotretinoin capsule 20 mg oral	1	
isotretinoin capsule 30 mg oral	E	PA
isotretinoin capsule 30 mg oral	1	
isotretinoin capsule 40 mg oral	E	PA
isotretinoin capsule 40 mg oral	1	
isotretinoin oral capsule 25 mg, 35 mg	E	PA
KLISYRI	3	ST, QL
METROCREAM	3	
metronidazole external cream	1	
MIRVASO	3	PA, QL
myorisan	1	
NORITATE	E	
OPZELURA	3	PA, QL, SP
PICATO	3	QL
PROTOPIC	E	ST, QL
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	3	PA, QL
rosadan external cream	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
SANTYL	3	QL	ACCUTREND GLUCOSE	E	QL
SOOLANTRA	1	QL	bd autoshield duo pen needles	2	QL
TACLONEX EXTERNAL OINTMENT	E	QL	bd U-500 insulin syringes	2	QL
tacrolimus external	1	ST, QL	bd ultra-fine insulin syringes	2	QL
tretinoin external cream	1	QL	bd ultra-fine pen needles	2	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1		bd veo ultra-fine insulin syringes	2	QL
triamcinolone acetonide external cream 0.5 %	1	QL	BLOOD GLUCOSE TEST STRIPS	E	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		CARETOUCH MONITOR SYSTEM	E	
triamcinolone acetonide external ointment 0.05 %	E		CARETOUCH TEST	E	QL
triamcinolone in absorbase	E		CONTOUR MONITOR KIT W/DEVICE	E	
TRIANEX	E		CONTOUR NEXT EZ KIT W/DEVICE	E	
triderm external cream 0.1 %	1		CONTOUR NEXT GEN MONITOR	E	
triderm external cream 0.5 %	1	QL	CONTOUR NEXT LINK KIT W/DEVICE	3	
tritocin	E		CONTOUR NEXT LINK KIT W/DEVICE	E	(Contour Next Link 24 )
VTAMA	3	PA, QL	CONTOUR NEXT MONITOR KIT W/DEVICE	2	
XEPI	3	QL	CONTOUR NEXT ONE KIT	2	
zenatane	1		CONTOUR NEXT TEST STRIPS	2	QL
ZILXI	3	PA, ST, QL	CONTOUR TEST STRIPS	E	QL
<b>Diabetes - Glucose Monitoring and Supplies</b>					
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL	CVS ADVANCED GLUCOSE TEST	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1		CVS GLUCOSE METER TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCETS	1		D-CARE BLOOD GLUCOSE	E	QL
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)	D-CARE GLUCOMETER	E	
ACCU-CHEK GUIDE KIT W/DEVICE	3		DEXCOM G6 RECEIVER	3	PA, QL
ACCU-CHEK GUIDE TEST STRIPS	3	QL	DEXCOM G6 SENSOR	3	PA, QL
ACCU-CHEK MULTICLIX LANCET KIT	1		DEXCOM G6 TRANSMITTER	3	PA, QL
ACCU-CHEK MULTICLIX LANCETS	1		DIABETES MONITOR DIGIT ADD-ON	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL	DIABETES MONITOR DIGIT SOLN	E	
ACCU-CHEK SOFT TOUCH LANCETS	1		EASY TOUCH TEST	E	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		EASYGLUCO	E	
ACCU-CHEK SOFTCLIX LANCETS	1		EASYMAX 15 TEST	E	QL
			EASYMAX NG BLOOD GLUCOSE KIT	E	
			ENLITE GLUCOSE SENSOR	3	PA
			EQ BLOOD GLUCOSE TEST	E	QL

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EVERSENSE SENSOR/HOLDER	3	PA	NOVOTWIST	2	
EVERSENSE SMART TRANSMITTER	3	PA	OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
FORTISCARE G1 TEST STRIP	E	QL	OMNIPOD 5 G6 POD (GEN 5)	2	PA, QL
FORTISCARE TEST	E	QL	ONETOUCH CLUB LANCETS FINE PT	1	
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	ONETOUCH DELICA LANCETS 30G	1	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	ONETOUCH DELICA LANCETS 33G	1	
FREESTYLE LIBRE 2 READER	3	PA, QL	ONETOUCH DELICA PLUS LANCET30G	1	
FREESTYLE LIBRE 2 SENSOR	3	PA	ONETOUCH DELICA PLUS LANCET33G	1	
FREESTYLE LIBRE 3 SENSOR	3	PA	ONETOUCH FINEPOINT LANCETS	1	
FREESTYLE LIBRE CONTINUOUS BLOOD GLUCOSE MONITOR SYSTEM	3	PA	ONETOUCH SOLUTIONS STARTER KIT	3	
FREESTYLE LIBRE READER	3	PA, QL	ONETOUCH ULTRA 2 KIT W/DEVICE	1	
FREESTYLE PRECISION NEO SYSTEM	E		ONETOUCH ULTRA MINI KIT W/DEVICE	1	
FREESTYLE PRECISION NEO TEST	E	QL	ONETOUCH ULTRA TEST STRIPS	1	QL
FREESTYLE TEST	E	QL	ONETOUCH ULTRASOFT LANCETS	1	
GLUCOCARD EXPRESSION TEST	E	QL	ONETOUCH VERIO FLEX SYSTEM	1	
GLUCOCARD SHINE TEST	E	QL	ONETOUCH VERIO IQ SYSTEM	1	
GLUCOCARD VITAL TEST	E	QL	ONETOUCH VERIO KIT W/DEVICE	1	
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	ONETOUCH VERIO TEST STRIPS	1	QL
GUARDIAN REAL-TIME REPLACE PED	3	PA	OPTIUMEZ TEST	E	QL
GUARDIAN SENSOR (3)	3	PA, QL	PARADIGM REAL-TIME TRANSMITTER	3	PA
INSULIN PEN NEEDLES	2	QL	PRECISION XTRA	E	
MICRODOT TEST	E	QL	PRECISION XTRA BLOOD GLUCOSE	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA	PREMIUM BLOOD GLUCOSE TEST	E	QL
MINIMED 630G GUARDIAN PRESS	3	PA	PTS PANELS EGLU TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E		QUINTET AC BLOOD GLUCOSE TEST	E	QL
NEUTEK 2TEK TEST	E	QL	QUINTET BLOOD GLUCOSE TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL	RELION TRUE MET AIR GLUC METER	E	
NOVOFINE PEN NEEDLE	2	QL			
NOVOFINE PLUS PEN NEEDLE	2	QL			

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Drug Name	Drug Tier	Requirements & Limits
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
TECHLITE (ARKAY) INSULIN SYRINGES	2	QL
TECHLITE (ARKAY) PEN NEEDLES	2	QL
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
HUMALOG INJECTION	1	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG 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	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL
INSULIN LISPRO JUNIOR KWIKPEN	E	QL
INSULIN LISPRO KWIKPEN	E	
INSULIN LISPRO PROT & LISPRO	E	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	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	PA, ST, QL
ADLYXIN STARTER PACK	3	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE	2	PA, ST, QL
BYDUREON PEN	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 ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide oral	1	
GLYXAMBI	2	ST, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PREFILLED SYRINGE	2	QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	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	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL

Drug Name	Drug Tier	Requirements & Limits
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	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
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	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	3	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
RECOMBINATE	2	SP

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Drug Name	Drug Tier	Requirements & Limits
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
WILATE	2	
ZARXIO	2	
ZIEXTENZO	3	SP
<b>Drugs for Pregnancy Termination</b>		
mifepristone	1	
<b>Drugs for Sexual Dysfunction</b>		
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
<b>Electrolytes / Vitamins</b>		
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	3	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride crys er oral tablet extended release 15 meq	3	
potassium chloride er	1	
potassium citrate er	1	
QUFLORA GUMMIES	E	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	3	
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	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
DEXILANT	E	QL
DEXLANSOPRAZOLE	E	QL
famotidine oral suspension reconstituted	1	
misoprostol oral	1	

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Drug Name	Drug Tier	Requirements & Limits
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	
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes/ascorbic acid	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
ROBINUL	E	
ROBINUL-FORTE	E	
sodium sulfate-potassium sulfate-magnesium sulfate	1	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	3	PA, QL
ZELNORM	3	PA, ST, QL

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

CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP

Drug Name	Drug Tier	Requirements & Limits
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	

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

DITROPAN XL	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
VELPHORO	2	
VESICARE	E	

#### Genitourinary Agents - Drugs for Prostate Conditions

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

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

afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H

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Drug Name	Drug Tier	Requirements & Limits
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
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	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cryselle-28	1	H
cyred	1	H
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	1	QL
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	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	QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	QL
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
femynor	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
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

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Drug Name	Drug Tier	Requirements & Limits
larin fe 1.5/30	1	H
larin fe 1/20	1	H
lessina	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
lutera	1	H
lyleq	1	H
lyllana	3	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	2	
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	

Drug Name	Drug Tier	Requirements & Limits
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	1	H
portia-28	1	H
PREMARIN ORAL	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	1	H
tarina fe 1/20 eq	1	H
tri femynor	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	
vestura	1	H

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Drug Name	Drug Tier	Requirements & Limits
vienna	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zumandimine	1	H
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	3	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
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	
ZCORT 7-DAY	E	

Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Other</b>		
ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	PA
LANREOTIDE ACETATE	E	SP
leuprolide acetate injection	1	PA
LUPRON DEPOT (1-MONTH)	E	
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SOMATULINE DEPOT	3	SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
ANDROGEL	E	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 INJECTION	E	
testosterone cypionate intramuscular	1	
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
<b>Hormonal Agents - Thyroid</b>		
ARMOUR THYROID	3	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	

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Drug Name	Drug Tier	Requirements & Limits
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA
TIROSINT-SOL	2	PA
unithroid	1	

### Immunological Agents - Drugs for Immune System Stimulation or Suppression

ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADBRY	2	PA, SP
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA	E	PA
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER 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, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
EMPAVELI	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	2	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
FIRAZYR	E	PA, QL, SP
HAEGARDA	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
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
IMURAN	E	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, QL, SP
OLUMIANT ORAL TABLET 2 MG	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 SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
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

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Drug Name	Drug Tier	Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	SP
<b>Immunological Agents - Drugs for Vaccination</b>		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
COMIRNATY	3	H
FLUARIX QUADRIVALENT	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL QUADRIVALENT	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
MODERNA COVID-19 VAC (BOOSTER)	3	H
MODERNA COVID-19 VACC 6M-5Y	3	H
MODERNA COVID-19 VACCINE	3	H
PFIZER COVID-19 VAC BIVAL 5-11	3	H
PFIZER COVID-19 VAC BIVALENT	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PFIZER-BIONT COVID-19 VAC-TRIS	3	H
PFIZER-BIONTECH COVID-19 VACC	3	H
SHINGRIX	3	H
SPIKEVAX COVID-19 VACCINE	3	H
<b>Infertility Agents</b>		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	1	SP
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP

Drug Name	Drug Tier	Requirements & Limits
fyremadel	1	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	1	SP
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	1	
ASACOL HD	E	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	1	
mesalamine oral tablet delayed release	E	
PROCTOFOAM HC	2	
UCERIS ORAL	1	
UCERIS RECTAL	2	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
TERIPARATIDE (RECOMBINANT)	3	PA, 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	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
ILEVRO	E	

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Drug Name	Drug Tier	Requirements & Limits
INVELTYS	3	
KLARITY-A	E	
LASTACFT	3	QL
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	3	
MOXEZA	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic solution	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	E	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	
tobramycin-dexamethasone	1	
VIGAMOX	E	
ZYLET	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL

Drug Name	Drug Tier	Requirements & Limits
BETIMOL	2	QL
bimatoprost ophthalmic	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	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC	3	
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
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	3	PA, QL
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	1	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	

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Drug Name	Drug Tier	Requirements & Limits
<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-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	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	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ADVAIR DISKUS	1	QL
ADVAIR HFA	3	QL, RS

Drug Name	Drug Tier	Requirements & Limits
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	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	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 NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	3	PA, QL
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	E	QL

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Drug Name	Drug Tier	Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	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
PERFOROMIST	3	QL
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	E	QL
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis</b>		
OFEV	3	PA, QL, SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REMODULIN	E	PA
REVATIO ORAL TABLET	E	QL
sildenafil citrate oral tablet 20 mg	1	QL
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	PA
TYVASO	2	PA, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral tablet	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	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	
SOMA	E	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX ORAL TABLET	3	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
eszopiclone	1	
LUNESTA	E	

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Drug Name	Drug Tier	Requirements & Limits
modafinil	1	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	3	
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	1	
zolpidem tartrate oral	1	

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# Index

## A

ABILIFY .....	12	ADVAIR HFA .....	29	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % .....	28
ABSORICA .....	16	ADVATE .....	20	ALPHANATE .....	20
ACCU-CHEK AVIVA PLUS TEST STRIPS .....	17	ADYNOVATE .....	20	alprazolam oral tablet .....	13
ACCU-CHEK FASTCLIX LANCET KIT .....	17	afirmelle .....	22	ALREX .....	27
ACCU-CHEK FASTCLIX LANCETS ..	17	AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE .....	27	ALTACE .....	13
ACCU-CHEK GUIDE KIT W/DEVICE ..	17	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT .....	20	altavera .....	22
ACCU-CHEK GUIDE TEST STRIPS ..	17	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT .....	20	ALUNBRIG .....	11
ACCU-CHEK MULTICLIX LANCET KIT .....	17	AIMOVIG .....	11	AMARYL .....	19
ACCU-CHEK MULTICLIX LANCETS ..	17	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML .....	11	AMBIEN .....	30
ACCU-CHEK SMARTVIEW TEST STRIPS .....	17	AIRDUO RESPICLICK 113/14 .....	29	AMBIEN CR .....	30
ACCU-CHEK SOFT TOUCH LANCETS .....	17	AIRDUO RESPICLICK 232/14 .....	29	amiodarone hcl oral .....	13
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT .....	17	AIRDUO RESPICLICK 55/14 .....	29	amitriptyline hcl oral .....	10
ACCU-CHEK SOFTCLIX LANCETS ..	17	ala-cort external cream 1 % .....	16	amlodipine besylate oral .....	13
accutane .....	16	ala-cort external cream 2.5 % .....	16	amlodipine besylate-benazepril hcl ..	13
ACCU-TREND GLUCOSE .....	17	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation .....	29	amlodipine besylate-valsartan .....	13
acetaminophen-codeine #2 .....	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-valsartan-hydrochlorothiazide .....	13
acetaminophen-codeine #3 .....	8	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION .....	29	amnestem .....	16
acetaminophen-codeine #4 .....	8	ALDACTONE .....	13	amoxicillin oral capsule .....	9
acetaminophen-codeine oral tablet ..	8	ALECENSA .....	11	amoxicillin oral suspension reconstituted .....	9
ACIPHEX .....	21	alendronate sodium oral tablet .....	27	amoxicillin oral tablet .....	9
ACTEMRA ACTPEN .....	26	alfuzosin hcl er .....	22	amoxicillin-potassium clavulanate oral suspension reconstituted .....	9
ACTEMRA SUBCUTANEOUS .....	26	aliskiren fumarate .....	13	amoxicillin-potassium clavulanate oral tablet .....	9
ACTICLATE .....	9	allopurinol oral tablet 100 mg, 300 mg .....	11	amphetamine-dextroamphetamine ..	15
ACTOS .....	19	ALLOPURINOL ORAL TABLET 200 MG .....	11	amphetamine-dextroamphetamine er .....	15
acyclovir oral tablet .....	12	ALOGLIPTIN BENZOATE .....	19	AMZEEQ .....	16
ADBRY .....	26	ALOGLIPTIN-METFORMIN HCL .....	19	anastrozole oral .....	11
ADDERALL .....	15	ALOGLIPTIN-PIOGLITAZONE .....	19	ANDRODERM .....	25
ADDERALL XR .....	15	ALORA .....	22	ANDROGEL .....	25
ADDYI .....	21	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % .....	28	ANDROGEL PUMP .....	25
ADEMPAS .....	30			ANNOVERA .....	22
ADHANSIA XR .....	15			ANORO ELLIPTA .....	29
ADLYXIN .....	19			apap-caff-dihydrocodeine .....	8
ADLYXIN STARTER PACK .....	19			apri .....	22
ADMELOG .....	19			APRISO .....	27
ADMELOG SOLOSTAR .....	19			APTENSIO XR .....	15
ADVAIR DISKUS .....	29			APTIOM .....	10





ARCAPTA NEOHALER	29
ARIMIDEX	11
aripiprazole oral tablet	12
ARMOUR THYROID	25
ARNUITY ELLIPTA	29
ASACOL HD	27
atenolol oral	13
atenolol-chlorthalidone	13
ATIVAN ORAL	13
atomoxetine hcl	15
atorvastatin calcium oral tablet 10 mg, 20 mg	13
atorvastatin calcium oral tablet 40 mg, 80 mg	13
ATROVENT HFA	29
AUBAGIO	15
aubra	22
aubra eq	22
AUGMENTIN	9
AUGMENTIN ES-600	9
aurovela 1/20	22
aurovela 1.5/30	22
aurovela 24 fe	23
aurovela fe 1/20	23
aurovela fe 1.5/30	23
AUSTEDO	15
AUVI-Q	29
AVALIDE	13
AVAPRO	13
aviane	23
avidoxy	9
AVITA EXTERNAL CREAM	16
AVONEX PEN	15
AVONEX PREFILLED	15
AYGESTIN	23
ayuna	23
AZASAN	26
AZASITE	27
azathioprine oral	26
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	29
azelastine hcl nasal solution 0.15 %	29
azithromycin oral suspension reconstituted	9
azithromycin oral tablet	9

## B

bac	8
baclofen oral tablet	30
BACTRIM	9
BACTRIM DS	9
BAFIERTAM	15
BAQSIMI ONE PACK	19
BAQSIMI TWO PACK	19
BASAGLAR KWIKPEN	19
bd autoshield duo pen needles	17
bd U-500 insulin syringes	17
bd ultra-fine insulin syringes	17
bd ultra-fine pen needles	17
bd veo ultra-fine insulin syringes	17
BELBUCA	8
BELSOMRA	30
benazepril hcl oral	13
BENICAR	13
BENICAR HCT	13
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	26
benzonatate oral capsule 100 mg, 200 mg	29
benzonatate oral capsule 150 mg	29
BESIVANCE	27
BETASERON	15
BETIMOL	28
BEVESPI AEROSPHERE	29
bexarotene external	11
BIDIL	13
BIJUVA	23
BIKTARVY	12
bimatoprost ophthalmic	28
bisoprolol fumarate oral	13
bisoprolol-hydrochlorothiazide	13
blisovi 24 fe	23
blisovi fe 1/20	23
blisovi fe 1.5/30	23
BLOOD GLUCOSE TEST STRIPS	17
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	27
BREO ELLIPTA	29
BREZTRI AEROSPHERE	29
BRILINTA	12

brimonidine tartrate ophthalmic solution 0.15 %	28
brimonidine tartrate ophthalmic solution 0.2 %	28
brimonidine tartrate-timolol	28
BRIVIACT ORAL TABLET	10
BRONCHITOL	30
BRONCHITOL TOLERANCE TEST	30
budesonide inhalation	29
BUDESONIDE-FORMOTEROL FUMARATE	29
buprenorphine hcl sublingual	8
buprenorphine hcl-naloxone hcl	8
bupropion hcl er (sr)	10
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	10
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	10
bupropion hcl oral	10
bupirone hcl oral	13
butalbital-apap-caffeine oral tablet	8
BYDUREON BCISE	19
BYDUREON PEN	19
BYETTA 10 MCG PEN	19
BYETTA 5 MCG PEN	20

## C

CALAN SR	13
calcitriol oral capsule	27
CALQUENCE	11
camila	23
CARAC	16
CARAFATE ORAL TABLET	21
CARDIZEM CD	13
CARDURA	13
CARETOUCH MONITOR SYSTEM	17
CARETOUCH TEST	17
carisoprodol oral tablet 250 mg	30
carisoprodol oral tablet 350 mg	30
cartia xt	13
carvedilol	13
cefdinir	9
cefuroxime axetil	9
CELEBREX	8



celecoxib oral . . . . .	8	clindamycin phosphate external swab . . . . .	16	COSENTYX SENSOREADY PEN . . . . .	26
CELEXA . . . . .	10	clindamycin phosphate gel 1 % external . . . . .	16	COSOPT . . . . .	28
CELLCEPT ORAL TABLET . . . . .	26	CLINDESSE . . . . .	9	COSOPT PF . . . . .	28
CENTANY . . . . .	9	clobetasol propionate external cream . . . . .	16	COZAAR . . . . .	13
cephalexin oral capsule . . . . .	9	clobetasol propionate external ointment . . . . .	16	CREON . . . . .	22
cephalexin oral suspension reconstituted . . . . .	9	clobetasol propionate external solution . . . . .	16	CRESEMBA ORAL . . . . .	11
CERDELGA . . . . .	22	clonazepam oral tablet . . . . .	13	CRESTOR . . . . .	13
chateal . . . . .	23	clonidine hcl oral . . . . .	13	cryselle-28 . . . . .	23
chateal eq . . . . .	23	clopidogrel bisulfate oral . . . . .	12	CVS ADVANCED GLUCOSE TEST . . . . .	17
chlorhexidine gluconate mouth/throat . . . . .	15	clotrimazole-betamethasone external cream . . . . .	16	CVS GLUCOSE METER TEST STRIPS . . . . .	17
chlorthalidone . . . . .	13	COLCHICINE ORAL CAPSULE . . . . .	11	cyanocobalamin injection solution 1000 mcg/ml . . . . .	21
CHORIONIC GONADOTROPIN INTRAMUSCULAR . . . . .	27	COMBIGAN . . . . .	28	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML . . . . .	21
CIALIS . . . . .	21	COMBIVENT RESPIMAT . . . . .	29	cyclobenzaprine hcl oral tablet 10 mg, 5 mg . . . . .	30
CIBINQO . . . . .	16	COMIRNATY . . . . .	27	cyclobenzaprine hcl oral tablet 7.5 mg . . . . .	30
ciclodan . . . . .	11	CONCERTA . . . . .	15	CYCLOSPORINE IN KLARITY . . . . .	28
ciclopirox external solution . . . . .	11	CONTOUR MONITOR KIT W/DEVICE . . . . .	17	cyclosporine ophthalmic . . . . .	28
CIMDUO . . . . .	12	CONTOUR NEXT EZ KIT W/DEVICE . . . . .	17	CYMBALTA . . . . .	10
CIMZIA . . . . .	26	CONTOUR NEXT GEN MONITOR . . . . .	17	cyproheptadine hcl oral tablet . . . . .	29
CIMZIA PREFILLED KIT . . . . .	26	CONTOUR NEXT LINK KIT W/DEVICE . . . . .	17	cyred . . . . .	23
CIMZIA STARTER KIT . . . . .	26	CONTOUR NEXT MONITOR KIT W/DEVICE . . . . .	17	cyred eq . . . . .	23
CINRYZE . . . . .	26	CONTOUR NEXT ONE KIT . . . . .	17	CYTOMEL . . . . .	25
CIPRO ORAL TABLET . . . . .	9	CONTOUR NEXT TEST STRIPS . . . . .	17	CYTOTEC . . . . .	21
CIPRODEX . . . . .	28	COPAXONE . . . . .	15		
ciprofloxacin hcl ophthalmic . . . . .	27	COREG . . . . .	13	<b>D</b>	
ciprofloxacin hcl oral . . . . .	9	CORLANOR . . . . .	13	D-CARE BLOOD GLUCOSE . . . . .	17
ciprofloxacin-dexamethasone . . . . .	28	CORTEF . . . . .	25	D-CARE GLUCOMETER . . . . .	17
citalopram hydrobromide oral tablet . . . . .	10	CORTIFOAM . . . . .	27	dabigatran etexilate mesylate . . . . .	9
claravis . . . . .	16	COSENTYX (300 MG DOSE) . . . . .	26	DAYVIGO . . . . .	30
CLENPIQ . . . . .	22	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML . . . . .	26	DAZOMON . . . . .	16
CLEOCIN ORAL CAPSULE 150 MG, 300 MG . . . . .	9	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML . . . . .	26	deblitane . . . . .	23
CLEOCIN ORAL CAPSULE 75 MG . . . . .	9	COSENTYX SENSOREADY (300 MG) . . . . .	26	delyla . . . . .	23
CLEOCIN-T . . . . .	16			DEPAKOTE . . . . .	10
CLIMARA . . . . .	23			DEPAKOTE ER . . . . .	10
CLIMARA PRO . . . . .	23			DEPEN TITRATABS . . . . .	22
clindacin etz external swab . . . . .	16			DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . . .	23
clindacin-p . . . . .	16			DEPO-SUBQ PROVERA 104 . . . . .	23
CLINDAGEL . . . . .	16			DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML . . . . .	25
clindamycin hcl oral . . . . .	9				
clindamycin phosphate external lotion . . . . .	16				
clindamycin phosphate external solution . . . . .	16				



DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML . . . . .	25	doxycycline hyclate oral capsule . . . . .	9	eluryng . . . . .	23
DESCOVY . . . . .	12	doxycycline hyclate oral tablet 100 mg, 20 mg . . . . .	9	EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML . . . . .	11
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg . . . . .	23	doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg . . . . .	9	EMPAVELI . . . . .	26
desvenlafaxine succinate er . . . . .	10	doxycycline monohydrate oral capsule 100 mg, 50 mg . . . . .	9	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg . . . . .	12
DEXABLISS . . . . .	25	doxycycline monohydrate oral capsule 150 mg, 75 mg . . . . .	9	emtricitabine-tenofovir df oral tablet 200-300 mg . . . . .	12
dexamethasone oral tablet . . . . .	25	doxycycline monohydrate oral tablet . . . . .	9	enalapril maleate oral tablet . . . . .	13
dexamethasone oral tablet therapy pack . . . . .	25	DRISDOL . . . . .	21	ENBREL MINI . . . . .	26
DEXCOM G6 RECEIVER . . . . .	17	drosiprenone-ethinyl estradiol . . . . .	23	ENBREL SUBCUTANEOUS SOLUTION . . . . .	26
DEXCOM G6 SENSOR . . . . .	17	DUAVEE . . . . .	23	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	26
DEXCOM G6 TRANSMITTER . . . . .	17	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg . . . . .	10	ENBREL SURECLICK . . . . .	26
DEXILANT . . . . .	21	duloxetine hcl oral capsule delayed release particles 40 mg . . . . .	10	endocet . . . . .	8
DEXLANSOPRAZOLE . . . . .	21	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR . . . . .	16	ENDOMETRIN . . . . .	27
dexamethylphenidate hcl . . . . .	15	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML . . . . .	16	ENLITE GLUCOSE SENSOR . . . . .	17
dexamethylphenidate hcl er . . . . .	15	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML . . . . .	16	enoxaparin sodium . . . . .	9
DIABETES MONITOR DIGIT ADD-ON . . . . .	17	DUROLANE . . . . .	8	enskyce . . . . .	23
DIABETES MONITOR DIGIT SOLN . . . . .	17	DXEVO 11-DAY . . . . .	25	ENSTILAR . . . . .	16
diazepam oral tablet . . . . .	13			ENTRESTO . . . . .	13
diclofenac sodium oral . . . . .	8			EPCLUSA ORAL TABLET . . . . .	12
dicyclomine hcl oral capsule . . . . .	22			EPIDIOLEX . . . . .	10
dicyclomine hcl oral tablet . . . . .	22			epinephrine solution auto-injector 0.15 mg/0.15ml injection . . . . .	29
DIFICID ORAL TABLET . . . . .	9			epinephrine solution auto-injector 0.15 mg/0.3ml injection . . . . .	29
DIFLUCAN ORAL TABLET . . . . .	11			epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	29
DILAUDID ORAL TABLET . . . . .	8			EPIPEN 2-PAK . . . . .	29
diltiazem hcl er coated beads oral capsule extended release 24 hour . . . . .	13			EPIPEN JR 2-PAK . . . . .	29
DIOVAN . . . . .	13			EQ BLOOD GLUCOSE TEST . . . . .	17
DIOVAN HCT . . . . .	13			ergocalciferol oral capsule . . . . .	21
DIPENTUM . . . . .	27			ERIVEDGE . . . . .	11
DITROPAN XL . . . . .	22			ERLEADA . . . . .	11
divalproex sodium er . . . . .	10			errin . . . . .	23
divalproex sodium oral tablet delayed release . . . . .	10			erythromycin ophthalmic . . . . .	27
DIVIGEL . . . . .	23			escitalopram oxalate oral tablet . . . . .	10
DODEX . . . . .	21			ESGIC ORAL TABLET . . . . .	8
DOPTELET . . . . .	20			estarylla . . . . .	23
dorzolamide hcl-timolol mal . . . . .	28			ESTRACE . . . . .	23
dorzolamide hcl-timolol mal pf . . . . .	28			estradiol oral . . . . .	23
dotti . . . . .	23			estradiol patch twice weekly 0.025 mg/24hr transdermal . . . . .	23
DOVATO . . . . .	12				
doxazosin mesylate oral . . . . .	13				
doxepin hcl oral capsule . . . . .	10				

## E

EASY TOUCH TEST . . . . .	17
EASYGLUCO . . . . .	17
EASYMAX 15 TEST . . . . .	17
EASYMAX NG BLOOD GLUCOSE KIT . . . . .	17
EDARBI . . . . .	13
EDARBYCLOR . . . . .	13
EFFEXOR XR . . . . .	10
EFUDEX . . . . .	16
ELESTRIN . . . . .	23
eletriptan hydrobromide . . . . .	11
ELIGARD SUBCUTANEOUS KIT 7.5 MG . . . . .	25
elinest . . . . .	23
ELIQUIS . . . . .	9
ELIQUIS DVT/PE STARTER PACK . . . . .	9
ELOCTATE . . . . .	20



estradiol patch twice weekly 0.0375 mg/24hr transdermal. ....	23
estradiol patch twice weekly 0.05 mg/24hr transdermal. ....	23
estradiol patch twice weekly 0.075 mg/24hr transdermal. ....	23
estradiol patch twice weekly 0.1 mg/24hr transdermal. ....	23
estradiol transdermal gel. ....	23
estradiol transdermal patch weekly. ....	23
estradiol vaginal. ....	23
ESTRING. ....	23
ESTROGEL. ....	23
eszopiclone. ....	30
etonogestrel-ethinyl estradiol. ....	23
EUCRISA. ....	16
EUFLEXXA. ....	8
euthyrox. ....	25
EVAMIST. ....	23
EVERSENSE SENSOR/HOLDER. ....	18
EVERSENSE SMART TRANSMITTER. ....	18
EXKIVITY. ....	11
EXTAVIA. ....	15
EYSUVIS. ....	27
ezetimibe. ....	13

## F

falmina. ....	23
famotidine oral suspension reconstituted. ....	21
FASENRA PEN. ....	29
FEMARA. ....	11
femynor. ....	23, 24
fenofibrate oral tablet 120 mg, 40 mg. ....	13
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg. ....	14
FENOGLIDE. ....	14
FEXMID. ....	30
FINACEA. ....	16
finasteride oral tablet 5 mg. ....	22
fingolimod hcl. ....	15
FIRAZYR. ....	26
FLAREX. ....	27
flecainide acetate. ....	14

FLOMAX. ....	22
FLOVENT DISKUS. ....	29
FLOVENT HFA. ....	29
FLUARIX QUADRIVALENT. ....	27
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE. ....	27
fluconazole oral tablet. ....	11
FLULAVAL QUADRIVALENT. ....	27
FLUROPLEX. ....	16
FLUOROURACIL EXTERNAL CREAM 0.5%. ....	16
fluorouracil external cream 5%. ....	16
fluoxetine hcl oral capsule. ....	10
fluoxetine hcl oral tablet 10 mg. ....	10
fluoxetine hcl oral tablet 20 mg. ....	10
fluoxetine hcl oral tablet 60 mg. ....	10
FLUTICASONE FUROATE- VILANTEROL. ....	29
FLUTICASONE PROPIONATE HFA. ....	29
fluticasone propionate nasal. ....	29
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act. ....	29
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT. ....	30
fluvoxamine maleate. ....	10
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE. ....	27
FOCALIN. ....	15
FOCALIN XR. ....	15
folic acid oral tablet 1 mg. ....	21
FOLLISTIM AQ. ....	27
FORFIVO XL. ....	10
FORTEO. ....	27
FORTESTA. ....	25
FORTISCARE G1 TEST STRIP. ....	18
FORTISCARE TEST. ....	18
FOSAMAX. ....	27
FREESTYLE LIBRE 14 DAY READER. ....	18
FREESTYLE LIBRE 14 DAY SENSOR. ....	18

FREESTYLE LIBRE 2 READER. ....	18
FREESTYLE LIBRE 2 SENSOR. ....	18
FREESTYLE LIBRE 3 SENSOR. ....	18
FREESTYLE LIBRE CONTINUOUS BLOOD GLUCOSE MONITOR SYSTEM. ....	18
FREESTYLE LIBRE READER. ....	18
FREESTYLE PRECISION NEO SYSTEM. ....	18
FREESTYLE PRECISION NEO TEST. ....	18
FREESTYLE TEST. ....	18
furosemide oral tablet. ....	14
fyremadel. ....	27

## G

gabapentin oral capsule. ....	10
GABAPENTIN ORAL TABLET 25 MG, 50 MG. ....	10
gabapentin oral tablet 600 mg, 800 mg. ....	10
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous. ....	27
GAVRETO. ....	11
GELSYN-3. ....	8
gemfibrozil oral. ....	14
GEN7T EXTERNAL PATCH. ....	8
glatiramer acetate. ....	15
glatopa. ....	15
glimepiride. ....	20
glipizide er. ....	20
glipizide ir. ....	20
glipizide xl. ....	20
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED. ....	20
GLUCOCARD EXPRESSION TEST. ....	18
GLUCOCARD SHINE TEST. ....	18
GLUCOCARD VITAL TEST. ....	18
GLUCOTROL XL. ....	20
GLUMETZA. ....	20
glyburide oral. ....	20
GLYCATE. ....	22
glycopyrrolate oral tablet 1 mg, 2 mg. ....	22



GLYCOPYRROLATE ORAL TABLET 1.5 MG . . . . .	22	HUMIRA PEN-PS/UV/ADOL HS START . . . . .	26	IMVEXXY MAINTENANCE PACK . . . . .	21
GLYXAMBI . . . . .	20	HUMIRA PEN-PSOR/UVEIT STARTER. . . . .	26	IMVEXXY STARTER PACK . . . . .	21
guanfacine hcl er . . . . .	15	HUMULIN 70/30 KWIKPEN. . . . .	19	INBRIJA . . . . .	12
GUARDIAN CONNECT TRANSMITTER. . . . .	18	HUMULIN 70/30 VIAL . . . . .	19	incassia . . . . .	23
GUARDIAN LINK 3 TRANSMITTER. . . . .	18	HUMULIN N KWIKPEN . . . . .	19	INDERAL LA . . . . .	14
GUARDIAN REAL-TIME REPLACE PED . . . . .	18	HUMULIN N VIAL . . . . .	19	INDOMETHACIN ORAL CAPSULE 20 MG . . . . .	8
GUARDIAN SENSOR (3) . . . . .	18	HUMULIN R U-500 KWIKPEN. . . . .	19	indomethacin oral capsule 25 mg, 50 mg. . . . .	8
GVOKE HYPOPEN 1-PACK . . . . .	20	HUMULIN R U-500 VIAL . . . . .	19	INSULIN GLARGINE . . . . .	19
GVOKE HYPOPEN 2-PACK . . . . .	20	HUMULIN R VIAL . . . . .	19	INSULIN GLARGINE SOLOSTAR. . . . .	19
GVOKE PREFILLED SYRINGE . . . . .	20	HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE . . . . .	8	INSULIN LISPRO . . . . .	19
GYNAZOLE-1 . . . . .	11	hydralazine hcl oral . . . . .	14	INSULIN LISPRO (1 UNIT DIAL) . . . . .	19
<b>H</b>					
HAEGARDA . . . . .	26	hydrochlorothiazide oral . . . . .	14	INSULIN LISPRO JUNIOR KWIKPEN . . . . .	19
hailey 1.5/30 . . . . .	23	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg . . . . .	8	INSULIN LISPRO KWIKPEN . . . . .	19
hailey 24 fe . . . . .	23	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8	INSULIN LISPRO PROT & LISPRO. . . . .	19
hailey fe 1/20. . . . .	23	hydrocortisone external cream 1 % . . . . .	16	INSULIN PEN NEEDLES . . . . .	18
hailey fe 1.5/30 . . . . .	23	hydrocortisone external cream 2.5 % . . . . .	16	INTUNIV. . . . .	15
HALCION. . . . .	13	hydrocortisone external ointment 1 %, 2.5 % . . . . .	16	INVELTYS . . . . .	28
HARVONI ORAL TABLET . . . . .	12	hydrocortisone oral . . . . .	25	ipratropium bromide nasal . . . . .	29
heather . . . . .	23	hydromorphone hcl oral tablet . . . . .	8	ipratropium-albuterol . . . . .	30
HEMADY . . . . .	25	hydroxychloroquine sulfate oral . . . . .	12	irbesartan . . . . .	14
HEMLIBRA . . . . .	20	hydroxyzine hcl oral tablet. . . . .	13	irbesartan-hydrochlorothiazide. . . . .	14
HEMOFIL M. . . . .	20	hydroxyzine pamoate oral . . . . .	13	isibloom. . . . .	23
HIDEX 6-DAY. . . . .	25	HYZAAR . . . . .	14	isosorb dinitrate-hydralazine . . . . .	14
HUMALOG INJECTION . . . . .	19	<b>I</b>			
HUMALOG KWIKPEN . . . . .	19	IBRANCE ORAL CAPSULE. . . . .	11	isosorbide mononitrate er . . . . .	14
HUMALOG MIX 50/50 KWIKPEN . . . . .	19	ibuprofen oral tablet 400 mg, 600 mg, 800 mg . . . . .	8	isotretinoin capsule 10 mg oral. . . . .	16
HUMALOG MIX 50/50 VIAL . . . . .	19	ICLUSIG ORAL TABLET 10 MG, 30 MG . . . . .	11	isotretinoin capsule 20 mg oral. . . . .	16
HUMALOG MIX 75/25 KWIKPEN . . . . .	19	ICLUSIG ORAL TABLET 15 MG, 45 MG . . . . .	11	isotretinoin capsule 30 mg oral. . . . .	16
HUMALOG MIX 75/25 VIAL. . . . .	19	IDHIFA . . . . .	11	isotretinoin capsule 40 mg oral. . . . .	16
HUMALOG SUBCUTANEOUS . . . . .	19	ILEVRO . . . . .	27	isotretinoin oral capsule 25 mg, 35 mg. . . . .	16
HUMALOG U-100 JUNIOR KWIKPEN . . . . .	19	IMBRUVICA. . . . .	11	ISTALOL . . . . .	28
HUMATE-P . . . . .	20	IMITREX ORAL. . . . .	11	<b>J</b>	
HUMIRA . . . . .	26	IMPOYZ. . . . .	16	jantoven. . . . .	9
HUMIRA PEDIATRIC CROHNS START . . . . .	26	IMURAN . . . . .	26	JARDIANCE . . . . .	20
HUMIRA PEN . . . . .	26				
HUMIRA PEN-CD/UC/HS STARTER. . . . .	26				
HUMIRA PEN-PEDIATRIC UC START . . . . .	26				



JULUCA.....	12	larin 1.5/30 .....	23	LOESTRIN FE 1.5/30 .....	24
junel 1/20.....	23	larin 24 fe.....	23	LOKELMA .....	21
junel 1.5/30 .....	23	larin fe 1/20.....	24	LOPID .....	14
junel fe 1/20 .....	23	larin fe 1.5/30 .....	24	LOPRESSOR.....	14
junel fe 1.5/30.....	23	LASIX.....	14	lorazepam oral tablet .....	13
junel fe 24 .....	23	LASTACAPT .....	28	loryna.....	24
<b>K</b>					
K-TAB.....	21	latanoprost ophthalmic .....	28	losartan potassium oral.....	14
kalliga.....	23	LATUDA.....	12	losartan potassium-hctz .....	14
KAZANO.....	20	LEDIPASVIR-SOFOSBUVIR .....	12	LOTEMAX OPHTHALMIC GEL.....	28
KEPPRA ORAL TABLET .....	10	lenalidomide .....	11	LOTEMAX OPHTHALMIC OINTMENT .....	28
KESIMPTA.....	15	lessina .....	24	LOTEMAX OPHTHALMIC SUSPENSION.....	28
ketoconazole external cream .....	11	letrozole oral .....	12	LOTEMAX SM.....	28
ketoconazole external shampoo.....	11	leuprolide acetate injection.....	25	LOTENSIN.....	14
ketorolac tromethamine oral.....	8	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT.....	30	loteprednol etabonate ophthalmic gel .....	28
KLARITY-A .....	28	levetiracetam oral tablet .....	10	loteprednol etabonate ophthalmic suspension .....	28
KLISYRI.....	16	levo-t .....	25	LOTREL.....	14
KLONOPIN .....	13	levocetirizine dihydrochloride oral tablet .....	29	lovastatin oral .....	14
klor-con 10 .....	21	levofloxacin oral tablet.....	9	LOVAZA.....	14
klor-con m10 .....	21	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg .....	24	LOVENOX .....	9
klor-con m15 .....	21	levora 0.15/30 (28) .....	24	low-ogestrel.....	24
klor-con m20.....	21	levothyroxine sodium oral tablet.....	25	LUMAKRAS .....	12
klor-con oral tablet extended release.....	21	levoxyl .....	25	LUMIGAN .....	28
KLOXXADO.....	8	LEXAPRO .....	10	LUNESTA.....	30
KOATE.....	20	LIALDA .....	27	LUPRON DEPOT (1-MONTH) .....	25
KOATE-DVI .....	20	lidocaine external patch 5 %.....	8	lutera .....	24
KOGENATE FS .....	20	lidocaine hcl mouth/throat .....	15	lyleq.....	24
KOMBIGLYZE XR .....	20	lidocaine viscous hcl .....	16	lyllana.....	24
KOSELUGO.....	11	LIDODERM .....	8	LYMEPAK .....	9
KOVALTRY .....	20	LINZESS .....	22	LYNPARZA .....	12
KRINTAFEL .....	12	liothyronine sodium oral .....	26	LYRICA ORAL CAPSULE .....	15
kurvelo.....	23	LIPITOR.....	14	LYUMJEV KWIKPEN .....	19
KYNMOBI .....	12	lisinopril oral .....	14	LYUMJEV VIAL.....	19
<b>L</b>					
labetalol hcl oral .....	14	lisinopril-hydrochlorothiazide .....	14	lyza.....	24
LAMICTAL ORAL TABLET .....	10	lithium carbonate er.....	13	<b>M</b>	
lamotrigine oral tablet .....	10	lithium carbonate oral capsule .....	13	MACROBID.....	9
LANREOTIDE ACETATE .....	25	LITHOBID .....	13	MACRODANTIN.....	9
LANTUS SOLOSTAR.....	19	LO LOESTRIN FE.....	24	marlissa.....	24
LANTUS U-100 VIAL .....	19	lo-zumandimine .....	24	MAVENCLAD .....	15
larin 1/20.....	23	LOESTRIN 1/20 (21).....	24	MAVYRET ORAL PACKET .....	12
		LOESTRIN 1.5/30 (21) .....	24	MAXALT .....	11
		LOESTRIN FE 1/20.....	24		



nitrofurantoin macrocrystal . . . . .	9	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML . . . . .	30	ONETOUCH CLUB LANCETS FINE PT . . . . .	18
nitrofurantoin monohydrate macrocrystals . . . . .	9	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML . . . . .	30	ONETOUCH DELICA LANCETS 30G . . . . .	18
nitroglycerin sublingual . . . . .	14	NUCYNTA . . . . .	8	ONETOUCH DELICA LANCETS 33G . . . . .	18
NITROSTAT . . . . .	14	NUCYNTA ER . . . . .	8	ONETOUCH DELICA PLUS LANCET30G . . . . .	18
NOCDURNA . . . . .	25	NURTEC . . . . .	11	ONETOUCH DELICA PLUS LANCET33G . . . . .	18
nora-be . . . . .	24	NUTROPIN AQ NUSPIN 10 . . . . .	25	ONETOUCH FINEPOINT LANCETS . . . . .	18
NORDITROPIN FLEXPPO . . . . .	25	NUTROPIN AQ NUSPIN 20 . . . . .	25	ONETOUCH SOLUTIONS STARTER KIT . . . . .	18
norethin ace-eth estrad-fe oral tablet . . . . .	24	NUTROPIN AQ NUSPIN 5 . . . . .	25	ONETOUCH ULTRA 2 KIT W/DEVICE . . . . .	18
norethindrone acet-ethinyl est . . . . .	24	NUVARING . . . . .	24	ONETOUCH ULTRA MINI KIT W/DEVICE . . . . .	18
norethindrone acetate oral . . . . .	24	NUVESSA . . . . .	9	ONETOUCH ULTRA TEST STRIPS . . . . .	18
norethindrone oral . . . . .	24	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT . . . . .	20	ONETOUCH ULTRASOFT LANCETS . . . . .	18
norgestimate-eth estradiol . . . . .	24	NUWIQ INTRAVENOUS KIT 1500 UNIT . . . . .	20	ONETOUCH VERIO FLEX SYSTEM . . . . .	18
norgestimate-ethinyl estradiol triphasic . . . . .	24	NUZYRA ORAL . . . . .	9	ONETOUCH VERIO IQ SYSTEM . . . . .	18
NORITATE . . . . .	16	nymyo . . . . .	24	ONETOUCH VERIO KIT W/DEVICE . . . . .	18
NORLIQVA . . . . .	14	nystatin external cream . . . . .	11	ONETOUCH VERIO REFLECT KIT W/DEVICE . . . . .	18
norlyroc . . . . .	24	nystatin mouth/throat . . . . .	11	ONETOUCH VERIO TEST STRIPS . . . . .	18
nortriptyline hcl oral capsule . . . . .	10			ONGLYZA . . . . .	20
NORVASC . . . . .	14			OPSUMIT . . . . .	30
NOURIANZ . . . . .	12			OPTIUMEZ TEST . . . . .	18
NOVAREL . . . . .	27			OPZELURA . . . . .	16
NOVOEIGHT . . . . .	20			ORENCIA CLICKJECT . . . . .	26
NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	18			ORENCIA SUBCUTANEOUS . . . . .	26
NOVOFINE PEN NEEDLE . . . . .	18			ORFADIN ORAL CAPSULE . . . . .	22
NOVOFINE PLUS PEN NEEDLE . . . . .	18			ORFADIN ORAL SUSPENSION . . . . .	22
NOVOLIN 70/30 FLEXPEN . . . . .	19			ORGOVYX . . . . .	12
NOVOLIN 70/30 FLEXPEN RELION . . . . .	19			ORIAHNN . . . . .	25
NOVOLIN 70/30 RELION . . . . .	19			ORLISSA . . . . .	25
NOVOLIN 70/30 VIAL . . . . .	19			oseltamivir phosphate oral capsule . . . . .	12
NOVOLIN N FLEXPEN . . . . .	19			OSENI . . . . .	20
NOVOLIN N FLEXPEN RELION . . . . .	19			OSPHENA . . . . .	21
NOVOLIN N RELION . . . . .	19			OTEZLA ORAL TABLET . . . . .	26
NOVOLIN N VIAL . . . . .	19			OTREXUP . . . . .	26
NOVOLIN R FLEXPEN . . . . .	19			OVIDREL . . . . .	27
NOVOLIN R FLEXPEN RELION . . . . .	19			OXAYDO . . . . .	8
NOVOLIN R RELION . . . . .	19			oxcarbazepine oral tablet . . . . .	10
NOVOLIN R VIAL . . . . .	19			oxybutynin chloride er . . . . .	22
NOVOTWIST . . . . .	18			oxybutynin chloride oral tablet . . . . .	22
np thyroid . . . . .	26				
NUBEQA . . . . .	12				
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	30				

## O

ocella . . . . .	24				
OCUFLOX . . . . .	28				
ODOMZO . . . . .	12				
OFEV . . . . .	30				
ofloxacin ophthalmic . . . . .	28				
ofloxacin otic . . . . .	28				
olanzapine oral tablet . . . . .	12				
olmesartan medoxomil oral . . . . .	14				
olmesartan medoxomil-hctz . . . . .	14				
OLUMIANT ORAL TABLET 1 MG, 4 MG . . . . .	26				
OLUMIANT ORAL TABLET 2 MG . . . . .	26				
OMECLAMOX-PAK . . . . .	22				
omega-3-acid ethyl esters . . . . .	14				
omeprazole oral capsule delayed release . . . . .	22				
OMNIPOD 5 G6 INTRO (GEN 5) . . . . .	18				
OMNIPOD 5 G6 POD (GEN 5) . . . . .	18				
ondansetron hcl oral tablet . . . . .	11				
ondansetron odt . . . . .	11				





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. . . . .	22
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/ascorbat . . . . .	22
peg-kcl-nacl-nasulf-na asc-c . . . . .	22
penicillin v potassium oral tablet. . . . .	9
PERCOCET. . . . .	8
PERFOROMIST . . . . .	30
PERIDEX . . . . .	16
periogard. . . . .	16
PERTZYE. . . . .	22
PFIZER COVID-19 VAC BIVAL 5-11. . . . .	27
PFIZER COVID-19 VAC BIVALENT . . . . .	27
PFIZER COVID-19 VAC-TRIS 5-11Y. . . . .	27
PFIZER COVID-19 VAC-TRIS 6M-4Y. . . . .	27
PFIZER-BIONT COVID-19 VAC-TRIS. . . . .	27
PFIZER-BIONTECH COVID-19 VACC. . . . .	27
phenazo oral tablet 200 mg. . . . .	22

phenazopyridine hcl oral tablet 100 mg, 200 mg . . . . .	22
PICATO . . . . .	16
pioglitazone hcl . . . . .	20
PLAQUENIL . . . . .	12
PLAVIX. . . . .	12
PLEGRIDY INTRAMUSCULAR . . . . .	15
PLEGRIDY STARTER PACK . . . . .	15
PLEGRIDY SUBCUTANEOUS. . . . .	15
PLENVU. . . . .	22
POLY-VI-FLOR ORAL TABLET CHEWABLE . . . . .	21
polymyxin b-trimethoprim . . . . .	28
POLYTRIM . . . . .	28
POMALYST. . . . .	12
portia-28 . . . . .	24
potassium chloride crys er oral tablet extended release 10 meq, 20 meq. . . . .	21
potassium chloride crys er oral tablet extended release 15 meq . . . . .	21
potassium chloride er . . . . .	21
potassium citrate er . . . . .	21
PRADAXA . . . . .	9
pramipexole dihydrochloride. . . . .	12
pravastatin sodium. . . . .	14
prazosin hcl oral . . . . .	14
PRECISION XTRA . . . . .	18
PRECISION XTRA BLOOD GLUCOSE . . . . .	18
PRED FORTE . . . . .	28
PRED MILD . . . . .	28
prednisolone acetate ophthalmic . . . . .	28
prednisolone acetate p-f . . . . .	28
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml. . . . .	25
prednisolone sodium phosphate oral solution 15 mg/5ml. . . . .	25
prednisolone sodium phosphate oral solution 20 mg/5ml. . . . .	25
prednisone oral tablet . . . . .	25
prednisone oral tablet therapy pack. . . . .	25
pregabalin oral capsule . . . . .	15
PREGNYL . . . . .	27
PREMARIN ORAL . . . . .	24
PREMARIN VAGINAL. . . . .	24

PREMIUM BLOOD GLUCOSE TEST . . . . .	18
PREMPHASE . . . . .	24
PREMPRO. . . . .	24
PREZCOBIX . . . . .	12
PRISTIQ. . . . .	10
PROCARDIA XL . . . . .	14
prochlorperazine maleate oral . . . . .	11
PROCTOFOAM HC . . . . .	27
progesterone oral. . . . .	24
PROGRAF ORAL CAPSULE . . . . .	26
PROLATE ORAL TABLET . . . . .	8
promethazine hcl oral tablet . . . . .	11
promethazine-dm . . . . .	29
PROMETRIUM . . . . .	24
propranolol hcl er . . . . .	14
propranolol hcl oral tablet. . . . .	14
PROSCAR. . . . .	22
PROTONIX ORAL TABLET DELAYED RELEASE . . . . .	22
PROTOPIC . . . . .	16
PROVENTIL HFA . . . . .	29, 30
PROVERA . . . . .	23, 24
PROVIGIL . . . . .	31
PROZAC . . . . .	10
pseudoephedrine-bromphen-dm . . . . .	29
PTS PANELS EGLU TEST . . . . .	18
PULMICORT FLEXHALER. . . . .	30
PULMICORT SUSPENSION . . . . .	30
PULMOZYME . . . . .	30
PYLERA. . . . .	22
PYRIDIUM. . . . .	22

**Q**

quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg . . . . .	12
quetiapine fumarate oral tablet 150 mg. . . . .	12
QUFLORA GUMMIES . . . . .	21
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE . . . . .	21
QUINTET AC BLOOD GLUCOSE TEST . . . . .	18
QUINTET BLOOD GLUCOSE TEST . . . . .	18



**R**

rabeprazole sodium oral tablet delayed release. ....	22
ramipril. ....	14
RASUVO. ....	26
reclipsen. ....	24
RECOMBINATE. ....	20
REGLAN. ....	11
RELAFEN. ....	8
RELAFEN DS. ....	8
RELEXXI. ....	15
RELION TRUE MET AIR GLUC METER. ....	18
RELION TRUE METRIX TEST STRIPS. ....	19
RELION ULTIMA GLUCOSE SYSTEM. ....	19
RELION ULTIMA TEST. ....	19
RELPAK. ....	11
REMERON. ....	10
REMODULIN. ....	30
REPATHA. ....	14
REPATHA PUSHTRONEX SYSTEM. ....	14
REPATHA SURECLICK. ....	14
RESTASIS. ....	28
RESTASIS MULTIDOSE. ....	28
RESTORIL. ....	31
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML. ....	21
RETACRIT INJECTION SOLUTION 20000 UNIT/ML. ....	21
RETIN-A EXTERNAL CREAM. ....	16
REVATIO ORAL TABLET. ....	30
REVLIMID. ....	12
REXULTI. ....	12
RHOFADE. ....	16
RHOPRESSA. ....	28
RINVOQ. ....	26
RISPERDAL ORAL TABLET. ....	12
risperidone oral tablet. ....	12
RITALIN. ....	15
RITALIN LA. ....	15
rizatriptan benzoate. ....	11
ROBINUL. ....	22

ROBINUL-FORTE. ....	22
ROCALTROL ORAL CAPSULE. ....	27
ROCKLATAN. ....	28
ropinirole hcl. ....	12
rosadan external cream. ....	16
rosuvastatin calcium. ....	14
roweepra. ....	10
ROXICODONE. ....	8
RUCONEST. ....	26
RUKOBIA. ....	12
RYBELSUS. ....	20

**S**

SANTYL. ....	17
SAPHRIS. ....	12
scopolamine. ....	11
SEREVENT DISKUS. ....	30
SEROQUEL. ....	12
sertraline hcl oral tablet. ....	10
sharobel. ....	24
SHINGRIX. ....	27
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg. ....	21
sildenafil citrate oral tablet 20 mg. ....	30
SIMPONI. ....	26
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg. ....	14
simvastatin oral tablet 80 mg. ....	14
SINGULAIR ORAL TABLET. ....	30
SINGULAIR ORAL TABLET CHEWABLE. ....	30
SITAVIG. ....	12
SKYRIZI PEN. ....	26
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. ....	26
SOAANZ. ....	14
sodium sulfate-potassium sulfate-magnesium sulfate. ....	22
SOFOSBUVIR-VELPATASVIR. ....	12
solifenacin succinate. ....	22
SOLIQUA. ....	20
SOMA. ....	30
SOMATULINE DEPOT. ....	25
SOOLANTRA. ....	17
SPIKEVAX COVID-19 VACCINE. ....	27

SPIRIVA HANDIHALER. ....	30
SPIRIVA RESPIMAT. ....	30
spironolactone oral. ....	14
sprintec 28. ....	24
sronyx. ....	24
STELARA SUBCUTANEOUS. ....	26
STENDRA. ....	21
STIOLTO RESPIMAT. ....	30
STIVARGA. ....	12
STRATTERA. ....	15
STRENSIQ. ....	22
STRIVERDI RESPIMAT. ....	30
SUBOXONE. ....	9
subvenite. ....	10
sucalfate oral tablet. ....	22
sulfamethoxazole-trimethoprim oral tablet. ....	9
sumatriptan succinate oral. ....	11
SUNOSI. ....	31
SUPARTZ FX. ....	8
SUTAB. ....	22
syeda. ....	24
SYMBICORT. ....	30
SYMFI. ....	12
SYMFI LO. ....	12
SYMJEPI. ....	29
SYMLINPEN 120. ....	20
SYMLINPEN 60. ....	20
SYMPROIC. ....	22
SYNJARDY. ....	20
SYNJARDY XR. ....	20
SYNOJOYNT. ....	8
SYNTHROID. ....	26

**T**

TABRECTA. ....	12
TACLONEX EXTERNAL OINTMENT. ....	17
tacrolimus external. ....	17
tacrolimus oral. ....	26
tadalafil oral. ....	21
TAGRISSE. ....	12
TAKHZYRO SUBCUTANEOUS SOLUTION. ....	26
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR. ....	26



TAMIFLU ORAL CAPSULE . . . . .	12	TIMOPTIC . . . . .	28	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	17
tamoxifen citrate oral tablet 10 mg . . . . .	12	TIMOPTIC OCUDOSE . . . . .	28	triamcinolone acetonide external ointment 0.05 % . . . . .	17
tamoxifen citrate oral tablet 20 mg . . . . .	12	TIROSINT-SOL . . . . .	26	triamcinolone in absorbbase . . . . .	17
tamsulosin hcl . . . . .	22	TIVICAY . . . . .	13	triamterene-hctz . . . . .	14
TAPERDEX 12-DAY . . . . .	25	tizanidine hcl oral tablet . . . . .	30	TRIANEX . . . . .	17
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG . . . . .	25	TOBI PODHALER . . . . .	30	triazolam . . . . .	13
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) . . . . .	25	TOBRADEX OPHTHALMIC SUSPENSION . . . . .	28	TRICOR . . . . .	14
TAPERDEX 7-DAY . . . . .	25	TOBRADEX ST . . . . .	28	triderm external cream 0.1 % . . . . .	17
TARGADOX . . . . .	9	tobramycin-dexamethasone . . . . .	28	triderm external cream 0.5 % . . . . .	17
TARGRETIN EXTERNAL . . . . .	12	TOPAMAX . . . . .	10	TRIJARDY XR . . . . .	20
TARGRETIN ORAL . . . . .	12	topiramate oral tablet . . . . .	10	TRILEPTAL ORAL TABLET . . . . .	10
tarina 24 fe . . . . .	24	TOPROL XL . . . . .	14	TRILURON . . . . .	8
tarina fe 1/20 . . . . .	24	torsemide . . . . .	14	TRINTELLIX . . . . .	10
tarina fe 1/20 eq . . . . .	24	TOUJEO MAX SOLOSTAR . . . . .	19	tritocin . . . . .	17
TASIGNA . . . . .	12	TOUJEO SOLOSTAR . . . . .	19	TRIUMEQ . . . . .	13
TAVALISSE . . . . .	21	TRACLEER 62.5 MG, 125 MG . . . . .	30	TRUE FOCUS BLOOD GLUCOSE STRIP . . . . .	19
TECHLITE (ARKAY) INSULIN SYRINGES . . . . .	19	TRADJENTA . . . . .	20	TRUE METRIX AIR GLUCOSE METER KIT . . . . .	19
TECHLITE (ARKAY) PEN NEEDLES . . . . .	19	tramadol hcl oral tablet 100 mg . . . . .	8	TRUE METRIX BLOOD GLUCOSE TEST . . . . .	19
TEGSEDI . . . . .	22	tramadol hcl oral tablet 50 mg . . . . .	8	TRUE METRIX GO GLUCOSE METER . . . . .	19
TEKTURNA . . . . .	14	TRANSDERM-SCOP . . . . .	11	TRUE METRIX METER KIT . . . . .	19
TEKTURNA HCT . . . . .	14	trazodone hcl oral . . . . .	10	TRUE METRIX PRO BLOOD GLUCOSE . . . . .	19
telmisartan . . . . .	14	TRELEGY ELLIPTA . . . . .	30	TRUETRACK TEST . . . . .	19
temazepam . . . . .	31	TREMFYA . . . . .	26	TRULICITY . . . . .	20
TENORETIC 100 . . . . .	14	treprostinil . . . . .	30	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG . . . . .	13
TENORETIC 50 . . . . .	14	tretinoin external cream . . . . .	17	TRUVADA ORAL TABLET 200-300 MG . . . . .	13
TENORMIN . . . . .	14	TREXALL . . . . .	26	TYMLOS . . . . .	27
terbinafine hcl oral . . . . .	11	TREZIX . . . . .	8	TYRVAYA . . . . .	28
TERIPARATIDE (RECOMBINANT) . . . . .	27	tri femynor . . . . .	24	TYVASO . . . . .	30
TESTIM . . . . .	25	tri-estarylla . . . . .	24	TYVASO DPI MAINTENANCE KIT . . . . .	30
TESTOSTERONE CYPIONATE INJECTION . . . . .	25	tri-linyah . . . . .	24	TYVASO DPI TITRATION KIT . . . . .	30
testosterone cypionate D intramuscular . . . . .	25	tri-lo-estarylla . . . . .	24	TYVASO REFILL . . . . .	30
THALITONE . . . . .	14	tri-lo-marzia . . . . .	24	TYVASO STARTER . . . . .	30
THIOLA . . . . .	22	tri-lo-mili . . . . .	24		
THIOLA EC . . . . .	22	tri-lo-sprintec . . . . .	24		
THYQUIDITY . . . . .	26	tri-mili . . . . .	24		
TIGLUTIK . . . . .	15	tri-nymyo . . . . .	24		
timolol maleate (once-daily) . . . . .	28	tri-sprintec . . . . .	24		
timolol maleate ocudose . . . . .	28	tri-vylibra . . . . .	24		
timolol maleate ophthalmic solution . . . . .	28	tri-vylibra lo . . . . .	24		
timolol maleate pf . . . . .	28	triamcinolone acetonide external cream 0.025 %, 0.1 % . . . . .	17		
		triamcinolone acetonide external cream 0.5 % . . . . .	17		

## U

UBRELVY . . . . .	11
UCERIS ORAL . . . . .	27



UCERIS RECTAL . . . . .	27
UNISTRIP1 GENERIC . . . . .	19
unithroid . . . . .	26
UROCIT-K 10. . . . .	21
UROCIT-K 15. . . . .	21
UROCIT-K 5. . . . .	21
UROXATRAL. . . . .	22

**V**

VAGIFEM. . . . .	24
valacyclovir hcl oral . . . . .	13
VALIUM . . . . .	13
valsartan oral tablet . . . . .	14
valsartan-hydrochlorothiazide. . . . .	14
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML . . . . .	10
VALTRESX. . . . .	13
VANADOM . . . . .	30
vandazole . . . . .	9
VASOTEC . . . . .	15
VELPHORO. . . . .	22
VELTASSA. . . . .	21
venlafaxine hcl . . . . .	10
venlafaxine hcl er oral capsule extended release 24 hour . . . . .	10
VENTOLIN HFA. . . . .	29, 30
verapamil hcl er oral tablet extended release . . . . .	15
VERKAZIA. . . . .	28
VERQUVO . . . . .	15
VERZENIO. . . . .	12
VESICARE. . . . .	22
vestura. . . . .	24
VIAGRA . . . . .	21
VIBERZI. . . . .	22
VIBRAMYCIN ORAL CAPSULE . . . . .	9
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS . . . . .	20
vienva. . . . .	25
VIGAMOX . . . . .	28
VIIBRYD. . . . .	11
VIIBRYD STARTER PACK . . . . .	11
vilazodone hcl. . . . .	11
VISTARIL. . . . .	13

vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit . . . . .	21
VITRAKVI . . . . .	12
VIVELLE-DOT . . . . .	25
VIVJOA. . . . .	11
VOGELXO . . . . .	25
VOGELXO PUMP . . . . .	25
VOSEVI . . . . .	13
VRAYLAR ORAL CAPSULE . . . . .	12
VTAMA. . . . .	17
VYLEESI . . . . .	21
vylibra . . . . .	25
VYVANSE . . . . .	15

**W**

WAKIX . . . . .	31
warfarin sodium oral. . . . .	10
WELLBUTRIN SR. . . . .	11
WELLBUTRIN XL . . . . .	11
WILATE . . . . .	21
wixela inhub . . . . .	30

**X**

XALATAN. . . . .	28
XANAX. . . . .	13
XARELTO . . . . .	10
XARELTO STARTER PACK . . . . .	10
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG. . . . .	10
XELJANZ. . . . .	26, 27
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG . . . . .	26
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG . . . . .	27
XENLETA ORAL . . . . .	9
XEPI . . . . .	17
XIIDRA. . . . .	28
XOFLUZA (40 MG DOSE) . . . . .	13
XOFLUZA (80 MG DOSE) . . . . .	13
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . . .	27
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED . . . . .	27

XOPENEX HFA . . . . .	30
XTAMPZA ER . . . . .	8
xulane . . . . .	25
XYREM . . . . .	31
XYWAV . . . . .	31

**Y**

YASMIN 28 . . . . .	25
YAZ . . . . .	25
YUPELRI . . . . .	30
yuvafem . . . . .	25

**Z**

zafemy . . . . .	25
ZANAFLEX ORAL TABLET . . . . .	30
ZARXIO . . . . .	21
ZCORT 7-DAY . . . . .	25
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	20
ZEJULA . . . . .	12
ZELNORM. . . . .	22
zenatane . . . . .	17
ZENPEP. . . . .	22
ZEPOSIA . . . . .	15
ZEPOSIA 7-DAY STARTER PACK. . . . .	15
ZEPOSIA STARTER KIT. . . . .	15
ZESTORETIC . . . . .	15
ZESTRIL . . . . .	15
ZETIA. . . . .	15
ZETONNA . . . . .	29
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG . . . . .	15
ZIAC ORAL TABLET 5-6.25 MG . . . . .	15
ZIEXTENZO. . . . .	21
ZILXI. . . . .	17
ZIMHI. . . . .	9
ZIOPTAN . . . . .	28
ZITHROMAX ORAL SUSPENSION RECONSTITUTED . . . . .	9
ZITHROMAX ORAL TABLET. . . . .	9
ZITHROMAX TRI-PAK . . . . .	9
ZITHROMAX Z-PAK . . . . .	9
ZOCOR . . . . .	15
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG . . . . .	11



ZOLOFT ORAL TABLET . . . . .	11
zolpidem tartrate er . . . . .	31
zolpidem tartrate oral. . . . .	31
ZOMIG NASAL SOLUTION 2.5 MG . .	11
ZOMIG NASAL SOLUTION 5 MG . . .	11
ZONEGRAN . . . . .	10
zonisamide oral. . . . .	10
ZTLIDO . . . . .	8
ZUBSOLV . . . . .	9
zumandimine. . . . .	25
ZYLET . . . . .	28
ZYLOPRIM . . . . .	11
ZYPREXA ORAL. . . . .	12

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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।

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួសភាសាដទៃទៀតក្នុងចំណុះ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគតគិតក្នុងរង្វង់ ដល់មានន័យលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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'déé' 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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