



# Your 2024 Prescription Drug List

## Essential 4-Tier

Effective January 1, 2024



**United  
Healthcare**

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

# Table of contents

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



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



# Understanding your Prescription Drug List (PDL)

## What is a PDL?

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

## How do I use my PDL?

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

## What are tiers?

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

## When does the PDL change?

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

## Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification) if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications). There are also some instances where the same product can be made by 2 or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

## Who decides which medications are covered?

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

## About this PDL

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



# Medication tips

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

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

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

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

## What if I am taking a specialty medication?

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

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

## Over-the-counter (OTC) medications

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

# Reading your PDL

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

## Tier information

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

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

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

## Drug list information

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

<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>NF</b>	<b>Non-Formulary</b> Non-formulary drugs are not covered by your insurance provider, however may be filled at a Tier 4 cost share if certain criteria is met.
<b>PA</b>	<b>Prior Authorization</b> —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
<b>QL</b>	<b>Quantity Limits</b> —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
<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.

# Reading your PDL (continued)

## Coverage details

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. This is not a covered benefit for Neighborhood Health Partnership Plan.

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

## Questions

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



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



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

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

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

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



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

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

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





Drug Name	Drug Tier	Requirements & Limits
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	NF	
AUGMENTIN ES-600	NF	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	4	
BACTRIM DS	4	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	4	QL
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral tablet	1	
metronidazole vaginal	2	

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

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



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

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

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



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

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

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



Drug Name	Drug Tier	Requirements & Limits
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	3	PA, QL, SP
STIVARGA	3	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISSO	4	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	3	PA, ST, QL, SP
VERZENIO	3	PA, QL, SP
VITRAKVI	3	PA, QL, SP
XTANDI	3	PA, QL, SP
ZEJULA ORAL CAPSULE	3	PA, QL, SP
ZELBORAF	3	PA, QL, SP
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	4	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	NF	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
INBRIJA	3	PA, QL, SP
KYNMOBI	4	PA, QL, SP
NEUPRO	NF	
NOURIANZ	NF	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	NF	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	NF	
aripiprazole oral tablet	2	
LATUDA	NF	QL
lurasidone hcl	3	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	

Drug Name	Drug Tier	Requirements & Limits
REXULTI	NF	PA, ST, QL
RISPERDAL ORAL TABLET	NF	
risperidone oral tablet	1	
SEROQUEL	NF	
VRAYLAR ORAL CAPSULE	4	QL
ZYPREXA ORAL	NF	
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY	NF	PA, ST, QL
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
EPCLUSA ORAL TABLET	3	PA, QL, SP
HARVONI ORAL TABLET	3	PA, ST, QL, SP
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	3	PA, ST, QL, SP
MAVYRET ORAL PACKET	3	PA, QL, SP
oseltamivir phosphate oral capsule	2	
PAXLOVID (150/100)	3	QL
PAXLOVID (300/100)	3	QL
PREZCOBIX	2	
RUKOBIA	4	PA
SITAVIG	NF	QL
SOFOSBUVIR-VELPATASVIR	3	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	NF	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	NF	QL

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



Drug Name	Drug Tier	Requirements & Limits
valacyclovir hcl oral	1	QL
VALTREX	NF	QL
VOSEVI	3	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	
ATIVAN ORAL	NF	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	NF	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	NF	
VISTARIL	4	
XANAX	NF	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ALDACTONE	NF	
aliskiren fumarate	NF	
ALTACE	NF	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	

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

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



Drug Name	Drug Tier	Requirements & Limits
HYZAAR	NF	
INDERAL LA	NF	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	4	
LIPITOR	NF	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	4	
LOPRESSOR	4	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTREL	NF	
lovastatin oral	1	H
LOVAZA	NF	
MAXZIDE	4	
MAXZIDE-25	4	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	NF	
MICARDIS	NF	
MINIPRESS	4	
minoxidil oral	1	
MULTAQ	NF	PA
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	4	

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

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



Drug Name	Drug Tier	Requirements & Limits
ZESTORETIC	NF	
ZESTRIL	NF	
ZETIA	NF	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	NF	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	NF	
ADDERALL XR	NF	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
APTENSIO XR	NF	QL
atomoxetine hcl	4	QL
CONCERTA	NF	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	3	QL
FOCALIN	NF	
FOCALIN XR	NF	QL
guanfacine hcl er	2	
INTUNIV	NF	
JORNAY PM	NF	QL
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	NF	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	NF	

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

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



Drug Name	Drug Tier	Requirements & Limits
RADICAVA ORS STARTER KIT	4	PA, QL, SP
TIGLUTIK	4	PA
ZEPOSIA	4	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	4	PA, ST, QL, SP
ZEPOSIA STARTER KIT	4	PA, ST, SP

#### Dental and Oral Agents - Drugs for Mouth and Throat Conditions

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

#### Dermatological Agents - Drugs for Skin Conditions

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

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

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





Drug Name	Drug Tier	Requirements & Limits
TOLAK	NF	
tretinoin external cream	3	
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	NF	
triamcinolone in absorbbase	NF	
TRIANEX	NF	
triderm	1	QL
tritocin	NF	
VTAMA	4	PA, QL
XEPI	3	QL
ZILXI	NF	PA, ST, QL
ZORYVE	4	PA, QL
<b>Diabetes - Glucose Monitoring and Supplies</b>		
ACCU-CHEK AVIVA PLUS TEST STRIPS	NF	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET	1	
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	NF	QL
ACCU-CHEK SOFT TOUCH LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	NF	QL
AQINJECT PEN NEEDLE	2	QL
bd autoshield duo pen needles	2	

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

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



Drug Name	Drug Tier	Requirements & Limits
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	NF	QL
FORTISCARE G1 TEST STRIP	NF	QL
FORTISCARE TEST	NF	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	NF	
FREESTYLE PRECISION NEO TEST	NF	QL
FREESTYLE TEST	NF	QL
GLUCOCARD EXPRESSION TEST	NF	QL
GLUCOCARD SHINE TEST	NF	QL
GLUCOCARD VITAL TEST	NF	QL
GUARDIAN 4 GLUCOSE SENSOR	NF	
GUARDIAN 4 TRANSMITTER	NF	
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYOPEN 1-PACK	2	QL
GVOKE HYOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	QL
HEALTHPRO BLOOD GLUCOSE MONITO	NF	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
MICRODOT TEST	NF	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM EASY TOUCH GLUCOSE METER	NF	
NEUTEK 2TEK TEST	NF	QL

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

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



Drug Name	Drug Tier	Requirements & Limits
PRECISION XTRA BLOOD GLUCOSE	NF	QL
PREMIUM BLOOD GLUCOSE TEST	NF	QL
PTS PANELS EGLU TEST	NF	QL
QUINTET AC BLOOD GLUCOSE TEST	NF	QL
QUINTET BLOOD GLUCOSE TEST	NF	QL
RELION TRUE MET AIR GLUC METER	NF	
RELION TRUE METRIX TEST STRIPS	NF	QL
RELION ULTIMA GLUCOSE SYSTEM	NF	
RELION ULTIMA TEST	NF	QL
RIGHTEST GT333 GLUCOSE TEST	NF	QL
TECHLITE INSULIN SYRINGES	2	(manufactured by Arkay) QL
TECHLITE PEN NEEDLES	2	(manufactured by Arkay) QL
TEMPO REFILL	NF	
TEMPO WELCOME	NF	
TRUE FOCUS BLOOD GLUCOSE STRIP	NF	QL
TRUE METRIX AIR GLUCOSE METER KIT	NF	
TRUE METRIX BLOOD GLUCOSE TEST	NF	QL
TRUE METRIX GO GLUCOSE METER	NF	
TRUE METRIX METER KIT	NF	
TRUE METRIX PRO BLOOD GLUCOSE	NF	QL
TRUETRACK TEST	NF	QL
UNISTRIP1 GENERIC	NF	QL
<b>Diabetes - Insulin</b>		
ADMELOG	NF	QL
ADMELOG SOLOSTAR	NF	QL
BASAGLAR KWIKPEN	NF	QL
BASAGLAR TEMPO PEN	NF	
HUMALOG KWIKPEN	2	QL

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

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



Drug Name	Drug Tier	Requirements & Limits
NOVOLIN R RELION	NF	ST, QL
NOVOLIN R VIAL	NF	ST, QL
TOUJEO MAX SOLOSTAR	3	QL
TOUJEO SOLOSTAR	3	QL
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	NF	QL
ADLYXIN	NF	ST, QL
ALOGLIPTIN BENZOATE	NF	QL
ALOGLIPTIN-METFORMIN HCL	NF	QL
ALOGLIPTIN-PIOGLITAZONE	NF	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE	3	PA, ST, QL
BYETTA 10 MCG PEN	3	PA, ST, QL
BYETTA 5 MCG PEN	3	PA, ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCOTROL XL	4	
GLUMETZA	NF	PA
glyburide oral	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
metformin hcl er	1	
metformin hcl er (mod)	NF	PA
metformin hcl er (osm)	NF	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	NF	
MOUNJARO	3	PA, ST, QL
NESINA	2	QL

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

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



Drug Name	Drug Tier	Requirements & Limits
KOATE	3	SP
KOATE-DVI	3	SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
MULPLETA	3	PA, QL, SP
NEULASTA	3	
NOVOEIGHT	3	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	3	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	3	
RECOMBINATE	3	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	3	
TAVALISSE	4	PA, QL, SP
UDENYCA	3	
WILATE	3	
ZARXIO	3	
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	4	PA, QL
CIALIS	NF	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHEA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
VIAGRA	NF	QL
VYLEESI	4	PA, QL
<b>Electrolytes / Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	

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

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



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

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

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



Drug Name	Drug Tier	Requirements & Limits
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	4	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
CLIMARA	NF	QL
CLIMARA PRO	3	QL
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	2	QL
DIVIGEL	3	
dotti	2	QL
drospirenone-ethinyl estradiol	NF	
DUAVEE	4	QL
ELESTRIN	3	
eluryng	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	NF	
estradiol oral	1	

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

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



Drug Name	Drug Tier	Requirements & Limits
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
lessina	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	NF	
LOESTRIN 1/20 (21)	NF	
LOESTRIN FE 1.5/30	NF	
LOESTRIN FE 1/20	NF	
loryna	NF	
lo-zumandimine	NF	
lutera	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H

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

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





Drug Name	Drug Tier	Requirements & Limits
tri-estarylla	1	H
tri-lynyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
VAGIFEM	NF	
vestura	NF	
vienva	1	H
VIVELLE-DOT	NF	QL
vylibra	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zumandimine	NF	
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	4	
DEXABLISS	NF	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	NF	
HEMADY	NF	
HIDEX 6-DAY	NF	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	

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

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



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

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

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



Drug Name	Drug Tier	Requirements & Limits
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, QL
OLUMIANT ORAL TABLET 2 MG	3	PA, QL, SP
ORENCIA CLICKJECT	4	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	4	PA, ST, QL, SP
OTEZLA ORAL TABLET	3	PA, QL, SP
OTREXUP	NF	QL
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	3	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	3	PA, QL, SP
SKYRIZI PEN	3	PA, QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL
STELARA SUBCUTANEOUS SOLUTION	NF	PA, QL
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL
tacrolimus oral	1	
TAKHZYRO	3	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	NF	PA, ST, QL, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	NF	PA, ST, QL
TREMFYA	3	PA, QL, SP
TREXALL	2	
XELJANZ	3	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	3	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	NF	
<b>Immunological Agents - Drugs for Vaccination</b>		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H

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

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



Drug Name	Drug Tier	Requirements & Limits
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
ILEVRO	NF	
INVELTYS	3	
KLARITY-A	NF	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL	NF	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	NF	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	NF	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	NF	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	NF	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	NF	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	

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

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



Drug Name	Drug Tier	Requirements & Limits
VERKAZIA	4	PA, QL
XIIDRA	4	PA, QL
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	NF	
ciprofloxacin-dexamethasone	4	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	2	
<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/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	NF	QL
EPIPEN JR 2-PAK	NF	QL
SYMJEPI	2	QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	NF	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	NF	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	2	QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	

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

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



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

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

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



Drug Name	Drug Tier	Requirements & Limits
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral tablet	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
FEXMID	NF	
methocarbamol oral tablet 1000 mg	NF	
methocarbamol oral tablet 500 mg, 750 mg	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	4	
<b>Sleep Disorder Agents</b>		
AMBIEN	NF	
AMBIEN CR	NF	
BELSOMRA	NF	ST, QL
DAYVIGO	NF	ST, QL
eszopiclone	2	
LUNESTA	NF	
modafinil	2	QL
PROVIGIL	NF	QL
RESTORIL	4	
SODIUM OXYBATE	NF	(manufactured by Hikma), PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	NF	PA, QL, SP
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

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



# Index

## A

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





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

## B

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

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

## C

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



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



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

## E

EASY TOUCH HEALTHPRO GLUCOSE . . . . .	17		
EASY TOUCH TEST . . . . .	17		
EASYGLUCO . . . . .	17		
EASYMAX 15 TEST. . . . .	17		
EASYMAX NG BLOOD GLUCOSE KIT. . . . .	17		
EFFEXOR XR . . . . .	10		
EFUDEX . . . . .	16		
ELESTRIN. . . . .	23		
eletriptan hydrobromide. . . . .	11		
ELIQUIS . . . . .	9		
ELIQUIS DVT/PE STARTER PACK. . . . .	9		
ELOCTATE . . . . .	20		
eluryng . . . . .	23		



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



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





**K**

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

**L**

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

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

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

**M**

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



MAXITROL OPHTHALMIC SUSPENSION 0.1 % . . . . .	28	methylprednisolone oral tablet therapy pack . . . . .	25	MOUNJARO . . . . .	20
MAXZIDE . . . . .	14	metoclopramide hcl oral tablet . . . . .	10	MOVIPREP . . . . .	22
MAXZIDE-25 . . . . .	14	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg . . . . .	14	moxifloxacin hcl (2x day) . . . . .	28
MAYZENT STARTER PACK . . . . .	15	metoprolol succinate er oral tablet extended release 24 hour 25 mg . . . . .	14	moxifloxacin hcl ophthalmic . . . . .	28
MEDROL ORAL TABLET THERAPY PACK . . . . .	25	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	14	MS CONTIN . . . . .	8
medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	24	metoprolol tartrate oral tablet 37.5 mg, 75 mg . . . . .	14	MULPLETA . . . . .	21
medroxyprogesterone acetate oral . . . . .	24	METROCREAM . . . . .	16	MULTAQ . . . . .	14
meloxicam oral tablet . . . . .	8	metronidazole external cream . . . . .	16	mupirocin external . . . . .	9
MENOSTAR . . . . .	24	metronidazole oral tablet . . . . .	9	mycophenolate mofetil oral tablet . . . . .	26
mesalamine oral tablet delayed release . . . . .	27	metronidazole vaginal . . . . .	9	MYDAYIS . . . . .	15
metformin hcl er . . . . .	20	MICARDIS . . . . .	14	MYFEMBREE . . . . .	24
metformin hcl er (mod) . . . . .	20	MICRODOT TEST . . . . .	18		
metformin hcl er (osm) . . . . .	20	microgestin 1/20 . . . . .	24	<b>N</b>	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg . . . . .	20	microgestin 1.5/30 . . . . .	24	na sulfate-k sulfate-mg sulf. . . . .	22
metformin hcl oral tablet 625 mg . . . . .	20	microgestin 24 fe . . . . .	24	nabumetone oral . . . . .	8
methimazole oral . . . . .	26	microgestin fe 1/20 . . . . .	24	NALOCET . . . . .	8
methocarbamol oral tablet 1000 mg . . . . .	31	microgestin fe 1.5/30 . . . . .	24	naloxone hcl injection solution prefilled syringe . . . . .	8
methocarbamol oral tablet 500 mg, 750 mg . . . . .	31	mili . . . . .	24	naloxone hcl nasal . . . . .	8
methotrexate oral . . . . .	26	MINILINK REAL-TIME TRANSMITTER . . . . .	18	naltrexone hcl oral . . . . .	8
methotrexate sodium oral . . . . .	26	MINIMED 630G GUARDIAN PRESS . . . . .	18	NAPROSYN ORAL TABLET . . . . .	8
methylphenidate hcl er (cd) . . . . .	15	MINIPRESS . . . . .	14	naproxen oral tablet . . . . .	8
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg . . . . .	15	MINIVELLE . . . . .	23, 24	NARCAN . . . . .	8
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg . . . . .	15	minocycline hcl oral capsule . . . . .	9	NASCOBAL . . . . .	21
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg . . . . .	15	minoxidil oral . . . . .	14	NATAZIA . . . . .	24
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG . . . . .	15	mirtazapine oral tablet . . . . .	10	NATESTO . . . . .	25
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG . . . . .	15	MIRVASO . . . . .	16	NAYZILAM . . . . .	10
methylphenidate hcl er (xr) . . . . .	15	misoprostol oral . . . . .	21	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	28
methylphenidate hcl er oral tablet extended release . . . . .	15	MITIGARE . . . . .	11	neomycin-polymyxin-hc otic suspension . . . . .	29
methylphenidate hcl oral tablet . . . . .	15	MM EASY TOUCH GLUCOSE METER . . . . .	18	NESINA . . . . .	20
		modafinil . . . . .	31	NEULASTA . . . . .	21
		mondoxylene nl . . . . .	9	NEUPRO . . . . .	12
		mono-linyah . . . . .	24	NEURONTIN ORAL CAPSULE . . . . .	10
		montelukast sodium oral tablet . . . . .	30	NEURONTIN ORAL TABLET . . . . .	10
		montelukast sodium oral tablet chewable . . . . .	30	NEUTEK 2TEK TEST . . . . .	18
		morphine sulfate er oral tablet extended release . . . . .	8	NEVANAC . . . . .	28
		MOTTEGRITY . . . . .	22	NEXLETOL . . . . .	14
				NEXLIZET . . . . .	14
				nifedipine er . . . . .	14
				nifedipine er osmotic release . . . . .	14
				nikki . . . . .	24
				nitrofurantoin macrocrystal . . . . .	9



nitrofurantoin monohydrate macrocrystals . . . . .	9	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	30	ON CALL EXPRESS BLOOD GLUCOSE . . . . .	18
nitroglycerin sublingual. . . . .	14	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML . . . . .	30	ON CALL EXPRESS MONITORING SYS . . . . .	18
NITROSTAT . . . . .	14	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML. . . . .	30	ondansetron hcl oral tablet . . . . .	10
NOCDURNA. . . . .	25	NUCYNTA. . . . .	8	ondansetron odt . . . . .	10
nora-be . . . . .	24	NUCYNTA ER. . . . .	8	ONETOUCH CLUB LANCETS FINE PT . . . . .	18
NORDITROPIN FLEXPEN . . . . .	25	NURTEC. . . . .	11	ONETOUCH DELICA LANCETS 30G . . . . .	18
norethin ace-eth estrad-fe oral tablet. . . . .	24	NUTROPIN AQ NUSPIN 10 . . . . .	25	ONETOUCH DELICA LANCETS 33G . . . . .	18
norethindrone acet-ethinyl est . . . . .	24	NUTROPIN AQ NUSPIN 20 . . . . .	25	ONETOUCH DELICA PLUS LANCET30G . . . . .	18
norethindrone acetate oral . . . . .	24	NUTROPIN AQ NUSPIN 5 . . . . .	25	ONETOUCH DELICA PLUS LANCET33G . . . . .	18
norethindrone oral. . . . .	24	NUVARING. . . . .	24	ONETOUCH FINEPOINT LANCETS .	18
norgestimate-eth estradiol . . . . .	24	NUVESSA. . . . .	9	ONETOUCH ULTRA 2 KIT W/DEVICE . . . . .	18
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg. . . . .	24	NUVIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT . . . . .	21	ONETOUCH ULTRA TEST STRIPS..	18
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg. . . . .	24	NUVIQ INTRAVENOUS KIT 1500 UNIT . . . . .	21	ONETOUCH ULTRASOFT LANCETS. . . . .	18
NORITATE . . . . .	16	NUZYRA ORAL . . . . .	9	ONETOUCH VERIO FLEX SYSTEM KIT. . . . .	18
NORLIQVA . . . . .	14	nymyo . . . . .	24	ONETOUCH VERIO IQ BLOOD GLUCOSE METER . . . . .	18
norlyroc . . . . .	24	nystatin external cream. . . . .	11	ONETOUCH VERIO REFLECT KIT W/DEVICE . . . . .	18
nortriptyline hcl oral capsule . . . . .	10	nystatin mouth/throat . . . . .	11	ONETOUCH VERIO TEST STRIPS ..	18
NORVASC . . . . .	14	<b>O</b>			
NOURIANZ. . . . .	12	ocella . . . . .	24	ONGLYZA. . . . .	20
NOVOEIGHT . . . . .	21	OCUFLOX. . . . .	28	OPSUMIT . . . . .	30
NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	18	ODOMZO . . . . .	11	OPTIUMEZ TEST. . . . .	18
NOVOFINE PEN NEEDLE. . . . .	18	OFEV. . . . .	30	OPZELURA . . . . .	16
NOVOFINE PLUS PEN NEEDLE . . . . .	18	ofloxacin ophthalmic. . . . .	28	ORENCIA CLICKJECT . . . . .	27
NOVOLIN 70/30 FLEXPEN. . . . .	19	ofloxacin otic . . . . .	29	ORENCIA SUBCUTANEOUS . . . . .	27
NOVOLIN 70/30 FLEXPEN RELION . . . . .	19	olanzapine oral tablet . . . . .	12	ORFADIN . . . . .	22
NOVOLIN 70/30 RELION . . . . .	19	olmesartan medoxomil oral . . . . .	14	ORGOVYX . . . . .	11
NOVOLIN 70/30 VIAL . . . . .	19	olmesartan medoxomil-hctz. . . . .	14	ORIAHNN. . . . .	25
NOVOLIN N FLEXPEN . . . . .	19	OLUMIANT ORAL TABLET 1 MG, 4 MG . . . . .	27	ORILISSA. . . . .	25
NOVOLIN N FLEXPEN RELION . . . . .	19	OLUMIANT ORAL TABLET 2 MG . . . . .	27	oseltamivir phosphate oral capsule. .	12
NOVOLIN N RELION. . . . .	19	OMECLAMOX-PAK . . . . .	21	OSENI. . . . .	20
NOVOLIN N VIAL. . . . .	19	omega-3-acid ethyl esters . . . . .	14	OSPHENA . . . . .	21
NOVOLIN R FLEXPEN . . . . .	19	omeprazole oral capsule delayed release . . . . .	21	OTEZLA ORAL TABLET . . . . .	27
NOVOLIN R FLEXPEN RELION . . . . .	19	OMNIPOD 5 G6 INTRO (GEN 5) . . . . .	18	OTREXUP. . . . .	27
NOVOLIN R RELION . . . . .	20	OMNIPOD 5 G6 POD (GEN 5) . . . . .	18	OXAYDO. . . . .	8
NOVOLIN R VIAL. . . . .	20			oxcarbazepine oral tablet . . . . .	10
NOVOTWIST PEN NEEDLE . . . . .	18				
np thyroid . . . . .	26				
NUBEQA. . . . .	11				





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



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



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

## U

UBRELVY . . . . .	11
UCERIS ORAL . . . . .	27
UDENYCA . . . . .	21
UNISTRIP1 GENERIC . . . . .	19



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



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

# Nondiscrimination notice and access to communication services

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

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

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

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

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

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

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

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

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

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



# Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shòqdí ninaaltsoos nit'i'izí bee nééhozinígíí bine'déę' t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

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

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

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

**United  
Healthcare**