



Your 2024 Prescription Drug List

Traditional 3-Tier

Effective September 1, 2024



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2024 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, River Valley, Oxford, and Student Resources medical plans with a pharmacy benefit subject to the Traditional 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL	6
Questions	7
Analgesics	
Drugs for Pain	8
Drugs for Pain and Inflammation	8
Anti-Addiction / Substance Abuse Treatment Agents	8
Antibacterials	
Drugs for Infections	9
Anticoagulants	
Drugs to Treat or Prevent Blood Clots	9
Anticonvulsants	
Drugs for Seizures	10
Antidepressants	
Drugs for Depression	10
Antiemetics	
Drugs for Nausea and Vomiting	11
Antifungals	
Drugs for Fungal Infections	11
Antigout Agents	
Drugs for Gout	11
Antimigraine Agents	
Drugs for Migraines	11
Antineoplastics	
Drugs for Cancer	11
Antiparasitics	
Drugs for Parasitic Infections	12
Anti-Parkinson's Agents	
Drugs for Parkinson's Disease	12
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention	12
Antipsychotics	
Drugs for Mood Disorders	12
Antivirals	
Drugs for Viral Infections	12
Anxiolytics	
Drugs for Anxiety	13
Bipolar Agents	
Drugs for Mood Disorders	13
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions	13
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	15
Drugs for Multiple Sclerosis	16
Miscellaneous	16
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	20
Non-Insulin Agents	20
Drugs for Blood Disorders	21
Drugs for Sexual Dysfunction	22
Electrolytes / Vitamins	22
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer	22
Drugs for Bowel, Intestine and Stomach Conditions	22
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	23
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions	23
Drugs for Prostate Conditions	23
Hormonal Agents	
Hormone Replacement and Birth Control	23
Oral Steroids	26
Other	26
Testosterone Replacement	27
Thyroid	27
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	27
Drugs for Vaccination	29
Infertility Agents	29
Inflammatory Bowel Disease Agents	29
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	29
Other	29
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	30
Drugs for Glaucoma	30
Drugs for Miscellaneous Eye Conditions	31
Otic Agents	
Drugs for Ear Conditions	31
Respiratory	
Drugs for Anaphylaxis	31
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold	31
Drugs for Asthma and COPD	31
Drugs for Cystic Fibrosis	32
Drugs for Pulmonary Fibrosis	33
Drugs for Pulmonary Hypertension	33
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	33
Sleep Disorder Agents	33
Index	34



Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by 2 or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

About this PDL

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

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

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

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

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

5. Not applicable to certain Student Resources plans.

6. Not applicable to Oxford and Student Resources plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine oral capsule	1	QL
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL TABLET	3	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	QL
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
PERCOCET	E	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	QL

Drug Name	Drug Tier	Requirements & Limits
ROXICODONE ORAL TABLET 5 MG	E	QL
tramadol hcl oral tablet 100 mg, 25 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
TREZIX	1	QL
ULTRAM ORAL TABLET 50 MG	E	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
MOBIC ORAL TABLET 15 MG, 7.5 MG	E	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN DS	E	
RELAFEN ORAL TABLET 500 MG, 750 MG	E	
TIVORBEX ORAL CAPSULE 20 MG	E	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	QL
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL (includes Narcan OTC)

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



Drug Name	Drug Tier	Requirements & Limits
SUBOXONE	E	PA, QL
ZIMHI	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	3	
BACTRIM DS	3	
cefдинир	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	3	QL
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	

Drug Name	Drug Tier	Requirements & Limits
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
LIKMEZ	3	
LYMEPAK ORAL TABLET 100 MG	E	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	QL
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	QL
ELIQUIS	2	QL

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



Drug Name	Drug Tier	Requirements & Limits
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	3	PA
LAMICTAL ORAL TABLET	3	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
MOTPOLY XR	3	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	3	PA
NEURONTIN ORAL TABLET	3	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	PA
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate oral	1	
TRILEPTAL ORAL TABLET	3	PA

Drug Name	Drug Tier	Requirements & Limits
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	3	PA
zonisamide oral	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL

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



Drug Name	Drug Tier	Requirements & Limits
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	
Antiemetics - Drugs for Nausea and Vomiting		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL CAPSULE 186 MG	3	
DIFLUCAN ORAL TABLET	E	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
nystatin external cream	1	QL
nystatin mouth/throat	1	
terbinafine hcl oral	1	
VIVJOA	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
colchicine oral	1	
COLCRYS ORAL TABLET 0.6 MG	E	
MITIGARE	2	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA, ST, QL
IMITREX	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
NURTEC	2	PA, ST, QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
CALQUENCE ORAL CAPSULE 100 MG	2	PA, QL, SP
COTELLIC	2	PA, QL, SP

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



Drug Name	Drug Tier	Requirements & Limits
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	3	PA, QL, SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP
NEUPRO	3	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral tablet	1	
LATUDA	E	QL
lurasidone hcl	1	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	3	PA, ST, QL
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SEROQUEL	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR ORAL CAPSULE	3	QL
ZYPREXA ORAL	E	
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	

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



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

Drug Name	Drug Tier	Requirements & Limits
bupirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	

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



Drug Name	Drug Tier	Requirements & Limits
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	3	
CARDIZEM CD	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
enalapril maleate oral tablet	1	
ENTRESTO	3	PA, QL
EXFORGE	E	
ezetimibe	1	
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
FENOGLIDE	E	
flecainide acetate	1	
FUROSCIX	3	PA, QL
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MICARDIS	E	
MINIPRESS	3	
minoxidil oral	1	
MULTAQ	3	PA
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	3	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pravastatin sodium	1	
prazosin hcl oral	1	

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



Drug Name	Drug Tier	Requirements & Limits
PROCARDIA XL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	QL
spironolactone oral tablet	1	
TEKTURNA	3	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL

Drug Name	Drug Tier	Requirements & Limits
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	1	QL
AZSTARYS	3	ST, QL
CONCERTA	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	E	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	E	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	E	QL

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



Drug Name	Drug Tier	Requirements & Limits
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 72 MG	E	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG	E	
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL

Central Nervous System Agents - Drugs for Multiple Sclerosis

AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	QL, SP
AUSTEDO XR PATIENT TITRATION	2	QL, SP
LYRICA ORAL CAPSULE	3	PA

Drug Name	Drug Tier	Requirements & Limits
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
TEGLUTIK	3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA, ST, SP

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	3	
periogard	1	

Dermatological Agents - Drugs for Skin Conditions

AKLIEF	3	PA, QL
ala-cort	E	
AMZEEQ	3	QL
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
CARAC	E	
CIBINQO	2	PA, QL, SP
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL

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



Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T), QL
clobetasol propionate external cream	1	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ENSTILAR	3	QL
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	E	QL
KLISYRI	3	ST, QL
METROCREAM	3	
metronidazole external cream	1	
MIRVASO	3	PA, QL
NORITATE	E	
OPZELURA	3	PA, QL, SP
PANRETIN	3	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	E	QL
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
rosadan external cream 0.75 %	1	
SANTYL	3	QL
SOOLANTRA	1	QL
TACLONEX EXTERNAL SUSPENSION	1	QL
tacrolimus external	1	QL
TEMOVATE EXTERNAL CREAM 0.05 %	3	QL
TEMOVATE EXTERNAL OINTMENT 0.05 %	3	QL
TOLAK	E	
tretinoin external cream	1	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
tritocin external ointment 0.05 %	E	
VTAMA	3	PA, QL
XEPI	3	QL
ZILXI	3	PA, ST, QL
ZORYVE EXTERNAL CREAM	3	PA, QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	

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



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK MULTICLIX LANCETS	1		CONTOUR TEST STRIPS	E	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL	CVS ADVANCED GLUCOSE TEST	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1		CVS GLUCOSE METER TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1		D-CARE BLOOD GLUCOSE	E	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		D-CARE GLUCOMETER	E	
ACCUTREND GLUCOSE	E	QL	DEXCOM G6 RECEIVER	3	PA, QL
AQINJECT PEN NEEDLE	2	QL	DEXCOM G6 SENSOR	3	PA, QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL	DEXCOM G6 TRANSMITTER	3	PA, QL
BD ULTRA-FINE insulin syringes	2	QL	DEXCOM G7 RECEIVER	3	PA, QL
BD ULTRA-FINE PEN NEEDLES	2	QL	DEXCOM G7 SENSOR	3	PA, QL
BD ULTRA-FINE U-500 insulin syringes	2	QL	EASY TOUCH HEALTHPRO GLUCOSE	E	
BD ULTRA-FINE VEO insulin syringes	2	QL	EASY TOUCH TEST	E	QL
BIOTEL CARE TEST STRIPS	E	QL	EASYGLUCO	E	
BLOOD GLUCOSE TEST STRIPS	E	QL	EASYMAX 15 TEST	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL	EASYMAX NG BLOOD GLUCOSE KIT	E	
CARETOUCH MONITOR SYSTEM	E		EMBRACE BLOOD GLUCOSE TEST	E	QL
CARETOUCH TEST	E	QL	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
CONTOUR MONITOR KIT W/ DEVICE	E		ENLITE GLUCOSE SENSOR	3	PA
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP	2	QL	EQ BLOOD GLUCOSE TEST	E	QL
CONTOUR NEXT EZ KIT W/ DEVICE	E		FORA 6 CONNECT/GTEL TEST	E	QL
CONTOUR NEXT GEN MONITOR KIT	E		FORTISCARE G1 TEST STRIP	E	QL
CONTOUR NEXT GEN TEST STRIPS	2	QL	FORTISCARE TEST	E	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E		FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)	FREESTYLE LIBRE 2 SENSOR	3	PA, QL
CONTOUR NEXT MONITOR KIT W/ DEVICE	2		FREESTYLE LIBRE 3 SENSOR	3	PA, QL
CONTOUR NEXT ONE DEVICE	E		FREESTYLE PRECISION NEO SYSTEM	E	
CONTOUR NEXT ONE KIT	2		FREESTYLE PRECISION NEO TEST	E	QL
			FREESTYLE TEST	E	QL
			GLUCOCARD EXPRESSION TEST	E	QL
			GLUCOCARD SHINE TEST	E	QL
			GLUCOCARD VITAL TEST	E	QL
			GUARDIAN 4 GLUCOSE SENSOR	3	PA

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



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GUARDIAN 4 TRANSMITTER	3	PA	ONETOUCH ULTRA IN VITRO STRIP	1	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	ONETOUCH ULTRASOFT LANCETS	1	
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	ONETOUCH VERIO FLEX SYSTEM KIT	1	
GUARDIAN SENSOR (3)	3	PA, QL	ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
GUARDIAN SENSOR 3	3	PA, QL	ONETOUCH VERIO KIT W/DEVICE	1	
GVOKE HYPOPEN 1-PACK	2	QL	ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
GVOKE HYPOPEN 2-PACK	2	QL	ONETOUCH VERIO TEST STRIPS	1	QL
GVOKE KIT	2		OPTIUMEZ TEST	E	QL
GVOKE PFS	2	QL	PARADIGM REAL-TIME TRANSMITTER	3	PA
HEALTHPRO BLOOD GLUCOSE MONITO	E		PIP BLOOD GLUCOSE TEST STRIP	E	QL
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL	PRECISION XTRA	E	
LANCETS	1		PRECISION XTRA BLOOD GLUCOSE	E	QL
MICRODOT TEST	E	QL	PREMIUM BLOOD GLUCOSE TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA	PTS PANELS EGLU TEST	E	QL
MINIMED 630G GUARDIAN PRESS	3	PA	QUINTET AC BLOOD GLUCOSE TEST	E	QL
MM BLULINK GLUCOSE TEST	E	QL	QUINTET BLOOD GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E		RELION TRUE MET AIR GLUC METER	E	
NEUTEK 2TEK TEST	E	QL	RELION TRUE METRIX TEST STRIPS	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL	RELION ULTIMA GLUCOSE SYSTEM	E	
NOVOFINE PEN NEEDLE	2	QL	RELION ULTIMA TEST	E	QL
NOVOFINE PLUS PEN NEEDLE	2	QL	RIGHTEST GT333 GLUCOSE TEST	E	QL
NOVOTWIST PEN NEEDLE	2	QL	TECHLITE INSULIN SYRINGES	2	(ARKRAY), QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL	TECHLITE PEN NEEDLES	2	(ARKRAY), QL
OMNIPOD 5 G6 PODS (GEN 5)	2	PA, QL	TEMPO REFILL	E	
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	TEMPO WELCOME	E	
ON CALL EXPRESS MONITORING SYS	E		TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH DELICA PLUS LANCETS	1		TRUE METRIX AIR GLUCOSE METER KIT	E	
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE	1		TRUE METRIX BLOOD GLUCOSE TEST	E	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	1				

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



Drug Name	Drug Tier	Requirements & Limits
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
HUMALOG INJECTION	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL

Drug Name	Drug Tier	Requirements & Limits
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
SEMGLEE	E	QL
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	3	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	3	
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, QL
BYETTA 10 MCG PEN	2	PA, QL
BYETTA 5 MCG PEN	2	PA, QL
glimepiride	1	
glipizide er	1	

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



Drug Name	Drug Tier	Requirements & Limits
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide oral	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, QL
ONGLYZA	E	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	1	QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL

Drug Name	Drug Tier	Requirements & Limits
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIIO	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
EMPAVELI	2	PA, QL, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
IDELVION	3	SP
JIVI	3	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP

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



Drug Name	Drug Tier	Requirements & Limits
UDENYCA	2	
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	PA, QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DODEX	3	
DRISDOL	3	
ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT)	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	PA, QL
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
UROCIT-K 10	3	

Drug Name	Drug Tier	Requirements & Limits
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
VOQUEZNA	E	QL
VOQUEZNA DUAL PAK	E	ST, QL
VOQUEZNA TRIPLE PAK	E	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	QL
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	

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



Drug Name	Drug Tier	Requirements & Limits
GOLYTELY	3	QL
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	1	QL
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	3	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	3	PA, QL

Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	E	

Drug Name	Drug Tier	Requirements & Limits
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin	1	SP
VELPHORO	2	
VESICARE	E	

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

Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	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 ORAL TABLET 5 MG	3	
ayuna	1	H

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



Drug Name	Drug Tier	Requirements & Limits
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
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	1	QL
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
eluryng	1	H
emoquette oral tablet 0.15-30 mg-mcg	1	H
enilloring	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	3	QL
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
femynor oral tablet 0.25-35 mg-mcg	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	1	H
jencycla	1	H

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



Drug Name	Drug Tier	Requirements & Limits
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
larissia oral tablet 0.1-20 mg-mcg	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
lillow oral tablet 0.15-30 mg-mcg	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
loryna	1	H
lo-zumandimine	1	H
lutra	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H

Drug Name	Drug Tier	Requirements & Limits
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINIVELLE	E	QL
mono-lynyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyda	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	1	H
orsythia	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem oral tablet 0.25-35 mg-mcg	1	H
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H

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



Drug Name	Drug Tier	Requirements & Limits
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
tulana oral tablet 0.35 mg	1	H
VAGIFEM	E	
VEOZAH	3	PA, QL
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	E	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	

Drug Name	Drug Tier	Requirements & Limits
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
Hormonal Agents - Other		
cabergoline	1	
LANREOTIDE ACETATE	E	SP
NGENLA	3	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL

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



Drug Name	Drug Tier	Requirements & Limits
SKYTROFA	3	PA, QL, SP
SOMATULINE DEPOT	3	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	1	PA, QL
testosterone cypionate intramuscular	1	
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	

Drug Name	Drug Tier	Requirements & Limits
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADBM (2 PEN)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBM (2 SYRINGE)	2	PA, QL, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBM(CD/UC/HS STRT)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBM(PS/UV STARTER)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-FKJP	E	PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	2	PA, (AMJEVITA - HIGH CON- CENTRATION), SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA, (AMJEVITA - HIGH CON- CENTRATION), SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA, (AMJEVITA - HIGH CON- CENTRATION), SP
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA, QL, SP

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



Drug Name	Drug Tier	Requirements & Limits
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
COSENTYX UNOREADY	3	PA, ST, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
HADLIMA	2	PA, QL, SP
HADLIMA PUSHTOUCH	2	PA, QL, SP
HAEGARDA	2	PA, QL, SP
HUMIRA (2 PEN)	2	PA, QL, SP
HUMIRA (2 SYRINGE)	2	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER	2	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START	2	PA, QL, SP
HUMIRA-PED>=40KG UC STARTER	2	PA, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
HUMIRA-PSORIASIS/UEVIT STARTER	2	PA, QL, SP
HYFTOR	3	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP

Drug Name	Drug Tier	Requirements & Limits
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER	E	PA, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
IMURAN	E	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP
KINERET	3	PA, ST, QL, SP
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, QL
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
OMVOH	3	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA ORAL TABLET	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	

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



Drug Name	Drug Tier	Requirements & Limits
TAKHZYRO	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST, QL
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
Immunological Agents - Drugs for Vaccination		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
SHINGRIX	3	H
Infertility Agents		
cetorelix acetate	1	PA, ST, QL, SP
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Ferring), QL, SP

Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/Organon), QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
PROCTOFOAM HC	2	
UCERIS ORAL	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
teriparatide	E	PA, ST, SP
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	3	

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



Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	3	QL
AZASITE	3	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION 0.3 %	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
ILEVRO	E	
INVELTYS	3	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension 0.2 %	1	QL
loteprednol etabonate ophthalmic suspension 0.5 %	1	QL
MAXITROL OPHTHALMIC SUSPENSION	3	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	3	
PRED FORTE	E	

Drug Name	Drug Tier	Requirements & Limits
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVIY	3	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
BETIMOL	2	QL
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
COMBIGAN	1	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	

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



Drug Name	Drug Tier	Requirements & Limits
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
XALATAN	E	
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA
XIIDRA	3	PA, QL

Otic Agents - Drugs for Ear Conditions

CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL

Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	QL

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

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM	3	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	QL

Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA), QL

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



Drug Name	Drug Tier	Requirements & Limits
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
breyna	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	3	PA, QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
PERFORMIST	3	QL
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PROVENTIL HFA	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	1	QL
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP

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



Drug Name	Drug Tier	Requirements & Limits
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, (generic for Tob), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	3	PA, QL, SP
------	---	------------

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL TABLET	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
TYVASO	2	PA
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA
TYVASO STARTER	2	PA

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

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

Sleep Disorder Agents

AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	3	ST, QL

Drug Name	Drug Tier	Requirements & Limits
DAYVIGO	3	ST, QL
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
PROVIGIL	E	QL
RESTORIL	3	
SODIUM OXYBATE	3	PA, QL, SP (Manufactured by Hikma)
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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



Index

A

ABILIFY	12	ADDDI	22	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	32
ACCU-CHEK AVIVA PLUS TEST STRIPS	17	ADEMPAS	33	ALDACTONE	13
ACCU-CHEK FASTCLIX LANCET KIT	17	ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG.	15	ALECENSA	11
ACCU-CHEK FASTCLIX LANCETS ..	17	ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	20	alendronate sodium oral tablet	29
ACCU-CHEK GUIDE KIT W/DEVICE ..	17	ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	20	alfuzosin hcl er	23
ACCU-CHEK GUIDE ME METER	17	ADMELOG	20	aliskiren fumarate	13
ACCU-CHEK GUIDE TEST STRIPS ..	17	ADMELOG SOLOSTAR	20	allopurinol oral tablet 100 mg, 300 mg	11
ACCU-CHEK MULTICLIX LANCET KIT	17	ADTHYZA	27	ALLOPURINOL ORAL TABLET 200 MG	11
ACCU-CHEK MULTICLIX LANCETS ..	18	ADVAIR DISKUS	31	ALORA	23
ACCU-CHEK SMARTVIEW TEST STRIPS	18	ADVAIR HFA	31	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	30
ACCU-CHEK SOFT TOUCH LANCETS	18	ADVATE	21	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	30
ACCU-CHEK SOFTCLIX LANCET ...	18	ADYNOVATE	21	ALPHANATE	21
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	18	afirmelle	23	alprazolam oral tablet	13
ACCU-CHEK SOFTCLIX LANCET ...	18	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT.	21	ALPROLIX	21
ACCU-CHEK SOFTCLIX LANCET ...	18	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT.	21	ALREX	30
ACCU-CHEK SOFTCLIX LANCET ...	18	AIMOVIK	11	ALTACE	13
ACCU-CHEK SOFTCLIX LANCET ...	18	AIMOVIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	11	altavera	23
ACCU-CHEK SOFTCLIX LANCET ...	18	AIRDUO RESPICLICK 113/14	31	ALTUVIIIIO	21
ACCU-CHEK SOFTCLIX LANCET ...	18	AIRDUO RESPICLICK 232/14	31	ALUNBRIG	11
ACCU-CHEK SOFTCLIX LANCET ...	18	AIRDUO RESPICLICK 55/14	31	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	20
ACCU-CHEK SOFTCLIX LANCET ...	18	AIRSUPRA	31	AMBIEN	33
ACCU-CHEK SOFTCLIX LANCET ...	18	AKLIEF	16	AMBIEN CR	33
ACCU-CHEK SOFTCLIX LANCET ...	18	ala-cort	16	amiodarone hcl oral	13
ACCU-CHEK SOFTCLIX LANCET ...	18	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	31, 32	amitriptyline hcl oral	10
ACCU-CHEK SOFTCLIX LANCET ...	18	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	32	AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	27
ACCU-CHEK SOFTCLIX LANCET ...	18			AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	27
ACCU-CHEK SOFTCLIX LANCET ...	18			AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	27
ACCU-CHEK SOFTCLIX LANCET ...	18			amlodipine besylate oral	13
ACCU-CHEK SOFTCLIX LANCET ...	18			amlodipine besylate-benazepril hcl ..	13



amlodipine besylate-valsartan	13	ATORVALIQ.	13	BACTRIM	9
amoxicillin oral capsule	9	atorvastatin calcium oral tablet		BACTRIM DS	9
amoxicillin oral suspension		10 mg, 20 mg	13	BAFIERTAM	16
reconstituted.	9	atorvastatin calcium oral tablet		BAQSIMI ONE PACK	20
amoxicillin oral tablet	9	40 mg, 80 mg	13	BAQSIMI TWO PACK	20
amoxicillin-potassium clavulanate		ATROVENT HFA	32	BASAGLAR KWIKPEN.	20
oral suspension reconstituted.	9	aubra eq	23	BASAGLAR TEMPO PEN	20
amoxicillin-potassium clavulanate		aubra oral tablet 0.1-20 mg-mcg.	23	BD AUTOSHIELD DUO PEN	
oral tablet	9	AUGMENTIN.	9	NEEDLES	18
amphet-dextroamphet 3-bead er	15	AUGMENTIN ES-600.	9	BD ULTRA-FINE insulin syringes	18
amphetamine-dextroamphetamine	15	aurovela 1/20	23	BD ULTRA-FINE PEN NEEDLES.	18
amphetamine-dextroamphetamine		aurovela 1.5/30	23	BD ULTRA-FINE U-500 insulin	
er	15	aurovela 24 fe	23	syringes	18
AMZEEQ	16	aurovela fe 1/20	23	BD ULTRA-FINE VEO insulin	
anastrozole oral	11	aurovela fe 1.5/30	23	syringes	18
ANDRODERM.	27	AUSTEDO	16	BELBUCA	8
ANDROGEL PUMP	27	AUSTEDO XR	16	BELSOMRA	33
ANDROGEL TRANSDERMAL GEL		AUSTEDO XR PATIENT TITRATION.	16	benazepril hcl oral	13
20.25 MG/1.25GM (1.62%),		AUVI-Q.	31	BENICAR.	13
25 MG/2.5GM (1%),		AVALIDE	13	BENICAR HCT	13
40.5 MG/2.5GM (1.62%),		AVAPRO	13	BENLYSTA SUBCUTANEOUS	
50 MG/5GM (1%)	27	aviane	23	SOLUTION AUTO-INJECTOR	27
ANNOVERA	23	avidoxy.	9	benzonatate oral capsule 100 mg,	
ANORO ELLIPTA	32	AVITA EXTERNAL CREAM 0.025 %	16	200 mg.	31
apap-caff-dihydrocodeine oral		AVONEX PEN	16	benzonatate oral capsule 150 mg.	31
capsule	8	AVONEX PREFILLED	16	BESIVANCE	30
apap-caff-dihydrocodeine oral		AYGESTIN ORAL TABLET 5 MG	23	BETASERON.	16
tablet 325-30-16 mg	8	ayuna	23	BETHKIS	32
apri.	23	AZASAN	27	BETIMOL.	30
APRISO	29	AZASITE	30	BEVESPI AEROSPHERE	32
APTENSIO XR.	15	azathioprine oral.	27	BIJUVA	24
APTIOM.	10	azelastrine hcl nasal solution 0.1 %,		BIKTARVY.	13
AQINJECT PEN NEEDLE.	18	137 mcg/spray	31	bimatoprost ophthalmic.	30
ARAKODA	12	azelastrine hcl nasal solution 0.15 %	31	BIOTEL CARE TEST STRIPS	18
ARANESP (ALBUMIN FREE).	21	azithromycin oral suspension		bis subcit-metronid-tetracyc	22
ARIMIDEX	11	reconstituted.	9	bismuth/metronidaz/tetracyclin	22
aripiprazole oral tablet	12	azithromycin oral tablet	9	bisoprolol fumarate oral.	13
ARMOUR THYROID.	27	AZSTARYS	15	bisoprolol-hydrochlorothiazide	13
ARNUITY ELLIPTA	32			blisovi 24 fe	24
ASACOL HD ORAL TABLET				blisovi fe 1/20	24
DELAYED RELEASE 800 MG	29			blisovi fe 1.5/30.	24
atenolol oral	13			BLOOD GLUCOSE TEST STRIPS	18
ATIVAN ORAL.	13				
atomoxetine hcl	15				

B

bac	8
baclofen oral tablet.	33



BLOOD GLUCOSE TEST STRIPS 333	calcitriol oral capsule	29	CINRYZE	28
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	CALQUENCE ORAL CAPSULE 100 MG	11	CIPRO ORAL TABLET	9
BREO ELLIPTA	camila	24	CIPRODEX OTIC SUSPENSION 0.3-0.1 %	31
breyana	CARAC	16	ciprofloxacin hcl ophthalmic	30
BREZTRI AEROSPHERE	CARAFATE ORAL TABLET	22	ciprofloxacin hcl oral	9
BRILINTA	CARDIZEM CD	14	ciprofloxacin-dexamethasone	31
brimonidine tartrate ophthalmic solution 0.1 %	CARDURA	14	citalopram hydrobromide oral tablet	10
brimonidine tartrate ophthalmic solution 0.15 %	CARETOUCH MONITOR SYSTEM	18	CLENPIQ	22
brimonidine tartrate ophthalmic solution 0.2 %	CARETOUCH TEST	18	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	9
brimonidine tartrate-timolol	cartia xt	14	CLEOCIN ORAL CAPSULE 75 MG	9
BRIVIACT ORAL TABLET	carvedilol	14	CLEOCIN-T	16, 17
BROMFED DM	cefdinir	9	CLIMARA	24
BRONCHITOL	cefuroxime axetil	9	CLIMARA PRO	24
BRONCHITOL TOLERANCE TEST	CELEBREX	8	clindacin etz external swab	16
budesonide inhalation	celecoxib oral	8	clindacin-p	16
budesonide-formoterol fumarate	CELEXA	10	CLINDAGEL	16
buprenorphine hcl sublingual	CELLCEPT ORAL TABLET	27	clindamycin hcl oral	9
buprenorphine hcl-naloxone hcl	CENTANY EXTERNAL OINTMENT 2 %	9	clindamycin phosphate external lotion	16
bupropion hcl er (sr)	cephalexin oral capsule	9	clindamycin phosphate external solution	16
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	cephalexin oral suspension reconstituted	9	clindamycin phosphate external swab	16
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	CERDELGA	23	clindamycin phosphate gel 1 % external	16, 17
bupropion hcl oral	cetrorelix acetate	29	CLINDESSE	9
buspiron hcl oral	CETROTIDE	29	clobetasol propionate external cream	17
butalbital-apap-caffeine oral tablet	chateal eq	24	clobetasol propionate external ointment	17
BYDUREON BCISE AUTOINJECTOR	chateal oral tablet 0.15-30 mg-mcg	24	clobetasol propionate external solution	17
BYETTA 10 MCG PEN	chlorhexidine gluconate mouth/ throat	16	CLOMID	29
BYETTA 5 MCG PEN	chlorthalidone	14	clomiphene citrate oral tablet 50 mg	29
	CHORIONIC GONADOTROPIN INTRAMUSCULAR	29	clonazepam oral tablet	13
	CIALIS	22	clonidine hcl oral	14
	CIBINQO	16	clopidogrel bisulfate oral	12
	ciclodan	11	clotrimazole-betamethasone external cream	17
	ciclopirox external solution	11	colchicine oral	11
	CILOXAN OPHTHALMIC SOLUTION 0.3 %	30	COLCRYS ORAL TABLET 0.6 MG	11
	CIMDUO	13		
	CIMZIA STARTER KIT	27		
	CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	28		

C

cabergoline	26
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	14



COMBIGAN.	30	CVS ADVANCED GLUCOSE TEST.	18	DESCOVY.	13
COMBIVENT RESPIMAT.	32	CVS GLUCOSE METER TEST STRIPS.	18	desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg.	24
CONCERTA.	15	cyanocobalamin injection solution 1000 mcg/ml.	22	desvenlafaxine succinate er.	10
CONTOUR MONITOR KIT W/DEVICE.	18	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.	22	DEXABLISS.	26
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP.	18	cyanocobalamin nasal.	22	dexamethasone oral tablet.	26
CONTOUR NEXT EZ KIT W/DEVICE.	18	cyclobenzaprine hcl oral tablet 10 mg, 5 mg.	33	dexamethasone oral tablet therapy pack.	26
CONTOUR NEXT GEN MONITOR KIT.	18	cyclobenzaprine hcl oral tablet 7.5 mg.	33	DEXCOM G6 RECEIVER.	18
CONTOUR NEXT GEN TEST STRIPS.	18	CYCLOSPORINE IN KLARITY.	31	DEXCOM G6 SENSOR.	18
CONTOUR NEXT LINK KIT W/DEVICE.	18	cyclosporine ophthalmic.	31	DEXCOM G6 TRANSMITTER.	18
CONTOUR NEXT MONITOR KIT W/DEVICE.	18	CYMBALTA.	10	DEXCOM G7 RECEIVER.	18
CONTOUR NEXT ONE DEVICE.	18	cyproheptadine hcl oral tablet.	31	DEXCOM G7 SENSOR.	18
CONTOUR NEXT ONE KIT.	18	cyred eq.	24	dexmethylphenidate hcl.	15
CONTOUR TEST STRIPS.	18	cyred oral tablet 0.15-30 mg-mcg.	24	dexmethylphenidate hcl er.	15
COPAXONE.	16	CYTOMEL.	27	diazepam oral tablet.	13
COREG.	14	CYTOTEC.	22	diclofenac sodium oral.	8
CORLANOR.	14	D		dicyclomine hcl oral capsule.	22
CORTEF.	26	D-CARE BLOOD GLUCOSE.	18	dicyclomine hcl oral tablet.	22
CORTIFOAM.	29	D-CARE GLUCOMETER.	18	DIFICID ORAL TABLET.	9
COSENTYX (300 MG DOSE).	28	dabigatran etexilate mesylate oral capsule 150 mg, 75 mg.	9	DIFLUCAN ORAL TABLET.	11
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML.	28	DAYVIGO.	33	DILAUDID ORAL TABLET.	8
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML.	28	deblitane.	24	diltiazem hcl er coated beads.	14
COSENTYX SENSOREADY (300 MG).	28	DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG.	26	DIOVAN.	14
COSENTYX SENSOREADY PEN.	28	delyla.	24	DIOVAN HCT.	14
COSENTYX UNOREADY.	28	DEPAKOTE.	10	DIPENTUM.	29
COSOPT.	30	DEPAKOTE ER.	10	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG.	23
COSOPT PF.	30	DEPEN TITRATABS.	23	divalproex sodium er.	10
COTELLIC.	11	DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.	24	divalproex sodium oral tablet delayed release.	10
COZAAR.	14	DEPO-SUBQ PROVERA 104.	24	DIVIGEL.	24
CREON.	23	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML.	27	DODEX.	22
CRESEMBA ORAL CAPSULE 186 MG.	11	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.	27	DOPTelet.	21
CRESTOR.	14			dorzolamide hcl-timolol mal.	30
				dorzolamide hcl-timolol mal pf.	30
				dotti.	24
				DOVATO.	13
				doxazosin mesylate oral.	14
				doxepin hcl oral capsule.	10
				doxycycline hyclate oral capsule.	9



doxycycline hyclate oral tablet 100 mg, 20 mg	9	EMBRACE BLOOD GLUCOSE TEST	18	ERMEZA	27
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	9	EMBRACE WAVE BLOOD GLUCOSE IN VITRO	18	errin	24
doxycycline monohydrate oral capsule 100 mg, 50 mg	9	EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	11	erythromycin ophthalmic	30
doxycycline monohydrate oral capsule 150 mg, 75 mg	9	emoquette oral tablet 0.15-30 mg-mcg	24	escitalopram oxalate oral tablet	10
doxycycline monohydrate oral tablet . .	9	EMPAVELI	21	ESGIC ORAL TABLET	8
DRISDOL	22	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	13	estarylla	24
drospirenone-ethinyl estradiol	24	emtricitabine-tenofovir df oral tablet 200-300 mg	13	ESTRACE	24
DUAVEE	24	enalapril maleate oral tablet	14	estradiol oral	24
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	10	ENBREL	28	estradiol patch twice weekly 0.025 mg/24hr transdermal	24
duloxetine hcl oral capsule delayed release particles 40 mg	10	ENBREL MINI	28	estradiol patch twice weekly 0.0375 mg/24hr transdermal	24
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	17	ENBREL SURECLICK	28	estradiol patch twice weekly 0.05 mg/24hr transdermal	24
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	17	endocet	8	estradiol patch twice weekly 0.075 mg/24hr transdermal	24
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	17	ENDOMETRIN	29	estradiol patch twice weekly 0.1 mg/24hr transdermal	24
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	26	enilloring	24	estradiol transdermal gel	24
		ENLITE GLUCOSE SENSOR	18	estradiol transdermal patch weekly . .	24
		enoxaparin sodium injection solution prefilled syringe	10	estradiol vaginal	24
		enskyce	24	ESTRING	24
		ENSTILAR	17	ESTROGEL	24
		ENTRESTO	14	eszopiclone	33
		EPCLUSA ORAL TABLET	13	etonogestrel-ethinyl estradiol	24
		EPIDIOLEX	10	EUCRISA	17
		epinephrine solution auto-injector 0.15 mg/0.15ml injection	31	euthyrox	27
		epinephrine solution auto-injector 0.15 mg/0.3ml injection	31	EVAMIST	24
		epinephrine solution auto-injector 0.3 mg/0.3ml injection	31	EXFORGE	14
		EPIPEN 2-PAK	31	EXKIVITY	12
		EPIPEN JR 2-PAK	31	EXTAVIA	16
		EQ BLOOD GLUCOSE TEST	18	EYSUVIS	30
		ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT)	22	ezetimibe	14
		ergocalciferol oral capsule	22		
		ERIVEDGE	12	F	
		ERLEADA ORAL TABLET 240 MG	12	falmina	24
		ERLEADA ORAL TABLET 60 MG	12	famotidine oral suspension reconstituted	22
				FASENRA PEN	32
				FEMARA	12
				femynor oral tablet 0.25-35 mg-mcg	24

E

F



fenofibrate oral tablet 120 mg, 40 mg.	14	FOLLISTIM AQ	29	GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	21	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg.	14	FORA 6 CONNECT/GTEL TEST	18	GLUCOCARD EXPRESSION TEST	18	
FENOGLIDE	14	FORFIVO XL	10	GLUCOCARD SHINE TEST.	18	
FEXMID	33	FORTEO	29	GLUCOCARD VITAL TEST	18	
FINACEA EXTERNAL FOAM.	17	FORTESTA	27	GLUCOTROL XL.	21	
finasteride oral tablet 5 mg	23	FORTISCARE G1 TEST STRIP	18	GLUMETZA.	21	
fingolimod hcl	16	FORTISCARE TEST	18	glyburide oral	21	
FLAREX.	30	FOSAMAX.	29	GLYCATE.	22	
flecainide acetate	14	FREESTYLE LIBRE 14 DAY SENSOR	18	glycopyrrolate oral tablet 1 mg, 2 mg.	22	
FLOMAX	23	FREESTYLE LIBRE 2 SENSOR.	18	GLYCOPYRROLATE ORAL TABLET 1.5 MG	22	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	32	FREESTYLE LIBRE 3 SENSOR.	18	GLYXAMBI	21	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	29	FREESTYLE PRECISION NEO SYSTEM.	18	GOLYTELY	23	
fluconazole oral tablet	11	FREESTYLE PRECISION NEO TEST	18	GONAL-F.	29	
FLUOROURACIL EXTERNAL CREAM 0.5 %	17	FREESTYLE TEST	18	GONAL-F RFF	29	
fluorouracil external cream 5 %	17	FUROSCIX	14	GONAL-F RFF REDIJECT	29	
fluoxetine hcl oral capsule.	10	furosemide oral tablet	14	guanfacine hcl	14, 15	
fluoxetine hcl oral tablet 10 mg.	10	FYCOMPA ORAL SUSPENSION	10	guanfacine hcl er	15	
fluoxetine hcl oral tablet 20 mg, 60 mg.	10	FYCOMPA ORAL TABLET.	10	GUARDIAN 4 GLUCOSE SENSOR.	18	
FLUTICASONE FUROATE- VILANTEROL	32	fyremadel	29	GUARDIAN 4 TRANSMITTER.	19	
FLUTICASONE PROPIONATE HFA	32	G			GUARDIAN CONNECT TRANSMITTER.	19
fluticasone propionate nasal.	31	gabapentin oral capsule	10	GUARDIAN LINK 3 TRANSMITTER	19	
FLUTICASONE-SALMETEROL INHALATION AEROSOL	32	gabapentin oral tablet 600 mg, 800 mg	10	GUARDIAN SENSOR (3)	19	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	32	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.	29	GUARDIAN SENSOR 3	19	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	32	gavilyte-c	22	GVOKE HYPOPEN 1-PACK.	19	
flvoxamine maleate	10	gavilyte-g	22	GVOKE HYPOPEN 2-PACK.	19	
FOCALIN	15	GAVRETO	12	GVOKE KIT	19	
FOCALIN XR	15	gemfibrozil oral.	14	GVOKE PFS.	19	
folic acid oral tablet 1 mg	22	GILENYA ORAL CAPSULE 0.25 MG	16	GYNAZOLE-1	11	
		GILENYA ORAL CAPSULE 0.5 MG	16	H		
		glatiramer acetate.	16	HADLIMA	28	
		glatopa.	16	HADLIMA PUSH TOUCH	28	
		glimepiride	20	HAEGARDA	28	
		glipizide er.	20	hailey 1.5/30	24	
		glipizide oral tablet 10 mg, 5 mg.	21	hailey 24 fe	24	
		glipizide oral tablet 2.5 mg	21	hailey fe 1/20.	24	
		glipizide xl	21	hailey fe 1.5/30	24	
				HALCION.	13	



haloette	24	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8	ICLUSIG ORAL TABLET 15 MG, 45 MG	12
HARVONI ORAL TABLET	13	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8	IDELVION	21
HEALTHPRO BLOOD GLUCOSE MONITO	19	hydrocortisone external cream 1 %	17	IDHIFA	12
heather	24	hydrocortisone external cream 2.5 %	17	ILEVRO	30
HEMADY	26	hydrocortisone external ointment 1 %, 2.5 %	17	IMBRUVICA ORAL CAPSULE	12
HEMANGEOL	14	hydrocortisone oral	26	IMBRUVICA ORAL TABLET 140 MG, 280 MG	12
HEMLIBRA	21	hydromorphone hcl oral tablet	8	IMBRUVICA ORAL TABLET 420 MG	12
HEMOFIL M.	21	hydroxychloroquine sulfate oral	12	IMBRUVICA ORAL TABLET 560 MG	12
HIDEX 6-DAY	26	hydroxyzine hcl oral tablet	13	IMITREX	11
HUMALOG INJECTION	20	hydroxyzine pamoate oral	13	IMPOYZ	17
HUMALOG KWIKPEN	20	HYFTOR	28	IMURAN	28
HUMALOG MIX 50/50 KWIKPEN	20	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	28	IMVEXXY MAINTENANCE PACK	22
HUMALOG MIX 50/50 VIAL	20	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	28	IMVEXXY STARTER PACK	22
HUMALOG MIX 75/25 KWIKPEN	20	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	28	INBRIJA	12
HUMALOG MIX 75/25 VIAL	20	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	28	incassia	24
HUMALOG SUBCUTANEOUS	20	HYRIMOZ-CROHNS/UC STARTER	28	INDERAL LA	14
HUMALOG TEMPO PEN	20	HYRIMOZ-PED<40KG CROHNS STARTER	28	INDOMETHACIN ORAL CAPSULE 20 MG	8
HUMALOG U-100 JUNIOR KWIKPEN	20	HYRIMOZ-PED>=40KG CROHNS START	28	indomethacin oral capsule 25 mg, 50 mg.	8
HUMATE-P	21	HYRIMOZ-PLAQUE PSORIASIS START	28	INSULIN GLARGINE	20
HUMIRA (2 PEN).	28	HYZAAR	14	INSULIN GLARGINE MAX SOLOSTAR	20
HUMIRA (2 SYRINGE)	28			INSULIN GLARGINE SOLOSTAR	20
HUMIRA-CD/UC/HS STARTER	28			INSULIN LISPRO	20
HUMIRA-PED<40KG CROHNS STARTER	28			INSULIN LISPRO (1 UNIT DIAL)	20
HUMIRA-PED>=40KG CROHNS START	28			INSULIN LISPRO JUNIOR KWIKPEN	20
HUMIRA-PED>=40KG UC STARTER	28			INSULIN LISPRO PROT & LISPRO	20
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.8ML	28			INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	19
HUMIRA-PSORIASIS/UEVIT STARTER	28			INTUNIV	15
HUMULIN 70/30 KWIKPEN	20			INVELTYS	30
HUMULIN 70/30 VIAL	20			ipratropium bromide nasal	31
HUMULIN N KWIKPEN	20			ipratropium-albuterol	32
HUMULIN N VIAL	20			irbesartan	14
HUMULIN R U-500 KWIKPEN	20			irbesartan-hydrochlorothiazide	14
HUMULIN R U-500 VIAL	20			isibloom	24
HUMULIN R VIAL	20			isosorbide mononitrate er	14
hydralazine hcl oral	14				
hydrochlorothiazide oral	14				

I



ISTALOL30
 IYUZEH30

J

jantoven10
 JARDIANCE21
 jasmiel24
 jencycla24
 JENTADUETO21
 JENTADUETO XR21
 JIVI21
 JORNAY PM15
 juleber25
 JULUCA13
 junel 1/2025
 junel 1.5/3025
 junel fe 1/2025
 junel fe 1.5/3025
 junel fe 2425

K

K-TAB22
 kalliga25
 KEPPRA ORAL TABLET10
 KESIMPTA16
 ketoconazole external cream11
 ketoconazole external shampoo11
 ketorolac tromethamine oral8
 KEVZARA SUBCUTANEOUS
 SOLUTION AUTO-INJECTOR28
 KINERET28
 KITABIS PAK32
 KLISYRI17
 KLONOPIN13
 klor-con 1022
 klor-con m1022
 klor-con m1522
 klor-con m2022
 klor-con oral tablet extended
 release22
 KLOXXADO8
 KOATE21

KOATE-DVI21
 KOGENATE FS21
 KOSELUGO12
 KOVALTRY21
 KRINTAFEL12
 kurvelo25
 KYNMOBI SUBLINGUAL FILM
 10 MG, 15 MG, 20 MG, 25 MG,
 30 MG12

L

labetalol hcl oral14
 LAGEVRIO13
 LAMICTAL ORAL TABLET10
 lamotrigine oral tablet10
 LANCETS17-19
 LANREOTIDE ACETATE26
 LANTUS SOLOSTAR20
 LANTUS U-100 VIAL20
 larin 1/2025
 larin 1.5/3025
 larin 24 fe25
 larin fe 1/2025
 larin fe 1.5/3025
 larissia oral tablet 0.1-20 mg-mcg25
 LASIX14
 latanoprost ophthalmic30
 LATUDA12
 LEDIPASVIR-SOFOSBUVIR13
 lenalidomide12
 lessina25
 letrozole oral12
 LEVALBUTEROL HFA INHALATION
 AEROSOL 45 MCG/ACT32
 levetiracetam oral tablet10
 levo-t27
 levocetirizine dihydrochloride oral
 tablet31
 levofloxacin oral tablet9
 levonorgestrel-ethinyl estrad oral
 tablet 0.1-20 mg-mcg,
 0.15-30 mg-mcg25
 levora 0.15/30 (28)25

levothyroxine sodium oral tablet27
 levoxyl27
 LEXAPRO10
 LIALDA29
 lidocaine hcl mouth/throat16
 lidocaine viscous hcl16
 LIKMEZ9
 lillow oral tablet 0.15-30 mg-mcg25
 LINZESS23
 liothyronine sodium oral27
 LIPITOR14
 lisdexamfetamine dimesylate15
 lisinopril oral14
 lisinopril-hydrochlorothiazide14
 LITFULO28
 lithium carbonate er13
 lithium carbonate oral capsule13
 LITHOBID13
 LO LOESTRIN FE25
 lo-zumandimine25
 LOESTRIN 1/20 (21)25
 LOESTRIN 1.5/30 (21)25
 LOESTRIN FE 1/2025
 LOESTRIN FE 1.5/3025
 LOKELMA22
 LOPID14
 LOPRESSOR14
 lorazepam oral tablet13
 loryna25
 losartan potassium oral14
 losartan potassium-hctz14
 LOTEMAX OPHTHALMIC GEL30
 LOTEMAX OPHTHALMIC
 OINTMENT30
 LOTEMAX OPHTHALMIC
 SUSPENSION30
 LOTEMAX SM30
 LOTENSIN14
 loteprednol etabonate ophthalmic
 gel30
 loteprednol etabonate ophthalmic
 suspension 0.2 %30



loteprednol etabonate ophthalmic suspension 0.5 %	30	MEDROL ORAL TABLET THERAPY PACK	26	methylprednisolone oral tablet therapy pack	26
LOTREL	14	medroxyprogesterone acetate intramuscular suspension prefilled syringe	25	metoclopramide hcl oral tablet	11
lovastatin oral	14	medroxyprogesterone acetate oral	25	metoprolol succinate er	14
LOVAZA	14	meloxicam oral tablet	8	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	14
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	10	MENOPUR	29	metoprolol tartrate oral tablet 37.5 mg, 75 mg	14
LUMAKRAS	12	MENOSTAR	25	METROCREAM	17
LUMIGAN	30	mesalamine oral tablet delayed release 1.2 gm	29	metronidazole external cream	17
LUMRYZ	33	mesalamine oral tablet delayed release 800 mg	29	metronidazole oral tablet	9
LUNESTA	33	metformin hcl er	21	metronidazole vaginal	9
LUPKYNIS	28	metformin hcl er (mod)	21	MICARDIS	14
lurasidone hcl	12	metformin hcl er (osm)	21	MICRODOT TEST	19
lutera	25	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	21	microgestin 1/20	25
lyleq	25	metformin hcl oral tablet 625 mg	21	microgestin 1.5/30	25
lyllana	25	methimazole oral	27	microgestin 24 fe	25
LYMEPAK ORAL TABLET 100 MG	9	methocarbamol oral tablet 1000 mg	33	microgestin fe 1/20	25
LYNPARZA	12	methocarbamol oral tablet 500 mg, 750 mg	33	microgestin fe 1.5/30	25
LYRICA ORAL CAPSULE	16	methotrexate sodium oral	28	mili	25
LYUMJEV KWIKPEN	20	methylphenidate hcl er (cd)	15	MINILINK REAL-TIME TRANSMITTER	19
LYUMJEV TEMPO PEN	20	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15	MINIMED 630G GUARDIAN PRESS	19
LYUMJEV VIAL	20	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	15	MINIPRESS	14
lyza	25	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	15	MINIVELLE	24, 25
M					
MACROBID	9	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	15	minocycline hcl oral capsule	9
MACRODANTIN	9	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	15	minoxidil oral	14
marlissa	25	methylphenidate hcl er (osm) oral tablet extended release 72 mg	15	mirtazapine oral tablet	10
MAVENCLAD	16	methylphenidate hcl er (xr)	15	MIRVASO	17
MAVYRET ORAL PACKET	13	methylphenidate hcl er oral tablet extended release	15	misoprostol oral	22
MAXALT	11	methylphenidate hcl oral tablet	15	MITIGARE	11
MAXALT-MLT	11			MM BLULINK GLUCOSE TEST	19
MAXITROL OPHTHALMIC SUSPENSION	30			MM EASY TOUCH GLUCOSE METER	19
MAXZIDE	14			MOBIC ORAL TABLET 15 MG, 7.5 MG	8
MAXZIDE-25	14			modafinil oral	33
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	16			mondoxyne nl	9
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	16			mono-lynyah	25



morphine sulfate er oral tablet extended release	8	NEVANAC	30	NOVOLIN N FLEXPEN RELION	20
MOTTEGRITY	23	NEXLETOL	14	NOVOLIN N RELION	20
MOTPOLY XR	10	NEXLIZET	14	NOVOLIN N VIAL	20
MOUNJARO	21	NGENLA	26	NOVOLIN R FLEXPEN	20
MOVIPREP	23	nifedipine er	14	NOVOLIN R FLEXPEN RELION	20
MOXEZA OPHTHALMIC SOLUTION 0.5 %	30	nifedipine er osmotic release	14	NOVOLIN R RELION	20
moxifloxacin hcl (2x day)	30	nikki	25	NOVOLIN R VIAL	20
moxifloxacin hcl ophthalmic	30	nitrofurantoin macrocrystal	9	NOVOTWIST PEN NEEDLE	19
MS CONTIN	8	nitrofurantoin monohydrate macrocrystals	9	np thyroid	27
MULPLETA	21	nitroglycerin sublingual	14	NUBEQA	12
MULTAQ	14	NITROSTAT	14	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	32
mupirocin external	9	NIVA THYROID	27	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	32
mycophenolate mofetil oral tablet	28	NOCDURNA	26	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	32
MYDAYIS	15	nora-be	25	NUCYNTA	8
MYFEMBREE	25	NORDITROPIN FLEXPRO	26	NUCYNTA ER	8
N					
na sulfate-k sulfate-mg sulf	23	norelgestromin-eth estradiol	25	NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	23
nabumetone oral	8	norethin ace-eth estrad-fe oral tablet	25	NURTEC	11
NALOCET	8	norethindrone acet-ethinyl est	25	NUTROPIN AQ NUSPIN 10	26
naloxone hcl injection solution prefilled syringe	8	norethindrone acetate oral	25	NUTROPIN AQ NUSPIN 20	26
naloxone hcl nasal	8	norethindrone oral	25	NUTROPIN AQ NUSPIN 5	26
naltrexone hcl oral	8	norgestimate-eth estradiol	25	NUVARING	25
NAPROSYN ORAL TABLET	8	norgestimate-ethinyl estradiol triphasic	25	NUVESSA	9
naproxen oral tablet	8	NORITATE	17	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	21
NARCAN	8	NORLIQVA	14	NUWIQ INTRAVENOUS KIT 1500 UNIT	21
NASCOBAL	22	norlyda	25	NUZYRA ORAL	9
NATAZIA	25	norlyroc	25	nymyo	25
NATESTO	27	nortriptyline hcl oral capsule	10	nystatin external cream	11
NAYZILAM	10	NORVASC	14	nystatin mouth/throat	11
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	30	NOURIANZ	12	O	
neomycin-polymyxin-hc otic suspension	31	NOVAREL	29	ocella	25
NEULASTA	21	NOVOEIGHT	21	OCUFLOX	30
NEUPRO	12	NOVOFINE AUTOCOVER PEN NEEDLE	19	ODOMZO	12
NEURONTIN ORAL CAPSULE	10	NOVOFINE PEN NEEDLE	19		
NEURONTIN ORAL TABLET	10	NOVOFINE PLUS PEN NEEDLE	19		
NEUTEK 2TEK TEST	19	NOVOLIN 70/30 FLEXPEN	20		
		NOVOLIN 70/30 FLEXPEN RELION	20		
		NOVOLIN 70/30 RELION	20		
		NOVOLIN 70/30 VIAL	20		
		NOVOLIN N FLEXPEN	20		



OFEV	33	OPZELURA	17	PAXIL ORAL TABLET	10
ofloxacin ophthalmic	30	ORENCIA CLICKJECT	28	PAXLOVID (150/100)	13
ofloxacin otic	31	ORENCIA SUBCUTANEOUS	28	PAXLOVID (300/100)	13
olanzapine oral tablet	12	ORFADIN ORAL CAPSULE	23	PEDIAPRED	26
olmesartan medoxomil oral	14	ORFADIN ORAL SUSPENSION	23	peg 3350-kcl-na bicarb-nacl	23
olmesartan medoxomil-hctz	14	ORGOVYX	12	peg-3350/electrolytes	23
OLUMIANT ORAL TABLET 1 MG, 4 MG	28	ORIAHNN	26	peg-3350/electrolytes/ascorbat	23
OLUMIANT ORAL TABLET 2 MG	28	ORLISSA	26	peg-kcl-nacl-nasulf-na asc-c	23
OMECLAMOX-PAK	22	orsythia	25	penicillin v potassium oral tablet	9
omega-3-acid ethyl esters	14	oseltamivir phosphate oral capsule	13	PERCOCET	8
omeprazole oral capsule delayed release	22	OSPHERA	22	PERFOROMIST	32
OMNIPOD 5 G6 INTRO (GEN 5)	19	OTEZLA ORAL TABLET	28	PERIDEX	16
OMNIPOD 5 G6 PODS (GEN 5)	19	OTREXUP	28	periogard	16
OMNITROPE	26	OVIDREL	29	PERTZYE	23
OMVOH	28	OXAYDO ORAL TABLET 5 MG, 7.5 MG	8	phenazo oral tablet 200 mg	23
ON CALL EXPRESS BLOOD GLUCOSE	19	oxcarbazepine oral tablet	10	phenazopyridine hcl oral	23
ON CALL EXPRESS MONITORING SYS	19	oxybutynin chloride er	23	pioglitazone hcl	21
ondansetron hcl oral tablet	11	oxybutynin chloride oral tablet	23	PIP BLOOD GLUCOSE TEST STRIP	19
ondansetron odt	11	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8	PLAQUENIL	12
ONETOUCH DELICA PLUS LANCETS	19	oxycodone hcl oral tablet 5 mg	8	PLAVIX	12
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE	19	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	8	PLEGRIDY INTRAMUSCULAR	16
ONETOUCH ULTRA 2 KIT W/DEVICE	19	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8	PLEGRIDY STARTER PACK	16
ONETOUCH ULTRA IN VITRO STRIP	19	OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	8	PLEGRIDY SUBCUTANEOUS	16
ONETOUCH ULTRASOFT LANCETS	19	OZEMPIC	21	PLENVU	23
ONETOUCH VERIO FLEX SYSTEM KIT	19			polymyxin b-trimethoprim	30
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	19			POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	30
ONETOUCH VERIO KIT W/DEVICE	19			POMALYST	12
ONETOUCH VERIO REFLECT KIT W/DEVICE	19			portia-28	25
ONETOUCH VERIO TEST STRIPS	19			potassium chloride crys er	22
ONGLYZA	21			potassium chloride er	22
OPSUMIT	33			potassium citrate er	22
OPTIUMEZ TEST	19			PRADAXA ORAL CAPSULE	10
				pramipexole dihydrochloride	12
				pravastatin sodium	14
				prazosin hcl oral	14
				PRECISION XTRA	19
				PRECISION XTRA BLOOD GLUCOSE	19
				PRED FORTE	30
				PRED MILD	30
				prednisolone acetate ophthalmic	30

P



S

SANTYL.....17
saxagliptin hcl.....21
scopolamine.....11
SEMGLEE.....20
SEMGLEE SUBCUTANEOUS
SOLUTION PEN-INJECTOR
100 UNIT/ML.....20
SEREVENT DISKUS.....32
SEROQUEL.....12
sertraline hcl oral tablet.....11
sharobel.....25
SHINGRIX.....29
sildenafil citrate oral tablet 100 mg,
25 mg, 50 mg.....22
sildenafil citrate oral tablet 20 mg.....33
SIMPONI.....28
simvastatin oral tablet 10 mg,
20 mg, 40 mg, 5 mg.....15
simvastatin oral tablet 80 mg.....15
SINGULAIR ORAL TABLET.....32
SINGULAIR ORAL TABLET
CHEWABLE.....32
SITAVIG.....13
SKYRIZI PEN.....28
SKYRIZI SUBCUTANEOUS
SOLUTION PREFILLED SYRINGE...28
SKYTROFA.....27
SOAAZ.....15
SODIUM OXYBATE.....33
SOFOSBUVIR-VELPATASVIR.....13
solifenacin succinate.....23
SOLIQUA.....21
SOMATULINE DEPOT.....27
SOOLANTRA.....17
SPIRIVA HANDIHALER.....32
SPIRIVA RESPIMAT.....32
spironolactone oral tablet.....15
sprintec 28.....25
sronyx.....25
STELARA SUBCUTANEOUS.....28
STENDRA.....22
STIOLTO RESPIMAT.....32

STIVARGA.....12
STRATTERA.....16
STRENSIQ.....23
STRIVERDI RESPIMAT.....32
SUBOXONE.....9
subvenite.....10
sucralfate oral tablet.....22
SUFLAVE.....23
sulfamethoxazole-trimethoprim oral
tablet.....9
sumatriptan succinate oral.....11
SUNOSI.....33
SUPREP BOWEL PREP KIT.....23
SUTAB.....23
syeda.....25
SYMBICORT.....32
SYMFI.....13
SYMFI LO.....13
SYMJEPI INJECTION SOLUTION
PREFILLED SYRINGE
0.15 MG/0.3ML, 0.3 MG/0.3ML...31
SYMLINPEN 120.....21
SYMLINPEN 60.....21
SYMPAZAN.....10
SYMPROIC.....23
SYNJARDY.....21
SYNJARDY XR.....21
SYNTHROID.....27

T

TABRECTA.....12
TACLONEX EXTERNAL
SUSPENSION.....17
tacrolimus external.....17
tacrolimus oral.....28
tadalafil oral.....22
TADLIQ.....33
tafluprost (pf).....30
TAGRISSO.....12
TAKHZYRO.....29
TALTZ SUBCUTANEOUS
SOLUTION AUTO-INJECTOR.....29

TALTZ SUBCUTANEOUS
SOLUTION PREFILLED SYRINGE...29
TAMIFLU ORAL CAPSULE.....13
tamoxifen citrate oral tablet 10 mg...12
tamoxifen citrate oral tablet 20 mg...12
tamsulosin hcl.....23
TAPERDEX 12-DAY.....26
TAPERDEX 6-DAY ORAL TABLET
THERAPY PACK 1.5 MG.....26
TAPERDEX 6-DAY ORAL TABLET
THERAPY PACK 1.5 MG (21).....26
TAPERDEX 7-DAY.....26
TARGADOX.....9
tarina 24 fe.....26
tarina fe 1/20 eq.....26
tarina fe 1/20 oral tablet
1-20 mg-mcg.....26
TASIGNA.....12
TAVALISSE.....21
TECHLITE INSULIN SYRINGES.....19
TECHLITE PEN NEEDLES.....19
TEGLUTIK.....16
TEGSEDI.....23
TEKTRUNA.....15
TEKTRUNA HCT ORAL TABLET
150-12.5 MG, 150-25 MG,
300-12.5 MG, 300-25 MG.....15
telmisartan.....15
temazepam.....33
TEMOVATE EXTERNAL CREAM
0.05 %.....17
TEMOVATE EXTERNAL OINTMENT
0.05 %.....17
TEMPO REFILL.....19
TEMPO WELCOME.....19
TENORMIN.....15
terbinafine hcl oral.....11
teriparatide.....29
teriparatide (recombinant)
subcutaneous solution pen-injector
600 mcg/2.4ml.....29
TERIPARATIDE (RECOMBINANT)
SUBCUTANEOUS SOLUTION PEN-
INJECTOR 620 MCG/2.48ML.....29



TESTIM	27	TOUJEO SOLOSTAR	20	TRILEPTAL ORAL TABLET	10
testosterone cypionate intramuscular	27	TRACLEER 62.5 MG, 125 MG.	33	TRINTELLIX	11
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	32	TRADJENTA	21	tritocin external ointment 0.05 %	17
THALITONE	15	tramadol hcl oral tablet 100 mg, 25 mg.	8	TRIUMEQ	13
THIOLA	23	tramadol hcl oral tablet 50 mg	8	TRUE FOCUS BLOOD GLUCOSE STRIP.	19
THIOLA EC	23	TRANSDERM-SCOP	11	TRUE METRIX AIR GLUCOSE METER KIT	19
THYQUIDITY	27	trazodone hcl oral.	11	TRUE METRIX BLOOD GLUCOSE TEST	19
thyroid oral	27	TRELEGY ELLIPTA	32	TRUE METRIX GO GLUCOSE METER	20
TIGLUTIK ORAL SUSPENSION 50 MG/10ML.	16	TREMFYA	29	TRUE METRIX METER KIT	20
timolol maleate (once-daily).	30	tretinoin external cream.	17	TRUE METRIX PRO BLOOD GLUCOSE	20
timolol maleate ocudose	30	TREXALL.	29	TRUETRACK TEST	20
timolol maleate ophthalmic solution.	31	TREZIX	8	TRULICITY	21
timolol maleate pf	31	tri femynor	26	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG.	13
TIMOPTIC OCUDOSE	31	tri-estarylla.	26	TRUVADA ORAL TABLET 200-300 MG	13
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	31	tri-linyah	26	tulana oral tablet 0.35 mg	26
tiopronin	23	tri-lo-estarylla	26	TYMLOS	29
tiotropium bromide monohydrate.	32	tri-lo-marzia	26	TYRVAYA	31
TIROSINT-SOL	27	tri-lo-mili.	26	TYVASO	33
TIVICAY	13	tri-lo-sprintec.	26	TYVASO DPI MAINTENANCE KIT	33
TIVORBEX ORAL CAPSULE 20 MG.	8	tri-mili	26	TYVASO DPI TITRATION KIT	33
tizanidine hcl oral tablet.	33	tri-nymyo	26	TYVASO REFILL.	33
TOBI NEBULIZER.	32	tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	26	TYVASO STARTER	33
TOBI PODHALER	33	tri-sprintec.	26		
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	30	tri-vylibra	26		
TOBRADEX ST	30	tri-vylibra lo	26		
tobramycin inhalation nebulization solution 300 mg/4ml	33	triamcinolone acetonide external cream 0.025 %, 0.1 %	17		
tobramycin nebulization solution 300 mg/5ml inhalation.	33	triamcinolone acetonide external cream 0.5 %	17		
tobramycin ophthalmic	30	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	17		
tobramycin-dexamethasone	30	triamcinolone acetonide external ointment 0.05 %	17		
TOLAK	17	triamcinolone in absorbable.	17		
TOPAMAX	10	triamterene-hctz	15		
TOPAMAX SPRINKLE	10	TRIANEX EXTERNAL OINTMENT 0.05 %	17		
topiramate oral	10	triazolam	13		
TOPROL XL.	15	TRICOR	15		
torsemede	15	triderm	17		
TOUJEO MAX SOLOSTAR	20	TRIJARDY XR	21		

U

UBRELVY	11
UCERIS ORAL	29
UDENYCA	22
ULTRAM ORAL TABLET 50 MG.	8
UNISTRIP1 GENERIC	20
unithroid	27
UROCIT-K 10.	22
UROCIT-K 15.	22
UROCIT-K 5.	22
UROXATRAL.	23



UZEDY SUBCUTANEOUS
SUSPENSION PREFILLED
SYRINGE 100 MG/0.28ML 12

V

VAGIFEM 26
valacyclovir hcl oral 13
VALIUM 13
valsartan oral tablet 15
valsartan-hydrochlorothiazide 15
VALTOCO NASAL LIQUID 10
MG/0.1ML, 5 MG/0.1ML 10
VALTRES 13
VANDAZOLE 9
VASOTEC 15
VELPHORO 23
VELTASSA 22
venlafaxine hcl 11
venlafaxine hcl er oral capsule
extended release 24 hour 11
VENTOLIN HFA 32
VEOZAH 26
verapamil hcl er oral tablet
extended release 15
VERKAZIA 31
VERQUVO 15
VERZENIO 12
VESICARE 23
vestura 26
VIAGRA 22
VIBERZI 23
VIBRAMYCIN ORAL CAPSULE 9
VICTOZA SOLUTION PEN-
INJECTOR 18 MG/3ML
SUBCUTANEOUS 21
vienva 26
VIGAMOX 30
VIIBRYD 11
VIIBRYD STARTER PACK ORAL
KIT 10 & 20 MG 11
vilazodone hcl 11
VISTARIL 13

vitamin d (ergocalciferol) oral
capsule 1.25 mg (50000 ut), 50000
unit 22
VITRAKVI 12
VIVELLE-DOT 24, 26
VIVJOA 11
VOGELXO 27
VOGELXO PUMP 27
VOQUEZNA 22
VOQUEZNA DUAL PAK 22
VOQUEZNA TRIPLE PAK 22
VOSEVI 13
VRAYLAR ORAL CAPSULE 12
VTAMA 17
VYLEESI 22
vylibra 26
VYVANSE 16

W

WAKIX 33
warfarin sodium oral 10
WELLBUTRIN SR 11
WELLBUTRIN XL 11
WILATE 22
wixela inhub 32

X

XACIATO 9
XALATAN 31
XANAX 13
XARELTO 10
XARELTO STARTER PACK 10
XCOPRI ORAL TABLET 100 MG,
150 MG, 200 MG, 50 MG 10
XDEMVY 30
XELJANZ 29
XELJANZ XR ORAL TABLET
EXTENDED RELEASE 24 HOUR
11 MG 29
XELJANZ XR ORAL TABLET
EXTENDED RELEASE 24 HOUR
22 MG 29
XENLETA ORAL TABLET 600 MG 9

XEPI 17
XIIDRA 31
XOFLUZA (40 MG DOSE) 13
XOFLUZA (80 MG DOSE) 13
XOLAIR SUBCUTANEOUS
SOLUTION PREFILLED SYRINGE 29
XOPENEX HFA 32
XTAMPZA ER 8
XTANDI 12
xulane 26
XYWAV 33

Y

YASMIN 28 26
YAZ 26
YUFLYMA (2 SYRINGE) 29
YUPELRI 32
yuvaferm 26

Z

zafemy 26
ZANAFLEX ORAL TABLET 33
ZARXIO 22
ZAVZPRET 11
ZCORT 7-DAY ORAL TABLET
THERAPY PACK 1.5 MG (25) 26
ZEGALOGUE SUBCUTANEOUS
SOLUTION AUTO-INJECTOR 21
ZEJULA ORAL CAPSULE 100 MG. . . 12
ZELBORAF 12
ZENPEP ORAL CAPSULE
DELAYED RELEASE PARTICLES
10000-32000 UNIT, 15000-47000
UNIT, 20000-63000 UNIT, 25000-
79000 UNIT, 3000-10000 UNIT,
40000-126000 UNIT, 5000-24000
UNIT 23
ZENPEP ORAL CAPSULE
DELAYED RELEASE PARTICLES
60000-189600 UNIT 23
ZEPOSIA 16
ZEPOSIA 7-DAY STARTER PACK. . . 16



ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	16
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	16
ZESTORETIC	15
ZESTRIL	15
ZETIA	15
ZETONNA	31
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	15
ZIAC ORAL TABLET 5-6.25 MG	15
ZILXI	17
ZIMHI	9
ZIOPTAN	31
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	9
ZITHROMAX ORAL TABLET	9
ZITHROMAX TRI-PAK	9
ZITHROMAX Z-PAK	9
ZOCOR	15
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	11
ZOLOFT ORAL TABLET	11
zolpidem tartrate er	33
zolpidem tartrate oral tablet	33
ZOMIG NASAL SOLUTION 2.5 MG	11
ZOMIG NASAL SOLUTION 5 MG	11
ZONEGRAN	10
zonisamide oral	10
ZORYVE EXTERNAL CREAM	17
ZTLIDO	8
ZUBSOLV	9
zumandimine	26
ZYLET	30
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	11
ZYPREXA ORAL	12



Nondiscrimination notice and access to communication services

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at
<https://www.hhs.gov/ocr/complaints/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 LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

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

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

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 معرّف العضوية.

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

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

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

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

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

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

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

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

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

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: ប្រសិនបើអ្នកនិយាយ **ភាសាខ្មែរ (Khmer)** សូមទាក់ទងមន្ត្រីសេវាអន្តរជាតិរបស់យើង ដើម្បីស្វែងរកសេវាបំប្រែភាសាសម្រាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគតតិក្ខុលេខ ដល់មន្ត្រីសេវាអន្តរជាតិរបស់យើងសម្រាប់អ្នក។

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

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

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



This document applies to commercial group members of UnitedHealthcare and Oxford New York and New Jersey plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of New York, or Oxford Health Insurance, Inc. or their affiliates. Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc. Administrative services provided by United HealthCare Services, Inc., UnitedHealthcare Service LLC, Oxford Health Plans LLC, or their affiliates.

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

3/24 ©2024 United HealthCare Services, Inc.

WF13124987-J 2024 Prescription Drug List — Traditional 3-Tier

**United
Healthcare**