



Your 2024 Prescription Drug List

Traditional 4-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 and Student Resources medical plans with a pharmacy benefit subject to the Traditional 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

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) —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan. ¹
QL	Quantity Limits² —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program³ —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. ²

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

2. Not applicable to certain Student Resources plans.

3. Not applicable to 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: 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.

- **Infertility**

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

- **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	4	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	4	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	4	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)
SUBOXONE	E	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
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	4	
BACTRIM DS	4	
cefdinir	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	4	QL
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	

Drug Name	Drug Tier	Requirements & Limits
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
LIKMEZ	4	
LYMEPAK ORAL TABLET 100 MG	E	
MACROBID	4	
MACRODANTIN	4	
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	4	QL
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE	4	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL

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Drug Name	Drug Tier	Requirements & Limits
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	4	PA
DEPAKOTE ER	4	PA
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	4	PA
LAMICTAL ORAL TABLET	4	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
MOTPOLY XR	3	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	4	PA
NEURONTIN ORAL TABLET	4	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
SYMPAZAN	4	PA
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate oral	1	
TRILEPTAL ORAL TABLET	4	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	4	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
PROZAC	E	

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Drug Name	Drug Tier	Requirements & Limits
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	4	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	4	
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	4	
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

Antigout Agents - Drugs for Gout

allopurinol oral tablet 100 mg, 300 mg	1	
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Drug Name	Drug Tier	Requirements & Limits
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	4	

Antimigraine Agents - Drugs for Migraines

AIMOVIQ	2	PA, ST
AIMOVIQ 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	4	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
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	4	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
FEMARA	E	
GAVRETO	4	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	4	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	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	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	4	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	4	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	4	QL
ZYPREXA ORAL	E	
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL

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Drug Name	Drug Tier	Requirements & Limits
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	4	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	4	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	
bupirone hcl oral	1	
clonazepam oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	4	
XANAX	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALDACTONE	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	4	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	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	4	
CARDIZEM CD	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CARDURA	4		lisinopril-hydrochlorothiazide	1	
cartia xt	1		LOPID	4	
carvedilol	1		LOPRESSOR	4	
chlorthalidone	1		losartan potassium oral	1	
clonidine hcl oral	1		losartan potassium-hctz	1	
COREG	E		LOTENSIN	4	
CORLANOR	3	PA, QL	LOTREL	E	
COZAAR	E		lovastatin oral	1	H
CRESTOR	E		LOVAZA	E	
diltiazem hcl er coated beads	1		MAXZIDE	4	
DIOVAN	E		MAXZIDE-25	4	
DIOVAN HCT	E		metoprolol succinate er	1	
doxazosin mesylate oral	1		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
enalapril maleate oral tablet	1		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
ENTRESTO	4	PA, QL	MICARDIS	E	
EXFORGE	E		MINIPRESS	4	
ezetimibe	1		minoxidil oral	1	
fenofibrate oral tablet 120 mg, 40 mg	E		MULTAQ	4	PA
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		NEXLETOL	2	PA, ST, QL
FENOGLIDE	E		NEXLIZET	2	PA, ST, QL
flecainide acetate	1		nifedipine er	1	
FUROSCIX	4	PA, QL	nifedipine er osmotic release	1	
furosemide oral tablet	1		nitroglycerin sublingual	1	
gemfibrozil oral	1		NITROSTAT	4	
guanfacine hcl	1		NORLIQVA	4	PA
HEMANGEOL	3		NORVASC	E	
hydralazine hcl oral	1		olmesartan medoxomil oral	1	
hydrochlorothiazide oral	1		olmesartan medoxomil-hctz	1	
HYZAAR	E		omega-3-acid ethyl esters	1	
INDERAL LA	E		PACERONE ORAL TABLET 100 MG, 400 MG	3	
irbesartan	1		PACERONE ORAL TABLET 200 MG	4	
irbesartan-hydrochlorothiazide	1		pravastatin sodium	1	
isosorbide mononitrate er	1		prazosin hcl oral	1	
labetalol hcl oral	1		PROCARDIA XL	E	
LASIX	4		propranolol hcl er	1	
LIPITOR	E		propranolol hcl oral tablet	1	
lisinopril oral	1				

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Drug Name	Drug Tier	Requirements & Limits
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	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	4	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	4	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	E	QL

Drug Name	Drug Tier	Requirements & Limits
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	4	
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
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL

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Drug Name	Drug Tier	Requirements & Limits
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	4	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	4	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	4	PA
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

Drug Name	Drug Tier	Requirements & Limits
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	4	
periogard	1	
Dermatological Agents - Drugs for Skin Conditions		
AKLIEF	4	PA, QL
ala-cort	E	
AMZEEQ	4	QL
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
CARAC	E	
CIBINQO	2	PA, QL, SP
CLEOCIN-T	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL
clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T), QL
clobetasol propionate external cream	1	QL
clobetasol propionate external ointment	1	QL
clobetasol propionate external solution	1	QL

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Drug Name	Drug Tier	Requirements & Limits
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	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	E	QL
KLISYRI	4	ST, QL
METROCREAM	4	
metronidazole external cream	1	
MIRVASO	4	PA, QL
NORITATE	E	
OPZELURA	4	PA, QL, SP
PANRETIN	3	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	E	QL
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	4	PA, QL
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 %	4	QL

Drug Name	Drug Tier	Requirements & Limits
TEMOVATE EXTERNAL OINTMENT 0.05 %	4	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	4	PA, QL
XEPI	3	QL
ZILXI	4	PA, ST, QL
ZORYVE EXTERNAL CREAM	4	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	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	

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

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GVOKE KIT	2		ONETOUCH VERIO KIT W/DEVICE	1	
GVOKE PFS	2	QL	ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
HEALTHPRO BLOOD GLUCOSE MONITO	E		ONETOUCH VERIO TEST STRIPS	1	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	OPTIUMEZ TEST	E	QL
LANCETS	1		PARADIGM REAL-TIME TRANSMITTER	3	PA
MICRODOT TEST	E	QL	PIP BLOOD GLUCOSE TEST STRIP	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA	PRECISION XTRA	E	
MINIMED 630G GUARDIAN PRESS	3	PA	PRECISION XTRA BLOOD GLUCOSE	E	QL
MM BLULINK GLUCOSE TEST	E	QL	PREMIUM BLOOD GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E		PTS PANELS EGLU TEST	E	QL
NEUTEK 2TEK TEST	E	QL	QUINTET AC BLOOD GLUCOSE TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL	QUINTET BLOOD GLUCOSE TEST	E	QL
NOVOFINE PEN NEEDLE	2	QL	RELION TRUE MET AIR GLUC METER	E	
NOVOFINE PLUS PEN NEEDLE	2	QL	RELION TRUE METRIX TEST STRIPS	E	QL
NOVOTWIST PEN NEEDLE	2	QL	RELION ULTIMA GLUCOSE SYSTEM	E	
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL	RELION ULTIMA TEST	E	QL
OMNIPOD 5 G6 PODS (GEN 5)	2	PA, QL	RIGHTEST GT333 GLUCOSE TEST	E	QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	TECHLITE INSULIN SYRINGES	2	(ARKRAY), QL
ON CALL EXPRESS MONITORING SYS	E		TECHLITE PEN NEEDLES	2	(ARKRAY), QL
ONETOUCH DELICA PLUS LANCETS	1		TEMPO REFILL	E	
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE	1		TEMPO WELCOME	E	
ONETOUCH ULTRA 2 KIT W/ DEVICE	1		TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH ULTRA IN VITRO STRIP	1	QL	TRUE METRIX AIR GLUCOSE METER KIT	E	
ONETOUCH ULTRASOFT LANCETS	1		TRUE METRIX BLOOD GLUCOSE TEST	E	QL
ONETOUCH VERIO FLEX SYSTEM KIT	1		TRUE METRIX GO GLUCOSE METER	E	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1		TRUE METRIX METER KIT	E	
			TRUE METRIX PRO BLOOD GLUCOSE	E	QL
			TRUETRACK TEST	E	QL
			UNISTRIP1 GENERIC	E	QL

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Drug Name	Drug Tier	Requirements & Limits
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
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

Drug Name	Drug Tier	Requirements & Limits
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	4	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	4	
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	
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	4	
GLUMETZA	E	PA

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Drug Name	Drug Tier	Requirements & Limits
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
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP

Drug Name	Drug Tier	Requirements & Limits
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	4	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	4	PA, QL, SP
ELOCTATE	4	PA, SP
EMPAVELI	2	PA, QL, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
IDELVION	3	SP
JIVI	4	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	4	PA, QL, SP
UDENYCA	2	
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL

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Drug Name	Drug Tier	Requirements & Limits
IMVEXXY STARTER PACK	2	QL
OSPHEHA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	4	PA, QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL

Electrolytes / Vitamins

cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DODEX	4	
DRISDOL	4	
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	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	

Drug Name	Drug Tier	Requirements & Limits
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	4	
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	4	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	
GOLYTELY	4	QL
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	1	QL

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Drug Name	Drug Tier	Requirements & Limits
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	4	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	4	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	

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	

Drug Name	Drug Tier	Requirements & Limits
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	1	
THIOLA	4	SP
THIOLA EC	4	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	4	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H

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Drug Name	Drug Tier	Requirements & Limits
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	4	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	4	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	QL

Drug Name	Drug Tier	Requirements & Limits
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	4	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	4	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	4	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
juleber	1	H
junel 1.5/30	1	H

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Drug Name	Drug Tier	Requirements & Limits
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
lutera	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H

Drug Name	Drug Tier	Requirements & Limits
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	4	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H

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Drug Name	Drug Tier	Requirements & Limits
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	4	PA, QL
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	4	
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	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	

Drug Name	Drug Tier	Requirements & Limits
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	4	
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	4	
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	4	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
SKYTROFA	4	PA, QL, SP
SOMATULINE DEPOT	4	SP

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Drug Name	Drug Tier	Requirements & Limits
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	4	
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	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADBIM (2 PEN)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBIM (2 SYRINGE)	2	PA, QL, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBIM(CD/UC/HS STRT)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBIM(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 CONCENTRATION), SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AZASAN	4	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA, QL, SP
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP	HYRIMOZ-CROHNS/UC STARTER	E	PA, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL	HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP	HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP	HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
COSENTYX UNOREADY	3	PA, ST, QL, SP	IMURAN	E	
ENBREL	2	PA, QL, SP	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
ENBREL MINI	2	PA, QL, SP	KINERET	3	PA, ST, QL, SP
ENBREL SURECLICK	2	PA, QL, SP	LITFULO	3	PA, QL, SP
HADLIMA	2	PA, QL, SP	LUPKYNIS	4	PA, QL, SP
HADLIMA PUSHTOUCH	2	PA, QL, SP	methotrexate sodium oral	1	
HAEGARDA	2	PA, QL, SP	mycophenolate mofetil oral tablet	1	
HUMIRA (2 PEN)	2	PA, QL, SP	OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, QL
HUMIRA (2 SYRINGE)	2	PA, QL, SP	OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP	OMVOH	3	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER	2	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
HUMIRA-PED>=40KG CROHNS START	2	PA, QL, SP	ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
HUMIRA-PED>=40KG UC STARTER	2	PA, QL, SP	OTEZLA ORAL TABLET	2	PA, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP	OTREXUP	E	QL
HUMIRA-PSORIASIS/UVEIT STARTER	2	PA, QL, SP	PROGRAF ORAL CAPSULE	4	
HYFTOR	4	PA, QL	RASUVO	2	QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP	RINVOQ	2	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP	RUCONEST	4	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP	SIMPONI	2	PA, QL, SP
			SKYRIZI PEN	2	PA, QL, SP
			SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
			STELARA SUBCUTANEOUS	2	PA, QL, SP
			tacrolimus oral	1	
			TAKHZYRO	2	PA, QL, SP
			TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
			TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST, QL

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Drug Name	Drug Tier	Requirements & Limits
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

cetrorelix acetate	1	PA, ST, QL, SP
CETROTIDE	4	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
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP

Drug Name	Drug Tier	Requirements & Limits
GONAL-F RFF REDIJECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	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	4	
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	4	

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

ALREX	4	QL
AZASITE	3	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION 0.3 %	4	

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Drug Name	Drug Tier	Requirements & Limits
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	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	4	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	4	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	4	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL

Drug Name	Drug Tier	Requirements & Limits
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVIY	4	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	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	4	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
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 ocludose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
XALATAN	E	
ZIOPTAN	3	ST, QL

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Drug Name	Drug Tier	Requirements & Limits
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	4	PA, QL
VERKAZIA	4	PA
XIIDRA	4	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
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

Drug Name	Drug Tier	Requirements & Limits
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
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	

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Drug Name	Drug Tier	Requirements & Limits
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
breyndia	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	4	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	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
PERFOROMIST	4	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	4	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	4	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
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	4	PA, QL, SP
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Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
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	4	

Sleep Disorder Agents

AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL

Drug Name	Drug Tier	Requirements & Limits
eszopiclone	1	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
PROVIGIL	E	QL
RESTORIL	4	
SODIUM OXYBATE	4	PA, QL, SP (Manufactured by Hikma)
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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brimonidine tartrate ophthalmic solution 0.2 %	CARETOUCH TEST	18	CLEOCIN ORAL CAPSULE 75 MG	9
brimonidine tartrate-timolol	cartia xt	14	CLEOCIN-T	16
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buspiron hcl oral	CETROTIDE	29	clobetasol propionate external ointment	16
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				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	



doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	9
doxycycline monohydrate oral capsule 100 mg, 50 mg	9
doxycycline monohydrate oral capsule 150 mg, 75 mg	9
doxycycline monohydrate oral tablet . .	9
DRISDOL	22
drosiprone-ethinyl estradiol	24
DUAVEE	24
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	10
duloxetine hcl oral capsule delayed release particles 40 mg	10
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	17
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	17
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	17
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	26

E

EASY TOUCH HEALTHPRO GLUCOSE	18
EASY TOUCH TEST	18
EASYGLUCO	18
EASYMAX 15 TEST	18
EASYMAX NG BLOOD GLUCOSE KIT	18
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EMBRACE WAVE BLOOD GLUCOSE IN VITRO	18
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	11
emoquette oral tablet 0.15-30 mg-mcg	24
EMPAVELI	21
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	13
emtricitabine-tenofovir df oral tablet 200-300 mg	13
enalapril maleate oral tablet	14
ENBREL	28
ENBREL MINI	28
ENBREL SURECLICK	28
endocet	8
ENDOMETRIN	29
enilloring	24
ENLITE GLUCOSE SENSOR	18
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enskyce	24
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ENTRESTO	14
EPCLUSA ORAL TABLET	13
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epinephrine solution auto-injector 0.15 mg/0.15ml injection	31
epinephrine solution auto-injector 0.15 mg/0.3ml injection	31
epinephrine solution auto-injector 0.3 mg/0.3ml injection	31
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ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT)	22
ergocalciferol oral capsule	22
ERIVEDGE	11
ERLEADA ORAL TABLET 240 MG	11
ERLEADA ORAL TABLET 60 MG	11
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errin	24
erythromycin ophthalmic	30
escitalopram oxalate oral tablet	10
ESGIC ORAL TABLET	8
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ESTRACE	24
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estradiol patch twice weekly 0.0375 mg/24hr transdermal	24
estradiol patch twice weekly 0.05 mg/24hr transdermal	24
estradiol patch twice weekly 0.075 mg/24hr transdermal	24
estradiol patch twice weekly 0.1 mg/24hr transdermal	24
estradiol transdermal gel	24
estradiol transdermal patch weekly . .	24
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etonogestrel-ethinyl estradiol	24
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EXKIVITY	11
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FENOGLIDE	14	FORTEO	29	GLUCOCARD EXPRESSION TEST ..	18	
FEXMID	33	FORTESTA	27	GLUCOCARD SHINE TEST.....	18	
FINACEA EXTERNAL FOAM.....	17	FORTISCARE G1 TEST STRIP	18	GLUCOCARD VITAL TEST	18	
finasteride oral tablet 5 mg	23	FORTISCARE TEST	18	GLUCOTROL XL.....	20	
finngolimod hcl.....	16	FOSAMAX.....	29	GLUMETZA.....	20	
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flecainide acetate	14	FREESTYLE LIBRE 2 SENSOR.....	18	GLYCATE.....	22	
FLOMAX	23	FREESTYLE LIBRE 3 SENSOR.....	18	glycopyrrolate oral tablet 1 mg, 2 mg.....	22	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	32	FREESTYLE PRECISION NEO SYSTEM.....	18	GLYCOPYRROLATE ORAL TABLET 1.5 MG	22	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	29	FREESTYLE PRECISION NEO TEST	18	GLYXAMBI	21	
fluconazole oral tablet	11	FREESTYLE TEST	18	GOLYTELY	22	
FLUOROURACIL EXTERNAL CREAM 0.5 %	17	FUROSCIX	14	GONAL-F.....	29	
fluorouracil external cream 5 %	17	furosemide oral tablet	14	GONAL-F RFF	29	
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fluticasone propionate nasal.....	31	gabapentin oral tablet 600 mg, 800 mg	10	GUARDIAN CONNECT TRANSMITTER.....	18	
FLUTICASONE-SALMETEROL INHALATION AEROSOL	32	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	29	GUARDIAN LINK 3 TRANSMITTER ..	18	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	32	gavilyte-c	22	GUARDIAN SENSOR (3)	18	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	32	gavilyte-g	22	GUARDIAN SENSOR 3	18	
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FOCALIN.....	15	gemfibrozil oral	14	GVOKE HYPOPEN 2-PACK.....	18	
FOCALIN XR.....	15	GILENYA ORAL CAPSULE 0.25 MG ..	16	GVOKE KIT	19	
folic acid oral tablet 1 mg	22	GILENYA ORAL CAPSULE 0.5 MG ..	16	GVOKE PFS.....	19	
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		glimepiride	20	HADLIMA	28	
		glipizide er.....	20	HADLIMA PUSH TOUCH	28	
		glipizide oral tablet 10 mg, 5 mg.....	20	HAEGARDA	28	
		glipizide oral tablet 2.5 mg	20	hailey 1.5/30	24	
		glipizide xl	20	hailey 24 fe	24	
				hailey fe 1/20.....	24	
				hailey fe 1.5/30	24	
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haloette	24	hydrochlorothiazide oral	14	ICLUSIG ORAL TABLET 15 MG, 45 MG	12
HARVONI ORAL TABLET	13	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8	IDELVION	21
HEALTHPRO BLOOD GLUCOSE MONITO	19	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8	IDHIFA	12
heather	24	hydrocortisone external cream 1 % . .	17	ILEVRO	30
HEMADY	26	hydrocortisone external cream 2.5 %	17	IMBRUVICA ORAL CAPSULE	12
HEMANGEOL	14	hydrocortisone external ointment 1 %, 2.5 %	17	IMBRUVICA ORAL TABLET 140 MG, 280 MG	12
HEMLIBRA	21	hydrocortisone oral	26	IMBRUVICA ORAL TABLET 420 MG	12
HEMOPIL M.	21	hydromorphone hcl oral tablet	8	IMBRUVICA ORAL TABLET 560 MG	12
HIDEX 6-DAY	26	hydroxychloroquine sulfate oral	12	IMITREX	11
HUMALOG INJECTION	20	hydroxyzine hcl oral tablet	13	IMPOYZ	17
HUMALOG KWIKPEN	20	hydroxyzine pamoate oral	13	IMURAN	28
HUMALOG MIX 50/50 KWIKPEN	20	HYFTOR	28	IMVEXXY MAINTENANCE PACK	21
HUMALOG MIX 50/50 VIAL	20	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	28	IMVEXXY STARTER PACK	22
HUMALOG MIX 75/25 KWIKPEN	20	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	28	INBRIJA	12
HUMALOG MIX 75/25 VIAL	20	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	28	incassia	24
HUMALOG SUBCUTANEOUS	20	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	28	INDERAL LA	14
HUMALOG TEMPO PEN	20	HYRIMOZ-CROHNS/UC STARTER	28	INDOMETHACIN ORAL CAPSULE 20 MG	8
HUMALOG U-100 JUNIOR KWIKPEN	20	HYRIMOZ-PED<40KG CROHNS STARTER	28	indomethacin oral capsule 25 mg, 50 mg	8
HUMATE-P	21	HYRIMOZ-PED>=40KG CROHN STARTER	28	INSULIN GLARGINE	20
HUMIRA (2 PEN)	28	HYRIMOZ-PLAQUE PSORIASIS START	28	INSULIN GLARGINE MAX SOLOSTAR	20
HUMIRA (2 SYRINGE)	28	HYZAAR	14	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				

I

IBRANCE ORAL CAPSULE	12
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8
ICLUSIG ORAL TABLET 10 MG, 30 MG	12



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KOGENATE FS21
KOSELUGO12
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10 MG, 15 MG, 20 MG, 25 MG,
30 MG12

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0.15-30 mg-mcg25
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LOTEMAX OPHTHALMIC
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LOTEMAX SM30
LOTENSIN14
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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 er (osm)	21	microgestin 1/20	25
lyleq	25	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	21	microgestin 1.5/30	25
lyllana	25	metformin hcl oral tablet 625 mg	21	microgestin 24 fe	25
LYMEPAK ORAL TABLET 100 MG	9	methimazole oral	27	microgestin fe 1/20	25
LYNPARZA	12	methocarbamol oral tablet 1000 mg	33	microgestin fe 1.5/30	25
LYRICA ORAL CAPSULE	16	methocarbamol oral tablet 500 mg, 750 mg	33	mili	25
LYUMJEV KWIKPEN	20	methotrexate sodium oral	28	MINILINK REAL-TIME TRANSMITTER	19
LYUMJEV TEMPO PEN	20	methylphenidate hcl er (cd)	15	MINIMED 630G GUARDIAN PRESS	19
LYUMJEV VIAL	20	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15	MINIPRESS	14
lyza	25	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	15	MINIVELLE	24, 25
M					
MACROBID	9	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	15	minocycline hcl oral capsule	9
MACRODANTIN	9	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	15	minoxidil oral	14
marlissa	25	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	15	mirtazapine oral tablet	10
MAVENCLAD	16	methylphenidate hcl er (osm) oral tablet extended release 72 mg	15	MIRVASO	17
MAVYRET ORAL PACKET	13	methylphenidate hcl er (xr)	15	misoprostol oral	22
MAXALT	11	methylphenidate hcl er oral tablet extended release	15	MITIGARE	11
MAXALT-MLT	11	methylphenidate hcl oral tablet	15	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	22	NEXLETOL	14	NOVOLIN N RELION	20
MOTPOLY XR	10	NEXLIZET	14	NOVOLIN N VIAL	20
MOUNJARO	21	NGENLA	26	NOVOLIN R FLEXPEN	20
MOVIPREP	22	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
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na sulfate-k sulfate-mg sulf	22	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
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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
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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



PREDNISOLONE ACETATE P-F	30	PROZAC	10	REPATHA SURECLICK	15	
prednisolone oral solution	26	pseudoephedrine-bromphen-dm	31	RESTASIS	31	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	26	PTS PANELS EGLU TEST	19	RESTASIS MULTIDOSE	31	
prednisolone sodium phosphate oral solution 15 mg/5ml	26	PULMICORT SUSPENSION	32	RESTORIL	33	
prednisolone sodium phosphate oral solution 20 mg/5ml	26	PULMOZYME	32	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	21	
prednisone oral tablet	26	PYLERA	22	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	21	
prednisone oral tablet therapy pack	26	PYRIDIUM	23	RETEVMO ORAL CAPSULE 40 MG.	12	
pregabalin oral capsule	16	Q			RETEVMO ORAL CAPSULE 80 MG.	12
PREGNYL	29	quetiapine fumarate	12	RETIN-A EXTERNAL CREAM	17	
PREMARIN ORAL	25	QUINTET AC BLOOD GLUCOSE TEST	19	REVATIO ORAL TABLET	33	
PREMARIN VAGINAL	25	QUINTET BLOOD GLUCOSE TEST	19	REVLIMID	12	
PREMIUM BLOOD GLUCOSE TEST	19	QVAR REDIHALER	32	REXULTI	12	
PREMPHASE	25	R			RHOFADE	17
PREMPRO	25	rabeprazole sodium oral tablet delayed release	22	RHOPRESSA	30	
previfem oral tablet 0.25-35 mg-mcg	25	RADICAVA ORS	16	RIGHTEST GT333 GLUCOSE TEST	19	
PREZCOBIX	13	RADICAVA ORS STARTER KIT	16	RINVOQ	28	
PRISTIQ	10	ramipril	15	RISPERDAL ORAL TABLET	12	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	32	RASUVO	28	risperidone oral tablet	12	
PROCARDIA XL	14	REBIF	16	RITALIN	15	
prochlorperazine maleate oral	11	REBIF TITRATION PACK	16	RITALIN LA	15	
PROCTOFOAM HC	29	reclipsen	25	rizatriptan benzoate	11	
progesterone oral	25	RECOMBINATE	21	ROBINUL	23	
PROGRAF ORAL CAPSULE	28	REGLAN	11	ROBINUL-FORTE	23	
PROLATE ORAL TABLET	8	RELAFEN DS	8	ROCALTROL ORAL CAPSULE	29	
promethazine hcl oral tablet	11	RELAFEN ORAL TABLET 500 MG, 750 MG	8	ROCKLATAN	30	
promethazine-dm	31	RELEXXII	15	ropinirole hcl	12	
PROMETRIUM	25	RELION TRUE MET AIR GLUC METER	19	rosadan external cream 0.75 %	17	
propranolol hcl er	14	RELION TRUE METRIX TEST STRIPS	19	rosuvastatin calcium	15	
PROPRANOLOL HCL ORAL TABLET	14	RELION ULTIMA GLUCOSE SYSTEM	19	roweepra	10	
PROSCAR	23	RELION ULTIMA TEST	19	ROXICODONE ORAL TABLET 15 MG, 30 MG	8	
PROTONIX ORAL TABLET DELAYED RELEASE	22	RELPAK	11	ROXICODONE ORAL TABLET 5 MG	8	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	17	REMERON	11	RUCONEST	28	
PROVENTIL HFA	31, 32	REPATHA	15	RUKOBIA	13	
PROVERA	24, 25	REPATHA PUSHTRONEX SYSTEM	15	RYBELSUS	21	
PROVIGIL	33	S			SANTYL	17
				saxagliptin hcl	21	



scopolamine	11	STRIVERDI RESPIMAT	32	tamoxifen citrate oral tablet 20 mg.	12	
SEMGLEE	20	SUBOXONE.	8	tamsulosin hcl.	23	
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML.	20	subvenite.	10	TAPERDEX 12-DAY.	26	
SEREVENT DISKUS.	32	sucrafate oral tablet.	22	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	26	
SEROQUEL.	12	SUFLAVE.	23	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21).	26	
sertraline hcl oral tablet.	11	sulfamethoxazole-trimethoprim oral tablet	9	TAPERDEX 7-DAY.	26	
sharobel.	25	sumatriptan succinate oral	11	TARGADOX.	9	
SHINGRIX	29	SUNOSI	33	tarina 24 fe.	25	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	22	SUPREP BOWEL PREP KIT	23	tarina fe 1/20 eq	26	
sildenafil citrate oral tablet 20 mg.	33	SUTAB.	23	tarina fe 1/20 oral tablet 1-20 mg-mcg.	26	
SIMPONI	28	syeda	25	TASIGNA	12	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	15	SYMBICORT	32	TAVALISSE	21	
simvastatin oral tablet 80 mg	15	SYMFI	13	TECHLITE INSULIN SYRINGES	19	
SINGULAIR ORAL TABLET.	32	SYMFI LO	13	TECHLITE PEN NEEDLES.	19	
SINGULAIR ORAL TABLET CHEWABLE	32	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	31	TEGLUTIK	16	
SITAVIG	13	SYMLINPEN 120.	21	TEGSEDI	23	
SKYRIZI PEN	28	SYMLINPEN 60.	21	TEKTURNA.	15	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	28	SYMPAZAN.	10	TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	15	
SKYTROFA	26	SYMPROIC	23	telmisartan	15	
SOAAZ	15	SYNJARDY	21	temazepam	33	
SODIUM OXYBATE	33	SYNJARDY XR	21	TEMOVATE EXTERNAL CREAM 0.05 %	17	
SOFOSBUVIR-VELPATASVIR	13	SYNTHROID	27	TEMOVATE EXTERNAL OINTMENT 0.05 %	17	
solifenacin succinate	23	T			TEMPO REFILL.	19
SOLQUA.	21	TABRECTA	12	TEMPO WELCOME	19	
SOMATULINE DEPOT	26	TACLONEX EXTERNAL SUSPENSION.	17	TENORMIN	15	
SOOLANTRA	17	tacrolimus external.	17	terbinafine hcl oral	11	
SPIRIVA HANDIHALER	32	tacrolimus oral	28	teriparatide	29	
SPIRIVA RESPIMAT	32	tadalafil oral.	22	teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	29	
spironolactone oral tablet	15	TADLIQ	33	TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR 620 MCG/2.48ML	29	
sprintec 28	25	tafluprost (pf)	30	TESTIM	27	
sronyx	25	TAGRISSO.	12	testosterone cypionate intramuscular	27	
STELARA SUBCUTANEOUS	28	TAKHZYRO	28	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	32	
STENDRA	22	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR.	28			
STIOLTO RESPIMAT	32	TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	28			
STIVARGA.	12	TAMIFLU ORAL CAPSULE	13			
STRATTERA	16	tamoxifen citrate oral tablet 10 mg.	12			
STRENSIQ.	23					



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

U

UBRELVY	11
UCERIS ORAL	29
UDENYCA	21
ULTRAM ORAL TABLET 50 MG.	8
UNISTRIP1 GENERIC	19
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
VALTREX	13
VANDAZOLE	9
VASOTEC	15
VELPHORO	23
VELTASSA	22
venlafaxine hcl	11
venlafaxine hcl er oral capsule extended release 24 hour	11
VENTOLIN HFA	31, 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	21
wixela inhub	32

X

XACIATO	9
XALATAN	30
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
yuvafem	26

Z

zafemy	26
ZANAFLEX ORAL TABLET	33
ZARXIO	21
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	30
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

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

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

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Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខតតតតតតតត ដល់មានលេខស័កតតសញ្ញាណប័ណ្ណរបស់អ្នក។

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

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

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



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