



Your 2025 Prescription Drug List

Advantage 3-Tier

Effective January 1, 2025



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2025 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Level2, Global Solutions, Student Resources, Surest, UnitedHealthcare of Nevada, UnitedHealthOne and Oxford medical plans with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL.....	6
Questions	8
Analgesics	
Drugs for Pain.....	9
Drugs for Pain and Inflammation.....	10
Anti-Addiction / Substance Abuse Treatment Agents.....	10
Antibacterials	
Drugs for Infections.....	11
Anticoagulants	
Drugs to Treat or Prevent Blood Clots.....	12
Anticonvulsants	
Drugs for Seizures.....	13
Antidementia Agents	
Drugs for Alzheimer’s Disease and Dementia	14
Antidepressants	
Drugs for Depression.....	14
Antiemetics	
Drugs for Nausea and Vomiting.....	15
Antifungals	
Drugs for Fungal Infections.....	16
Antigout Agents	
Drugs for Gout.....	16
Antimigraine Agents	
Drugs for Migraines	16
Antimyasthenic Agents	
Drugs to Treat Myasthenia Gravis.....	17
Antimycobacterials	
Drugs to Treat Infections.....	17
Antineoplastics	
Drugs for Cancer	17
Antiparasitics	
Drugs for Parasitic Infections.....	18
Antiparkinson Agents	
Drugs for Parkinson’s Disease.....	19
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention.....	19
Antipsychotics	
Drugs for Mood Disorders.....	19
Antivirals	
Drugs for Viral Infections	20
Anxiolytics	
Drugs for Anxiety.....	21
Bipolar Agents	
Drugs for Mood Disorders.....	21
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions.....	21
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	25
Drugs for Multiple Sclerosis.....	26
Miscellaneous.....	27



Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	27
Dermatological Agents	
Drugs for Skin Conditions	28
Diabetes	
Glucose Monitoring and Supplies	32
Insulin	35
Non-Insulin Agents	36
Drugs for Blood Disorders	37
Drugs for Sexual Dysfunction	38
Electrolytes / Vitamins	38
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer	40
Drugs for Bowel, Intestine and Stomach Conditions	41
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	42
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions	42
Drugs for Prostate Conditions	43
Hormonal Agents	
Hormone Replacement and Birth Control	43
Oral Steroids	48
Other	48
Testosterone Replacement	48
Thyroid	49
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	49
Drugs for Vaccination	52
Infertility Agents	52
Inflammatory Bowel Disease Agents	53
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	53
Other	54
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	54
Drugs for Eye Infection and Inflammation	55
Drugs for Glaucoma	55
Drugs for Miscellaneous Eye Conditions	56
Otic Agents	
Drugs for Ear Conditions	56
Respiratory	
Drugs for Anaphylaxis	56
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold	56
Drugs for Asthma and COPD	57
Drugs for Cystic Fibrosis	59
Drugs for Pulmonary Fibrosis	59
Drugs for Pulmonary Hypertension	59
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	60
Sleep Disorder Agents	60
Index	61



Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
2. For New York and New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.

About this PDL

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



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 equivalent is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic equivalent.

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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



Reading your PDL (continued)

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 is generally available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization – May be part of health care reform preventive benefit and available at no additional cost to you if prior authorization criteria is met.
PA	Prior Authorization (sometimes referred to as precertification)³ – Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
QL	Quantity Limits – Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program⁴ – 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.

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

4. Not applicable to Neighborhood Health Plan, some UnitedHealthcare Freedom Plans and Oxford plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

Coverage is set by the member'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 member's pharmacy and/or medical plan depending on the benefit.

- **Endocrine: growth hormone**

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

- **Infertility**

Coverage is set by the member's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage. This is not a covered benefit for Neighborhood Health Partnership Plan.

- **Medications for sexual dysfunction**

Coverage is set by the member'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 member'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 your member 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	1	QL
ALLZITAL	E	QL
apap-caff-dihydrocodeine	3	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP	E	QL
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	QL
butorphanol tartrate nasal	2	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL
FIORICET	3	QL
FIORICET/CODEINE	E	QL
glydo	1	

Drug Name	Drug Tier	Requirements & Limits
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	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
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LORTAB ORAL ELIXIR 10-300 MG/15ML	3	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXYCODONE HCL ER	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 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
OXYCONTIN	E	PA, QL

See page 6-8 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
oxymorphone hcl er	3	PA, QL
PERCOCET	E	QL
premium lidocaine	2	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAINE II	E	PA, QL
ULTRACET ORAL TABLET 37.5-325 MG	3	QL
ULTRAM ORAL TABLET 50 MG	E	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
ARTHROTEC	E	
CAMBIA	E	QL
CELEBREX	E	QL
celecoxib oral	2	QL
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	2	
diclofenac potassium(migraine)	E	QL
diclofenac sodium er	3	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	

Drug Name	Drug Tier	Requirements & Limits
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	2	
etodolac er	3	
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	
flurbiprofen oral	1	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
mefenamic acid oral	3	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
RELAFEN DS	E	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
bupropion hcl er (smoking det)	1	H
disulfiram oral	1	
KLOXXADO	2	QL

See page 6-8 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
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL (include Narcan OTC)
NICOTROL	3	PA, H
REXTOVY	E	
SUBOXONE	E	PA, QL
varenicline tartrate	3	PA, H
varenicline tartrate (starter)	3	PA, H
varenicline tartrate(continue)	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
AVIDOXY	3	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefixime	3	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	3	QL
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	2	

Drug Name	Drug Tier	Requirements & Limits
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	
CLEOCIN VAGINAL CREAM	3	
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate vaginal	2	
CLINDESSE	2	
dicloxacillin sodium	1	
DIFICID ORAL TABLET	3	QL
DORYX MPC	E	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	E	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
E.E.S. GRANULES	3	

See page 6-8 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
ERYPED 200	3	
ERYPED 400	3	
ERY-TAB	3	
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
erythromycin oral	3	
FIRVANQ	3	
FLAGYL	3	
fosfomycin tromethamine	3	
gentamicin sulfate external	1	QL
HIPREX	3	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	2	
MACROBID	3	
MACRODANTIN	3	
methenamine hippurate	1	
metronidazole oral	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MONDOXYNE NL	3	
MONUROL ORAL PACKET 3 GM	3	
moxifloxacin hcl oral	3	
mupirocin calcium	3	QL
mupirocin external	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	

Drug Name	Drug Tier	Requirements & Limits
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	E	
NUVESSA	E	
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral	1	
VANDAZOLE	3	
VIBRAMYCIN	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	

Anticoagulants - Drugs to Treat or Prevent Blood Clots

ARIXTRA	E	QL
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
fondaparinux sodium	2	QL

See page 6-8 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
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
BANZEL	3	PA
BRIVIACT ORAL SOLUTION	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
diazepam rectal	1	QL
DILANTIN INFATABS	3	
DILANTIN ORAL CAPSULE	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
ethosuximide oral	1	
felbamate	1	

Drug Name	Drug Tier	Requirements & Limits
FELBATOL	3	PA
FELBATOL ORAL SUSPENSION 600 MG/5ML	3	PA
FINTEPLA	3	PA
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
lacosamide oral	2	
LAMICTAL	3	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral	1	
MOTPOLY XR	3	PA
MYSOLINE	2	PA
NAYZILAM	3	PA, QL
NEURONTIN	3	PA
ONFI	3	PA
oxcarbazepine	1	
OXTELLAR XR	E	
phenobarbital oral	1	
phenytek	1	
phenytoin infatabs	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended	1	

See page 6-8 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
primidone oral tablet 125 mg	1	PA
primidone oral tablet 250 mg, 50 mg	1	
QUDEXY XR	E	
roweepra	1	
rufinamide oral suspension	3	
rufinamide oral tablet	3	PA
SABRIL ORAL PACKET	E	PA, QL, SP
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate er	E	
topiramate oral	1	
TRILEPTAL	3	PA
TROKENDI XR	E	
valproic acid oral	1	
VALTOCO	3	PA, QL
vigabatrin oral packet	2	PA, QL, SP
vigadrone oral packet	2	PA, QL, SP
vigpoder	2	PA, QL, SP
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZARONTIN	3	
ZONEGRAN	3	PA
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	2	
EXELON	E	
galantamine hydrobromide er	1	
memantine hcl er	3	
memantine hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
NAMENDA ORAL TABLET 10 MG, 5 MG	E	
NAMENDA TITRATION PAK	E	
NAMENDA XR	E	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	3	
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
ANAFRANIL	E	
APLENZIN	E	QL
AUVELITY	3	ST, QL
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 solution	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
CYMBALTA	E	
desipramine hcl oral	1	
DESVENLAFAXINE ER	E	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	

See page 6-8 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
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
imipramine hcl oral	1	
LEXAPRO	E	
mirtazapine oral	1	
NORPRAMIN	3	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	2	QL
PAMELOR	E	
PARNATE	3	
paroxetine hcl er	3	QL
paroxetine hcl oral tablet	1	
paroxetine mesylate	E	QL
PAXIL CR	E	QL
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
protriptyline hcl	1	
PROZAC	E	
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	E	QL
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
SPRAVATO (84 MG DOSE)	3	PA, QL
SYMBYAX	3	QL
tranylcypromine sulfate	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	E	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	3	
vilazodone hcl	3	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
ANTIVERT ORAL TABLET	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
BONJESTA	E	PA
COMPRO	3	
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND ORAL CAPSULE	E	QL
GIMOTI	E	QL
granisetron hcl oral	2	
MARINOL 2.5 MG	3	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	

See page 6-8 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
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	3	
TRANSDERM-SCOP	E	

Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	2	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL CREAM 0.77 %	E	
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	

Drug Name	Drug Tier	Requirements & Limits
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX ORAL CAPSULE	3	QL
SPORANOX PULSEPAK ORAL CAPSULE 100 MG	3	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL

Antigout Agents - Drugs for Gout

allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
colchicine oral	2	
colchicine-probenecid	1	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	

Antimigraine Agents - Drugs for Migraines

AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
almotriptan malate	3	QL
AMERGE ORAL TABLET 1 MG, 2.5 MG	E	QL
eletriptan hydrobromide	2	QL

See page 6-8 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
EMGALITY	2	PA, ST, QL
FROVA	E	QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC ODT	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
sumatriptan-naproxen sodium	E	QL
TOSYMRA	E	QL
TREXIMET	E	QL
TRUDHESA	E	PA, QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
zolmitriptan nasal	E	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL	2	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
MESTINON ORAL TABLET EXTENDED RELEASE	E	
pyridostigmine bromide er	1	

Drug Name	Drug Tier	Requirements & Limits
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL	3	
MYCOBUTIN	3	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	2	PA, QL, SP
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP
AFINITOR	E	PA, QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
bicalutamide	1	
BOSULIF ORAL TABLET	2	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
CALQUENCE ORAL CAPSULE 100 MG	2	PA, QL, SP
capecitabine	1	QL, SP
CASODEX	3	
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	2	
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP

See page 6-8 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
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	PA, QL, SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
GLEEVEC	E	PA, QL, SP
HYDREA	3	
hydroxyurea oral	1	
IBRANCE	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
imatinib mesylate	1	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
INLYTA	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI ORAL TABLET THERAPY PACK 200 MG	3	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LONSURF	3	PA, QL, SP
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
MEKINIST ORAL TABLET	3	PA, ST, QL, SP
mercaptopurine oral	1	
NERLYNX	2	PA, QL, SP
NINLARO	2	PA, QL, SP
NUBEQA	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
pazopanib hcl	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK ORAL CAPSULE	2	PA, QL, SP
ROZLYTREK ORAL PACKET	2	PA, SP
SPRYCEL	3	PA, ST, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAFINLAR ORAL CAPSULE	3	PA, ST, QL, SP
TAGRISO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
TEMODAR ORAL CAPSULE 250 MG	E	PA, SP
temozolomide	1	PA, SP
TRUQAP	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
VOTRIENT	E	PA, QL, SP
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
albendazole oral	3	PA, QL
ALINIA ORAL TABLET	E	QL

See page 6-8 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
ARAKODA	3	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	QL
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	2	QL
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMEKTOL	3	PA, QL

Antiparkinson Agents - Drugs for Parkinson's Disease

amantadine hcl oral	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa-entacapone	1	
COMTAN ORAL TABLET 200 MG	3	
DHIVY	E	
entacapone	1	
INBRIJA	3	PA, QL, SP
MIRAPEX ER	E	
NEUPRO	3	
NOURIANZ	3	PA, QL
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
rasagiline mesylate oral	3	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	

Drug Name	Drug Tier	Requirements & Limits
SINEMET	3	
STALEVO 100 ORAL TABLET 25-100-200 MG	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
STALEVO 150	3	
STALEVO 200 ORAL TABLET 50-200-200 MG	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
trihexyphenidyl hcl oral tablet	1	

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	3	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	3	

Antipsychotics - Drugs for Mood Disorders

ABILIFY	E	
aripiprazole oral solution	3	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	2	QL
LYBALVI	E	PA, QL
NUPLAZID ORAL CAPSULE	3	PA

See page 6-8 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
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
pimozide	2	
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR	3	QL
ziprasidone hcl	2	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS	E	
Antivirals - Drugs for Viral Infections		
abacavir sulfate-lamivudine	2	QL
acyclovir external cream	E	QL
acyclovir external ointment	3	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	2	QL
COMPLERA	3	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	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
entecavir	1	

Drug Name	Drug Tier	Requirements & Limits
EPCLUSA ORAL TABLET	2	PA, QL, SP
EPZICOM	E	QL
etravirine	2	
famciclovir oral tablet 125 mg, 500 mg	2	
famciclovir oral tablet 250 mg	2	QL
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL TABLET	E	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PIFELTRO	3	
PREVYMIS ORAL	2	PA
PREZCOBIX	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	E	
ritonavir	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL

See page 6-8 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
SYMFI LO	2	QL
SYMTUZA	E	QL
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	
VALTREX	E	QL
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZIRGAN	3	
ZOVIRAX EXTERNAL	E	QL
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
oxazepam	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	3	
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	E	
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTAZIDE ORAL TABLET 25-25 MG	3	
ALDACTAZIDE ORAL TABLET 50-50 MG	2	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	

See page 6-8 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
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	E	
amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	E	QL
amlodipine-olmesartan	E	
amlodipine-valsartan-hctz	E	
ANTARA ORAL CAPSULE 30 MG	E	
ATACAND	E	
ATACAND HCT	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BETAPACE AF	3	
betaxolol hcl oral	1	
BIDIL	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BUMEX	3	
BYSTOLIC	E	
CADUET	E	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	3	
CAMZYOS	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
cartia xt	2	
carvedilol	1	
carvedilol phosphate er	E	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch weekly 0.1 mg/24hr transdermal	3	
clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)
clonidine patch weekly 0.2 mg/24hr transdermal	3	
clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)
clonidine patch weekly 0.3 mg/24hr transdermal	3	
clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)
colesevelam hcl oral tablet	2	
COLESTID ORAL TABLET	3	
colestipol hcl oral tablet	1	
COREG	E	
COREG CR	E	
CORGARD	3	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
digitek oral tablet 125 mcg, 250 mcg	1	

See page 6-8 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
digox	1	
digoxin oral tablet	1	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	2	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
dofetilide	2	
doxazosin mesylate oral	1	
DYRENIUM	E	
EDARBI	E	
EDARBYCLOR	E	
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	3	PA, QL
EPANED	3	PA
eplerenone	2	
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	2	
ezetimibe-simvastatin	3	
felodipine er	1	
fenofibrate micronized	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral capsule 150 mg, 50 mg	E	
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	

Drug Name	Drug Tier	Requirements & Limits
fenofibric acid oral capsule delayed release	3	
FENOGLIDE	E	
flecainide acetate	1	
fluvastatin sodium	1	
fosinopril sodium	1	
fosinopril sodium-hctz	1	
FUROSCIX	3	PA, QL
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
indapamide	1	
INDERAL LA	E	
INSPRA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
ISORDIL TITRADOSE	E	
isosorb dinitrate-hydralazine	2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	E	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
ivabradine	3	PA, QL
KAPSPARGO SPRINKLE	3	
KERENDIA	3	PA, QL
labetalol hcl oral	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
LANOXIN ORAL TABLET 62.5 MCG	3	
LASIX	3	
LIPITOR	E	

See page 6-8 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
LIPOFEN	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	ST
LODOCO	3	QL
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	2	
MAXZIDE ORAL TABLET 75-50 MG	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3	
metolazone	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
MICARDIS	E	
MICARDIS HCT	E	
midodrine hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	
minoxidil oral	1	
moexipril hcl	1	
MULTAQ	3	PA

Drug Name	Drug Tier	Requirements & Limits
nadolol oral	1	
nebivolol hcl	E	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	2	
NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
nisoldipine er	2	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin rectal	3	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
olmesartan-amlodipine-hctz	E	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pentoxifylline er	1	
perindopril erbumine	2	
pindolol	1	
pitavastatin calcium	E	ST
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
PROCARDIA XL	E	
propafenone hcl	1	
propafenone hcl er	3	

See page 6-8 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
propranolol hcl er	2	
propranolol hcl oral	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
quinapril hcl	1	
ramipril	1	
ranolazine er	2	
RECTIV	3	QL
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium oral	2	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOANZ	E	QL
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
SULAR	3	
TEKTURNA	3	
telmisartan	2	
telmisartan-hctz	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
tiadylt er	2	
TIAZAC	3	
TIKOSYN	3	
TOPROL XL	E	
toremide	1	
trandolapril	1	
triamterene oral	3	
triamterene-hctz	1	

Drug Name	Drug Tier	Requirements & Limits
TRIBENZOR	E	
TRICOR	E	
TRILIPIX	E	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASERETIC	E	
VASOTEC	E	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	3	PA, QL
VYTORIN	E	
WELCHOL ORAL TABLET	E	
ZESTORETIC	E	
ZESTRIL	3	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	E	QL
ADZENYS XR-ODT	E	QL
amphetamine sulfate	2	

See page 6-8 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
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
clonidine hcl er oral tablet extended release 12 hour	3	
CONCERTA	E	QL
COTEMPLA XR-ODT	E	QL
DAYTRANA	E	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	3	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
DYANAVEL XR	E	QL
EVEKEO	E	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	QL
METHYLIN	3	
methylphenidate	E	QL
methylphenidate hcl er (cd)	2	QL

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
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	2	QL
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP

See page 6-8 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
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	2	PA, QL, SP
VUMERITY	E	PA, ST, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION	2	PA, QL, SP
gabapentin (once-daily)	E	QL
GRALISE ORAL TABLET	E	QL
HORIZANT	E	QL
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
NUEDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
RELYVRIO	3	PA, QL, SP
riluzole	1	SP
SAVELLA	3	QL
TEGLUTIK	3	PA
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	

See page 6-8 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
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
JUST RIGHT 5000	3	
KOURZEQ	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	3	
PERIDEX	3	
perio gard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 ppm dental gel 1.1 %	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACANYA	E	QL
accutane	2	
acitretin	1	
ACZONE	E	QL
adapalene external gel	E	PA, QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL

Drug Name	Drug Tier	Requirements & Limits
adapalene-benzoyl peroxide external gel 0.3-2.5 %	E	QL
AKLIEF	3	PA, QL
ala-cort	E	
alclometasone dipropionate	1	
ALTRENO	E	PA, QL
amnesteem	2	
AMZEEQ	3	QL
ARAZLO	E	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	3	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
AVITA EXTERNAL GEL 0.025 %	E	PA
azelaic acid external	3	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	

See page 6-8 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
brimonidine tartrate external	3	PA, QL
calcipotriene external cream	2	QL
calcipotriene external ointment	2	
calcipotriene external solution	1	QL
calcipotriene-betameth diprop external suspension	E	QL
CALCITRENE	3	
CARAC	E	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	2	
CLEOCIN-T	3	
clindacin	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	2	QL
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL
clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL
clindamycin-tretinoin	E	QL
clobetasol propionate e	2	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	E	QL

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX EXTERNAL SHAMPOO	E	QL
CLOBEX SPRAY	E	QL
clodan	E	QL
clotrimazole external cream	E	
clotrimazole-betamethasone	1	
CORDRAN	3	QL
dapsone external	3	QL
DAZOMON	E	PA
DERMACINRX UREA	E	
DERMA-SMOOTH/FS BODY	3	QL
DERMA-SMOOTH/FS SCALP	3	
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
DESOWEN	3	QL
desoximetasone external cream	1	QL
desoximetasone external ointment	3	QL
diclofenac sodium external gel 3 %	2	PA, QL
DIFFERIN EXTERNAL GEL 0.3 %	E	PA, QL
DIPROLENE	3	
DOVONEX EXTERNAL CREAM 0.005 %	E	QL
doxycycline	E	
DRYSOL	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL

See page 6-8 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
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ELIDEL	E	QL
ENSTILAR	3	QL
EPIDUO	E	QL
EPIDUO FORTE	E	QL
ERYGEL	3	
erythromycin external	1	
EUCRISA	3	ST, QL
EVOCALIN EXTERNAL FOAM 1 %	3	
FABIOR	E	PA, QL
FINACEA EXTERNAL FOAM	3	
FINACEA EXTERNAL GEL	E	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	2	QL

Drug Name	Drug Tier	Requirements & Limits
halobetasol propionate external ointment	2	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
hydrocortisone butyrate external cream	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone lotion 2%	3	
hydrocortisone valerate external cream	2	QL
hydrocortisone valerate external ointment	3	QL
HYDROXYM EXTERNAL CREAM	E	
imiquimod external cream 3.75 %	E	QL
imiquimod external cream 5 %	1	
imiquimod pump	E	QL
IMPOYZ	E	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
isotretinoin oral capsule 25 mg, 35 mg	E	PA
ivermectin external cream	E	QL
KLARON	3	
KLISYRI	3	ST, QL
LOPROX EXTERNAL SUSPENSION 0.77 %	E	
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	

See page 6-8 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
metronidazole external lotion	1	
MIRVASO	2	PA, QL
mometasone furoate external	1	
naftifine hcl external gel	E	
NAFTIN	E	
NATROBA	E	
neuac	3	QL
NORITATE	E	
OLUX EXTERNAL FOAM 0.05 %	E	QL
ONEXTON	E	QL
OPZELURA	3	PA, QL, SP
ORACEA	E	
OVACE PLUS WASH EXTERNAL LIQUID	3	
OVACE WASH	3	
PANRETIN	3	
pimecrolimus	3	QL
PLEXION CLEANSER	E	
PLEXION EXTERNAL CREAM	E	
podofilox external solution	1	
PRAMOSONE EXTERNAL CREAM	2	
RETIN-A	E	PA, QL
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	PA, QL
RETIN-A MICRO PUMP	E	PA, QL
RHOFADE	3	PA, QL
rosadan external cream 0.75 %	1	
rosadan external gel 0.75 %	1	
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	3	QL
spinosad	3	
sss 10-5 external cream	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	

Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
SULFACLEANSE 8/4	E	
SUMADAN WASH	E	
SYNALAR	E	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	2	QL
tazarotene external cream	3	PA, QL
TAZAROTENE EXTERNAL FOAM	E	PA, QL
TAZORAC EXTERNAL CREAM	3	PA, QL
TEMOVATE EXTERNAL CREAM 0.05 %	3	QL
TOLAK	E	
TOPICORT EXTERNAL CREAM	3	QL
TOPICORT EXTERNAL OINTMENT	3	QL
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
tretinoin microsphere	E	PA, QL
tretinoin microsphere pump	E	PA, QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	

See page 6-8 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
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
tritocin external ointment 0.05 %	E	
TWYNEO	E	QL
urea external cream 20 %, 40 %, 45 %	1	
urea external cream 41 %, 47 %	E	
UREMEZ-40	3	
VANOS	E	QL
VELTIN EXTERNAL GEL 1.2-0.025 %	E	QL
VTAMA	3	PA, QL
WINLEVI	E	PA, QL
zenatane	2	
ZIANA	E	QL
ZILXI	3	PA, ST, QL
ZORYVE	3	PA, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	3	
ACCU-CHEK GUIDE ME METER	1	

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET DEVICE 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	
ACCUTREND GLUCOSE	E	QL
ALCOHOL PREP PADS PAD	3	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ECLIPSE NEEDLE 18G X 1-1/2", 25G X 5/8", 27G X 1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD SHARPS COLLECTOR	3	
BD ULTRA-FINE insulin syringes	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 insulin syringes	2	QL
BD ULTRA-FINE VEO insulin syringes	2	QL
BIGFOOT UNITY PROGRAM	E	
BIOTEL CARE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CAREPOINT POLY HUB NEEDLE 18G X 1", 20G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	2	

See page 6-8 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
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CEQUR SIMPLICITY 2U 10PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	E	
CONTOUR NEXT GEN MONITOR KIT	E	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE DEVICE	E	
CONTOUR NEXT ONE KIT	2	
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY MAX BLOOD GLUCOSE TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE E3 SENSOR/ HOLDER	E	PA
EVERSENSE E3 SMART TRANSMITTER	E	PA
EVERSENSE SENSOR/HOLDER	E	PA
EVERSENSE SMART TRANSMITTER	E	PA
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
FORTISCARE TEST IN VITRO STRIP	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL

See page 6-8 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
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYOPEN 1-PACK	2	QL
GVOKE HYOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	QL
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	

Drug Name	Drug Tier	Requirements & Limits
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLOOD GLUCOSE SYSTEM	E	
MM BLOOD GLUCOSE SYSTEM REFILL	E	
MM BLULINK GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
NOVOTWIST PEN NEEDLE	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA
OMNIPOD 5 G7 PODS (GEN 5)	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	

See page 6-8 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
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
ONETOUCH ULTRA TEST	1	QL
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL
SHARPS CONTAINER	3	
TECHLITE INSULIN SYRINGES	2	(ARKRAY), QL
TECHLITE PEN NEEDLES	2	(ARKRAY), QL

Drug Name	Drug Tier	Requirements & Limits
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
VIVAGUARD INO GLUCOSE METER KIT	E	
VIVAGUARD INO TEST STRIPS	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA	E	PA, QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
FIASP	E	ST, QL
FIASP FLEXTOUCH	E	ST, QL
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

See page 6-8 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
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 ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN DEGLUDEC FLEXTOUCH	E	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR	E	
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
LEVEMIR FLEXPEN	E	PA, QL
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	PA, QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL

Drug Name	Drug Tier	Requirements & Limits
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	E	
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA FLEXTOUCH	E	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	3	QL
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	3	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	3	
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
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
CYCLOSET	3	
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
FARXIGA	E	ST, QL
glimepiride	1	
glipizide er	1	

See page 6-8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
glipizide xl	1	
glipizide-metformin hcl	2	
GLUCAGON EMERGENCY KIT	2	QL (manufactured by Fresenius)
glucagon emergency kit 1 mg injection	2	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide micronized	1	
glyburide oral	1	
glyburide-metformin	1	
GLYNASE ORAL TABLET 1.5 MG	3	
GLYNASE ORAL TABLET 3 MG, 6 MG	3	
GLYXAMBI	2	ST, QL
INVOKAMET XR	E	ST, QL
INVOKANA	E	ST, QL
JANUMET	E	ST, QL
JANUMET XR	E	ST, QL
JANUVIA	E	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
LIRAGLUTIDE PEN-INJECTOR 18MG/3ML	2	PA, (2 Pak), QL
LIRAGLUTIDE PEN-INJECTOR 18MG/3ML	3	PA, (3 Pak), QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral solution	3	

Drug Name	Drug Tier	Requirements & Limits
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, QL
nateglinide	2	QL
ONGLYZA	E	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
repaglinide	2	QL
RIOMET	E	
RYBELSUS	2	PA, QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL
STEGLATRO	E	ST, 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
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
AGRYLIN	E	
ALPHANATE	2	SP
ALPROLIX	3	SP

See page 6-8 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
ALTUVIIIO	3	PA, SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP
aspirin-dipyridamole er	3	
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	3	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	
PROMACTA ORAL TABLET	E	PA, SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral	2	QL
vardenafil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
adc/f (0.5mg/ml)	1	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	
CITRANATAL DHA ORAL 27-1 & 250 MG	3	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	3	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	E	

See page 6-8 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
deferasirox oral tablet	2	PA, SP
DODEX	3	
DRISDOL	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ELITE-OB	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	E	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H
folic acid oral tablet 1 mg	1	
JADENU	E	PA, SP
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
kosher prenatal plus iron	1	
K-PHOS-NEUTRAL	2	
K-TAB	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	E	
multi-vitamin/fluoride	1	
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	

Drug Name	Drug Tier	Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	E	
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	1	H
NASCOBAL	3	
NATALVIT	2	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
OB COMPLETE	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE	2	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv-dha	3	
POKONZA	E	
POLY-VI-FLOR	E	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
PRENA1 PEARL	3	
prenatal 19 oral tablet 29-1 mg	1	

See page 6-8 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
prenatal 19 oral tablet chewable	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATOL-M	E	
PRENATRIX	E	
PRENATRYL	E	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT MOUTH/THROAT	3	
QUFLORA PEDIATRIC	3	
SE-NATAL 19	3	
sevelamer hcl	E	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sodium fluoride 5000 enamel dental gel 1.1-5 %	1	
sodium fluoride 5000 sensitive dental gel 1.1-5 %	1	
sodium fluoride mouth/throat solution 0.2 %	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
SPS	3	
TARON-C DHA	3	
THRIVITE RX	3	
TRICARE	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	

Drug Name	Drug Tier	Requirements & Limits
UROCIT-K 5	3	
VELTASSA	3	PA, QL
VINATE ONE	3	
virt-c dha oral capsule 53.5-38-1 mg	1	
virt-pn dha oral capsule 27-0.6-0.4-300 mg	3	
VITAFOL FE+	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAMEDMD ONE RX/ QUATREFOLIC	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
vitamins acd-fluoride	1	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
WESCAP-C DHA	3	
WESCAP-PN DHA	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	

See page 6-8 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
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	3	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	2	PA, QL
AMITIZA	3	PA, QL
ANASPAZ	2	
chlordiazepoxide-clidinium	3	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3	
enulose	1	
FIRST-LANSOPRAZOLE	3	PA
FIRST-OMEPRAZOLE	3	PA
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATE	E	
glycopyrrolate oral solution	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	3	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
KRISTALOSE	3	
lactulose encephalopathy oral solution 10 gm/15ml	1	
lactulose oral packet	E	
lactulose oral solution	1	
LEVBIID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX	E	
LINZESS	2	PA, QL
LOMOTIL	3	
loperamide hcl oral capsule	E	
LOTROXEX	E	PA, QL
lubiprostone	2	PA, QL
methscopolamine bromide oral	1	
MOTEGRITY	3	PA, QL
MOVANTIK	E	PA, QL

See page 6-8 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
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	3	
OCALIVA	3	PA, ST, QL, SP
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
opium	1	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
RELTONE	E	
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	PA, ST, QL
URSO 250	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CARNITOR ORAL TABLET	3	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA, QL, SP
JAVYGTOR ORAL PACKET	E	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA, QL
KUVAN ORAL PACKET	E	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
sapropterin dihydrochloride oral packet	2	PA, QL, SP
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI	2	PA, QL, SP
VYNDAMAX	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		
AURYXIA	E	
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
darifenacin hydrobromide er	E	
DETROL	E	
DETROL LA	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	3	ST
fesoterodine fumarate er	E	
GEMTESA	E	
me/naphos/mb/hyo1	1	
mirabegron er	3	PA, ST

See page 6-8 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
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin oral tablet delayed release	3	SP
tolterodine tartrate	3	
tolterodine tartrate er	E	
TOVIAZ	E	
tropium chloride	3	
tropium chloride er	E	
UROGESIC-BLUE	2	
VELPHORO	3	ST
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	2	
dutasteride-tamsulosin hcl	E	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
JALYN ORAL CAPSULE 0.5-0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	3	
tamsulosin hcl	1	

Drug Name	Drug Tier	Requirements & Limits
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
ACTIVELLA	3	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amethia oral tablet 0.15-0.03 & 0.01 mg	3	
amethyst	3	
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	3	
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
azurette	2	
BALCOLTRA	E	
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H

See page 6-8 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
camrese	3	
camrese lo	3	
caziant oral tablet 0.1/0.125/0.15 -0.025 mg	1	H
charlotte 24 fe	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35	1	H
dasetta 7/7/7	1	H
daysee	3	
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-ESTRADIOL	3	
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dolishale	3	
dotti	2	QL
drosipren-eth estrad-levomefol	E	
drosiprenone-ethinyl estradiol	3	
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	

Drug Name	Drug Tier	Requirements & Limits
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emoquette oral tablet 0.15-30 mg-mcg	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL

See page 6-8 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
estradiol patch twice weekly 0.075 mg/24hr transdermal	3	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	3	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	2	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	E	
FEMRING	3	QL
finzala	1	H
fyavolv	3	
gemmily	E	
GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	E	
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

Drug Name	Drug Tier	Requirements & Limits
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H
jinteli	3	
jolessa	2	H
joyeaux	E	
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kaitlib fe	E	
kalliga	1	H
kariva	2	
kelnor 1/35	1	H
kelnor 1/50	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
layolis fe	E	
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgest-eth estradiol-iron	E	

See page 6-8 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
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	3	
levonorg-eth estrad triphasic	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	
lojaimiess	3	
loryna	3	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	3	
low-ogestrel	1	H
lo-zumandimine	3	
lutera	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
MENOSTAR	3	QL
merzee	E	
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	2	

Drug Name	Drug Tier	Requirements & Limits
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-lynyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	E	
nikki	3	
nora-be	1	H
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral capsule	E	
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	2	(generic for FemHRT/ FemHRT 1/5)
norethindron-ethinyl estrad-fe	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg	E	
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H

See page 6-8 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
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo	1	H
ocella	3	
PHEXXI	E	PA
philith	1	H
pimtrea	2	
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 intramuscular	1	
progesterone oral	2	
PROMETRIUM	E	
PROVERA	3	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
reclipsen	1	H
rivelsa	E	
SAFYRAL	E	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
SLYND	3	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H

Drug Name	Drug Tier	Requirements & Limits
taysofy	E	
TAYTULLA	E	
tilia fe	3	
tri-estarylla	1	H
tri-legest fe	3	
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana oral tablet 0.35 mg	1	H
turqoz	1	H
TWIRLA	E	
TYBLUME	1	
tydemy	E	
VAGIFEM	E	
velivet	1	H
vestura	3	
vienva	1	H
viorele	2	
VIVELLE-DOT	E	QL
volnea	2	
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	3	
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zovia 1/35 (28)	1	H

See page 6-8 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
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
ORAPRED ODT	3	
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
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Other		
cabergoline	2	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
lanreotide acetate solution 120 mg/0.5ml subcutaneous	1	SP
lanreotide acetate solution 120 mg/0.5ml subcutaneous	E	SP
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	3	QL
methylergonovine maleate oral	1	QL
NGENLA	3	PA, QL, SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
SOMATULINE DEPOT	3	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
JATENZO	E	QL
KYZATREX	3	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL

See page 6-8 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
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL
testosterone transdermal gel 10 mg/act (2%), 12.5 mg/act (1%), 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
testosterone transdermal solution	E	PA, QL
TLANDO	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	E	
THYQUIDITY	E	PA

Drug Name	Drug Tier	Requirements & Limits
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	PA, SP
ABRILADA (2 PEN)	E	PA, QL, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
ADALIMUMAB-AATY (2 PEN)	E	PA, QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA; (manufactured by Celltrion), QL, SP
ADALIMUMAB-ADAZ	2	(manufactured by Sandoz), PA, QL, SP
ADALIMUMAB-ADBIM	E	PA, QL, SP
ADALIMUMAB-FKJP	E	PA, QL, SP
ADALIMUMAB-RYVK (2 PEN)	E	PA, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
AMJEVITA FOR NUVAILA	2	PA, QL, SP
ARAVA	E	
AZASAN	3	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT	E	

See page 6-8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
CIMZIA	E	PA
CIMZIA (2 SYRINGE)	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX SENSOREADY	E	PA, ST, QL, SP
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST, QL, SP
COSENTYX UNOREADY	E	PA, ST, QL, SP
cyclosporine modified oral capsule	1	
cyclosporine oral	1	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
ENTYVIO	2	PA, QL, SP
ENVARUSUS XR	E	

Drug Name	Drug Tier	Requirements & Limits
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
gengraf oral capsule	1	
GRASTEK	3	PA, QL
HADLIMA	E	PA, QL, SP
HAEGARDA	2	PA, QL, SP
HULIO (2 PEN)	E	PA, QL, SP
HULIO (2 SYRINGE)	E	PA, QL, SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA, QL, SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	2	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER	2	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START	2	PA, QL, SP
HUMIRA-PED>=40KG UC STARTER	2	PA, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP
HUMIRA-PSORIASIS/UEIT STARTER	2	PA, QL, SP
HYFTOR	3	PA, QL
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP

See page 6-8 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
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER	E	PA, QL, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
IDACIO (2 PEN)	E	PA, QL, SP
IDACIO (2 SYRINGE)	E	PA, QL, SP
IDACIO-CROHNS/UC STARTER	E	PA, QL, SP
IDACIO-PSORIASIS STARTER	E	PA, QL, SP
IMURAN	E	
JYLAMVO	3	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP
KINERET	3	PA, ST, QL, SP
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	2	
mycophenolic acid	2	
MYFORTIC	E	
NEORAL ORAL CAPSULE	E	
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL, SP
PROGRAF ORAL CAPSULE	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SANDIMMUNE ORAL	E	
SIMLANDI (1 PEN)	E	PA, QL, SP
SIMLANDI (2 PEN)	E	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	
sirolimus oral tablet	1	
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TALTZ	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL

See page 6-8 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
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	

Immunological Agents - Drugs for Vaccination

ADACEL	3	H
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
BEXSERO	3	H
BOOSTRIX	2	H
COMIRNATY INTRAMUSCULAR SUSPENSION	3	H
ENGERIX-B	2	H
FLUAD QUADRIVALENT	3	H
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H

Drug Name	Drug Tier	Requirements & Limits
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
NOVAVAX COVID-19 VACCINE	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PNEUMOVAX 23	2	H
PREVNAR 20	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX INTRAMUSCULAR SUSPENSION	3	H
TENIVAC	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H

Infertility Agents

cetorelix acetate	3	PA, ST, QL, SP
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate	3	QL, SP

See page 6-8 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
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/Organon), QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
ANUSOL-HC RECTAL	E	
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide er	E	
budesonide oral	2	
budesonide rectal	2	
CANASA	E	
COLAZAL	E	
CORTENEMA	3	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC	E	
hydrocortisone (perianal) external cream 1 %	E	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er	E	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
mesalamine-cleanser	1	QL
PENTASA	E	
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
ROWASA	3	QL
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	3	
UCERIS RECTAL	E	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
calcitonin (salmon) injection	3	
calcitonin (salmon) nasal	2	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
ibandronate sodium oral	2	
MIACALCIN	3	

See page 6-8 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
raloxifene hcl	2	H
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
teriparatide	E	PA, ST, SP
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP

Metabolic Bone Disease Agents - Other

calcitriol oral	1	
cinacalcet hcl	3	PA
paricalcitol oral	1	
ROCALTROL	3	
SENSIPAR	E	PA
ZEMPLAR ORAL	3	

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
BLEPH-10 OPHTHALMIC SOLUTION 10 %	3	
bromfenac sodium (once-daily)	3	
bromfenac sodium ophthalmic solution 0.07 %	E	
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL

Drug Name	Drug Tier	Requirements & Limits
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	

See page 6-8 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
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMYVY	3	PA, QL
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	3	
Ophthalmic Agents - Drugs for Eye Infection and Inflammation		
bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	
NEO-POLYCIN	3	
sulfacetamide-prednisolone	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	E	QL
BETIMOL	2	QL
bimatoprost ophthalmic	2	QL

Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	E	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	3	QL

See page 6-8 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
TRUSOPT OPHTHALMIC SOLUTION 2 %	3	
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	3	
DUREZOL	3	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	3	PA, QL
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
VEVYE	E	PA, QL
XIIDRA	3	PA, QL

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
CETRAXAL	3	
CIPRO HC	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	3	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

Drug Name	Drug Tier	Requirements & Limits
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

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

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
azelastine-fluticasone	E	QL
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
BROMFED DM	3	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	E	
cetirizine hcl oral solution	E	
CLARINEX	E	

See page 6-8 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
cyproheptadine hcl oral	1	
desloratadine oral tablet	E	
DYMISTA	E	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
HYCODAN ORAL SOLUTION	E	PA, QL
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	3	PA, QL
olopatadine hcl nasal	3	
PATANASE NASAL SOLUTION 0.6 %	E	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
ryvent	E	
sodium chloride inhalation	1	
XHANCE	E	QL, ST
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ACCOLATE	3	
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	

Drug Name	Drug Tier	Requirements & Limits
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
AEROCHAMBER PLUS FLO-VU SMALL	3	
AEROCHAMBER PLUS FLO-VU W/MASK	3	
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	2	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	

See page 6-8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate oral syrup	1	
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
arformoterol tartrate	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX HFA	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
brey-na	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
BROVANA	3	QL
budesonide inhalation	2	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	3	QL
DALIRESP	3	PA, QL
DULERA	E	ST, QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	3	PA, QL
FLEXICHAMBER	3	
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	E	QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE DISKUS	E	QL

Drug Name	Drug Tier	Requirements & Limits
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	3	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
formoterol fumarate inhalation	3	QL
INSPIREASE	3	
ipratropium bromide inhalation	1	
ipratropium-albuterol	2	
levalbuterol hcl inhalation	3	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	3	
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
PERFOROMIST	3	QL
PROCHAMBER VHC	3	
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	E	QL
PULMICORT SUSPENSION	E	QL
QNASL	E	QL
QNASL CHILDRENS	E	QL
QVAR REDHALER	1	QL
roflumilast	3	PA, QL

See page 6-8 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
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
theophylline er	1	
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	3	QL, RS
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	QL
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	QL
YUPELRI	3	PA, QL
zafirlukast	1	
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

Drug Name	Drug Tier	Requirements & Limits
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, (generic for Tobi), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
ESBRIET ORAL TABLET	E	PA, QL, SP
OFEV	3	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	2	PA, QL, SP
pirfenidone oral tablet 534 mg	2	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
ambrisentan	2	PA, QL, SP
LETAIRIS	E	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	3	PA, QL, SP
REMODULIN	E	PA
REVATIO ORAL TABLET	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	2	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	PA
TYVASO	2	PA

See page 6-8 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
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA
TYVASO STARTER	2	PA
UPTRAVI ORAL	3	PA, QL

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
DANTRIUM ORAL	3	
dantrolene sodium oral	1	
FEXMID	E	
LORZONE	E	
metaxalone	3	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
SOMA	E	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX	3	

Sleep Disorder Agents

AMBIEN	E	
AMBIEN CR	E	
armodafinil	2	QL

Drug Name	Drug Tier	Requirements & Limits
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
doxepin hcl oral tablet	E	QL
estazolam	1	
eszopiclone	2	
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	ST, QL
ramelteon	3	
RESTORIL	3	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA; (manufactured by Hikma), QL, SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA; (manufactured by Amneal), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	E	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

See page 6-8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Index

A

abacavir sulfate-lamivudine.....	20	acetic acid otic.....	56	ADDYI.....	38
ABILIFY.....	19	ACIPHEX.....	40	ADEMPAS.....	59
abiraterone acetate oral tablet 250 mg.....	17	acitretin.....	28	ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG.....	25
abiraterone acetate oral tablet 500 mg.....	17	ACTEMRA ACTPEN.....	49	ADLYXIN STARTER PACK SUBCUTANEOUS PEN- INJECTOR KIT 10 & 20 MCG/0.2ML.....	36
ABRILADA (1 PEN).....	49	ACTEMRA SUBCUTANEOUS.....	49	ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML.....	36
ABRILADA (2 PEN).....	49	ACTICLATE ORAL TABLET 150 MG, 75 MG.....	11	ADMELOG.....	35
ABRILADA (2 SYRINGE).....	49	ACTIVELLA.....	43	ADMELOG SOLOSTAR.....	35
ABSORICA.....	28	ACTONEL.....	53	ADTHYZA.....	49
acamprosate calcium.....	10	ACTOPLUS MET.....	36	ADVAIR DISKUS.....	57
ACANYA.....	28	ACTOS.....	36	ADVAIR HFA.....	57
acarbose oral.....	36	ACULAR.....	54	ADVATE.....	37
ACCOLATE.....	57	ACULAR LS.....	54	ADYNOVATE.....	37
ACCU-CHEK AVIVA PLUS TEST STRIPS.....	32	ACUVAIL.....	54	ADZENYS XR-ODT.....	25
ACCU-CHEK FASTCLIX LANCET DEVICE KIT.....	32	acyclovir external cream.....	20	AEROCHAMBER HOLDING CHAMBER.....	57
ACCU-CHEK FASTCLIX LANCETS.....	32	acyclovir external ointment.....	20	AEROCHAMBER PLS FLOVU MTHPIECE.....	57
ACCU-CHEK GUIDE KIT W/ DEVICE.....	32	acyclovir oral.....	20	AEROCHAMBER PLUS FLO-VU... 57	57
ACCU-CHEK GUIDE ME METER... 32	32	ACZONE.....	28	AEROCHAMBER PLUS FLO-VU INTERM.....	57
ACCU-CHEK GUIDE TEST STRIPS.....	32	ADACEL.....	52	AEROCHAMBER PLUS FLO-VU LARGE.....	57
ACCU-CHEK MULTICLIX LANCET DEVICE KIT.....	32	ADALIMUMAB-AACF (2 PEN) ... 49	49	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE.....	57
ACCU-CHEK MULTICLIX LANCETS.....	32	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML ... 49	49	AEROCHAMBER PLUS FLO-VU SMALL.....	57
ACCU-CHEK SMARTVIEW TEST STRIPS.....	32	ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML ... 49	49	AEROCHAMBER PLUS FLO-VU W/MASK.....	57
ACCU-CHEK SOFT TOUCH LANCETS.....	32	ADALIMUMAB-AATY (2 PEN).... 49	49	AFINITOR.....	17
ACCU-CHEK SOFTCLIX LANCET.....	32	ADALIMUMAB-AATY (2 SYRINGE).....	49	afirmelle.....	43
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT.....	32	ADALIMUMAB-ADAZ.....	49	AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	52
ACCUPRIL.....	21	ADALIMUMAB-ADAZ.....	49	AFREZZA.....	35
accutane.....	28	ADALIMUMAB-ADBAM.....	49	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT..... 37	37
ACCUTREND GLUCOSE.....	32	ADALIMUMAB-FKJP.....	49	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT.....	37
acebutolol hcl oral.....	21	ADALIMUMAB-RYVK (2 PEN) ... 49	49		
acetaminophen-codeine.....	9	adapalene external gel.....	28		
acetazolamide er.....	21	adapalene-benzoyl peroxide external gel 0.1-2.5 %.....	28		
acetazolamide oral.....	21	adapalene-benzoyl peroxide external gel 0.3-2.5 %.....	28		
		ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.....	49		
		adc/f (0.5mg/ml).....	38		
		ADCIRCA.....	59		
		ADDERALL.....	25		
		ADDERALL XR.....	25		



AGRYLIN	37	alosetron hcl	41	amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg	22
AIMOVIQ.....	16	ALPHAGAN P OPHTHALMIC SOLUTION 0.1%	55	amlodipine-olmesartan	22
AIMOVIQ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	16	ALPHAGAN P OPHTHALMIC SOLUTION 0.15%.....	55	amlodipine-valsartan-hctz.....	22
AIRDUO RESPICLICK 113/14.....	57	ALPHANATE.....	37	amnesteem	28
AIRDUO RESPICLICK 232/14	57	alprazolam er	21	amoxicillin.....	11
AIRDUO RESPICLICK 55/14.....	57	alprazolam oral	21	amoxicillin-potassium clavulanate.....	11
AIRSUPRA.....	57	alprazolam xr	21	amphet-dextroamphet 3-bead er.....	26
AJOVY.....	16	ALPROLIX.....	37	amphetamine sulfate.....	25
ak-poly-bac ophthalmic ointment 500-10000 unit/gm ...	54	ALREX.....	54	amphetamine- dextroamphetamine	26
AKLIEF	28	ALTACE.....	21	amphetamine- dextroamphetamine er	26
ala-cort.....	28	altavera.....	43	ampicillin.....	11
albendazole oral	18	ALTRENO.....	28	AMPYRA.....	26
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	57	ALTUVIIIIO	38	AMZEEQ.....	28
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	57	ALUNBRIG	17	ANAFRANIL.....	14
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION ...	57	ALVAIZ	38	anagrelide hcl.....	38
albuterol sulfate oral syrup.....	58	ALVESCO.....	58	ANALPRAM HC.....	53
alclometasone dipropionate.....	28	alyacen 1/35	43	ANALPRAM-HC EXTERNAL CREAM	53
ALCOHOL PREP PADS PAD.....	32	alyacen 7/7/7	43	ANAPROX DS.....	10
ALDACTAZIDE ORAL TABLET 25-25 MG.....	21	alyq.....	59	ANASPAZ.....	41
ALDACTAZIDE ORAL TABLET 50-50 MG	21	amantadine hcl oral	19	anastrozole oral.....	17
ALDACTONE	21	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG.....	36	ANDRODERM	48
ALECENSA	17	AMBIEN	60	ANDROGEL PUMP.....	48
alendronate sodium oral tablet ..	53	AMBIEN CR.....	60	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%).....	48
alfuzosin hcl er.....	43	ambrisentan	59	ANGELIQ.....	43
ALINIA ORAL TABLET	18	AMERGE ORAL TABLET 1 MG, 2.5 MG.....	16	ANNOVERA	43
aliskiren fumarate	21	amethia oral tablet 0.15-0.03 & 0.01 mg.....	43	ANORO ELLIPTA.....	58
allopurinol oral tablet 100 mg, 300 mg.....	16	amethyst.....	43	ANTARA ORAL CAPSULE 30 MG ..	22
ALLOPURINOL ORAL TABLET 200 MG.....	16	amiloride hcl oral	21	ANTIVERT ORAL TABLET.....	15
ALLZITAL	9	amiloride-hydrochlorothiazide ..	21	ANUCORT-HC.....	53
almotriptan malate.....	16	amiodarone hcl oral	21	ANUSOL-HC EXTERNAL.....	53
ALOGLIPTIN BENZOATE	36	AMITIZA	41	ANUSOL-HC RECTAL	53
ALOGLIPTIN-METFORMIN HCL ..	36	amitriptyline hcl oral	14	apap-caff-dihydrocodeine.....	9
ALORA.....	43	AMJEVITA FOR NUVAILA	49	APLENZIN.....	14
		amlodipine besylate oral	21	aprepitant oral capsule 125 mg, 40 mg, 80 mg	15
		amlodipine besylate-benazepril hcl	21	apri	43
		amlodipine besylate-valsartan...	21		
		amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg.....	22		



APRISO.....	53	atorvastatin calcium oral tablet 40 mg, 80 mg	22	AYGESTIN ORAL TABLET 5 MG ..	43
APTENSIO XR.....	26	atovaquone	19	ayuna.....	43
APTIOM	13	atovaquone-proguanil hcl.....	19	AZASAN.....	49
AQ INSULIN SYRINGE.....	32	ATRALIN	28	AZASITE.....	54
AQINJECT PEN NEEDLE.....	32	atropine sulfate ophthalmic solution 1 %.....	56	azathioprine oral tablet 100 mg, 75 mg.....	49
ARAKODA	19	ATROVENT HFA.....	58	azathioprine oral tablet 50 mg...	49
aranelle.....	43	AUBAGIO.....	26	azelaic acid external.....	28
ARANESP (ALBUMIN FREE)	38	aubra eq.....	43	azelastine hcl nasal solution 0.1 %, 137 mcg/spray	56
ARAVA.....	49	aubra oral tablet 0.1-20 mg-mcg	43	azelastine hcl nasal solution 0.15 %.....	56
ARAZLO	28	AUGMENTIN	11	azelastine hcl ophthalmic	54
arformoterol tartrate.....	58	AUGMENTIN ES-600	11	azelastine-fluticasone.....	56
ARICEPT	14	AUGTYRO	17	AZELEX.....	28
ARIMIDEX.....	17	aurovela 1/20	43	AZILECT.....	19
aripiprazole oral solution.....	19	aurovela 1.5/30	43	azithromycin oral	11
aripiprazole oral tablet	19	aurovela 24 fe	43	AZOPT.....	55
ARIXTRA	12	aurovela fe 1/20.....	43	AZOR	22
armodafinil.....	60	aurovela fe 1.5/30	43	AZSTARYS	26
ARMOUR THYROID	49	AURYXIA	42	AZULFIDINE	53
ARNUITY ELLIPTA	58	AUSTEDO	27	AZULFIDINE EN-TABS.....	53
AROMASIN.....	17	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	27	azurette.....	43
ARTHROTEC	10	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG ...	27		
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	53	AUSTEDO XR PATIENT TITRATION.....	27		
ascomp-codeine.....	9	AUVELITY.....	14		
asenapine maleate	19	AUVI-Q	56		
ashlyna.....	43	AVALIDE	22		
ASMANEX (120 METERED DOSES).....	58	AVAPRO	22		
ASMANEX (14 METERED DOSES).....	58	AVAR CLEANSER.....	28		
ASMANEX (30 METERED DOSES).....	58	AVAR LS CLEANSER	28		
ASMANEX (60 METERED DOSES).....	58	AVAR-E EMOLLIENT.....	28		
ASMANEX HFA	58	AVAR-E GREEN.....	28		
aspirin-dipyridamole er	38	AVAR-E LS.....	28		
ATACAND.....	22	aviane	43		
ATACAND HCT	22	AVIDOXY.....	11		
atenolol oral.....	22	AVITA EXTERNAL CREAM 0.025 %.....	28		
atenolol-chlorthalidone.....	22	AVITA EXTERNAL GEL 0.025 %...	28		
ATIVAN ORAL.....	21	AVODART	43		
atomoxetine hcl	26	AVONEX PEN.....	26		
ATORVALIQ	22	AVONEX PREFILLED.....	27		
atorvastatin calcium oral tablet 10 mg, 20 mg.....	22				
				B	
				bac	9
				bacitracin ophthalmic.....	55
				bacitracin-polymyxin b.....	54
				baclofen oral tablet 10 mg, 20 mg, 5 mg.....	60
				baclofen oral tablet 15 mg	60
				BACTRIM.....	11
				BACTRIM DS	11
				BAFIERTAM	27
				BALCOLTRA.....	43
				balsalazide disodium	53
				balziva.....	43
				BANZEL	13
				BAQSIMI ONE PACK.....	36
				BAQSIMI TWO PACK.....	36
				BARACLUDGE ORAL TABLET	20
				BASAGLAR KWIKPEN.....	35
				BASAGLAR TEMPO PEN	35
				BD AUTOSHIELD DUO PEN NEEDLES.....	32



BD ECLIPSE NEEDLE 18G X 1-1/2", 25G X 5/8", 27G X 1/2"	32	betamethasone valerate external ointment	28	brimonidine tartrate ophthalmic solution 0.2 %	55
BD ECLIPSE NEEDLE 23G X 1" (OTC)	32	BETAPACE	22	brimonidine tartrate-timolol	55
BD ECLIPSE NEEDLE 23G X 1" (RX)	32	BETAPACE AF	22	brinzolamide	55
BD ECLIPSE SHIELDED NEEDLE	32	BETASERON	27	BRIVIACT ORAL SOLUTION	13
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	32	betaxolol hcl oral	22	BRIVIACT ORAL TABLET	13
BD SHARPS COLLECTOR	32	bethanechol chloride oral	42	BROMFED DM	56
BD ULTRA-FINE insulin syringes	32	BETHKIS	59	bromfenac sodium (once-daily)	54
BD ULTRA-FINE PEN NEEDLES	32	BETIMOL	55	bromfenac sodium ophthalmic solution 0.07 %	54
BD ULTRA-FINE U-500 insulin syringes	32	BEVESPI AEROSPHERE	58	bromfenac sodium ophthalmic solution 0.075 %	54
BD ULTRA-FINE VEO insulin syringes	32	BEXSERO	52	bromocriptine mesylate oral tablet	19
BELBUCA	9	BEYAZ	43	BROMSITE	54
BELSOMRA	60	bicalutamide	17	BRONCHITOL	59
benazepril hcl oral	22	BIDIL	22	BRONCHITOL TOLERANCE TEST	59
benazepril-hydrochlorothiazide	22	BIGFOOT UNITY PROGRAM	32	BROVANA	58
BENICAR	22	BIJUVA	43	BRUKINSA	17
BENICAR HCT	22	BIKTARVY	20	budesonide er	53
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	49	bimatoprost ophthalmic	55	budesonide inhalation	58
BENZAMYCIN	28	BIOTEL CARE TEST STRIPS	32	budesonide oral	53
benzonatate oral capsule 100 mg, 200 mg	56	bis subcit-metronid-tetracyc	40	budesonide rectal	53
benzonatate oral capsule 150 mg	56	bismuth/metronidaz/ tetracyclin	40	budesonide-formoterol fumarate	58
benzoyl peroxide-erythromycin	28	bisoprolol fumarate oral	22	bumetanide oral	22
benztropine mesylate oral	19	bisoprolol-hydrochlorothiazide	22	BUMEX	22
BESIVANCE	54	BLEPH-10 OPHTHALMIC SOLUTION 10 %	54	BUPAP	9
betamethasone dipropionate aug external cream	28	blisovi 24 fe	43	buprenorphine	9, 10
betamethasone dipropionate aug external lotion	28	blisovi fe 1/20	43	buprenorphine hcl sublingual	10
betamethasone dipropionate aug external ointment	28	blisovi fe 1.5/30	43	buprenorphine hcl-naloxone hcl	10
betamethasone dipropionate external cream	28	BLOOD GLUCOSE TEST STRIPS	32	bupropion hcl er (smoking det)	10
betamethasone dipropionate external lotion	28	BLOOD GLUCOSE TEST STRIPS 333	32	bupropion hcl er (sr)	14
betamethasone dipropionate external ointment	28	BONJESTA	15	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	14
betamethasone valerate external cream	28	BOOSTRIX	52	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	14
betamethasone valerate external lotion	28	BOSULIF ORAL TABLET	17	bupropion hcl oral	14
		BREO ELLIPTA	58	buspirone hcl oral	21
		brey-na	58	butalbital-acetaminophen oral tablet 50-300 mg	9
		BREZTRI AEROSPHERE	58	butalbital-acetaminophen oral tablet 50-325 mg	9
		briellyn	43		
		BRILINTA	19		
		brimonidine tartrate external	29		
		brimonidine tartrate ophthalmic solution 0.1 %	55		
		brimonidine tartrate ophthalmic solution 0.15 %	55		



butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	9	camrese	44	cartia xt	22
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	9	camrese lo	44	carvedilol	22
butalbital-apap-caffeine oral capsule 50-300-40 mg	9	CAMZYOS	22	carvedilol phosphate er	22
butalbital-apap-caffeine oral capsule 50-325-40 mg	9	CANASA	53	CASODEX	17
butalbital-apap-caffeine oral tablet	9	candesartan cilexetil	22	CATAPRES-TTS-1	22
butalbital-asa-caff-codeine	9	candesartan cilexetil-hctz	22	CATAPRES-TTS-2	22
butalbital-aspirin-caffeine	9	capecitabine	17	CATAPRES-TTS-3	22
butorphanol tartrate nasal	9	CAPLYTA	19	CAVERJECT IMPULSE	42
BUTRANS	9	captopril oral	22	caziant oral tablet 0.1/0.125/0.15 -0.025 mg	44
BYDUREON BCISE AUTOINJECTOR	36	CARAC	29	cefadroxil	11
BYETTA 10 MCG PEN	36	CARAFATE	40	cefdinir	11
BYETTA 5 MCG PEN	36	carbamazepine er oral capsule extended release 12 hour	13	cefixime	11
BYSTOLIC	22	carbamazepine er oral tablet extended release 12 hour	13	cefpodoxime proxetil oral tablet	11
C					
cabergoline	48	carbamazepine oral tablet chewable	13	cefprozil	11
CABOMETYX	17	CARBATROL	13	cefuroxime axetil	11
CADUET	22	carbidopa-levodopa er	19	CELEBREX	10
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	22	carbidopa-levodopa oral tablet	19	celecoxib oral	10
calcipotriene external cream	29	carbidopa-levodopa-entacapone	19	CELEXA	14
calcipotriene external ointment	29	carbinoxamine maleate oral tablet 4 mg	56	CELLCEPT	49
calcipotriene external solution	29	carbinoxamine maleate oral tablet 6 mg	56	CENTANY EXTERNAL OINTMENT 2 %	11
calcipotriene-betameth diprop external suspension	29	CARDIZEM	22	cephalexin	11
calcitonin (salmon) injection	53	CARDIZEM CD	22	CEQUA	56
calcitonin (salmon) nasal	53	CARDIZEM LA	22	CEQUR SIMPLICITY 2U 10PK	33
CALCITRENE	29	CARDURA	22	CERDELGA	42
calcitriol oral	54	CAREPOINT POLY HUB NEEDLE 18G X 1", 20G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	32	cetirizine hcl oral solution	56
calcium acetate (phos binder) oral capsule	42	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	33	CETRAXAL	56
calcium acetate (phos binder) oral tablet	38	CAREPOINT SAFETY 1ST NEEDLE	33	cetrorelix acetate	52
calcium acetate oral tablet 667 mg	38	CARETOUCH MONITOR SYSTEM	33	CETROTIDE	52
CALQUENCE	17	CARETOUCH TEST	33	cevimeline hcl	27
CALQUENCE ORAL CAPSULE 100 MG	17	carisoprodol oral tablet 250 mg	60	charlotte 24 fe	44
CAMBIA	10	carisoprodol oral tablet 350 mg	60	chateal eq	44
camila	43	CARNITOR ORAL SOLUTION	38	chateal oral tablet 0.15-30 mg-mcg	44
		CARNITOR ORAL TABLET	42	chlordiazepoxide hcl	21
		CARNITOR SF	38	chlordiazepoxide-clidinium	41
				chlorhexidine gluconate mouth/throat	27
				chlorpromazine hcl oral tablet	19
				chlorthalidone	22
				chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	60
				chlorzoxazone oral tablet 500 mg	60



cholestyramine light	22	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	11	clobetasol propionate external shampoo	29
cholestyramine oral	22	CLEOCIN ORAL CAPSULE 75 MG	11	clobetasol propionate external solution	29
CHORIONIC GONADOTROPIN INTRAMUSCULAR	52	CLEOCIN ORAL SOLUTION RECONSTITUTED	11	CLOBEX EXTERNAL SHAMPOO ..	29
CIALIS	38	CLEOCIN VAGINAL CREAM	11	CLOBEX SPRAY	29
CIBINQO	29	CLEOCIN-T	29	clodan	29
ciclodan	16	CLIMARA	44, 45	CLOMID	52
ciclopirox external gel	16	CLIMARA PRO	44	clomiphene citrate oral tablet 50 mg	52
ciclopirox external shampoo	16	clindacin	29	clomipramine hcl oral	14
ciclopirox external solution	16	clindacin etz external swab	29	clonazepam oral	21
ciclopirox olamine external cream	16	clindacin-p	29	clonidine hcl er oral tablet extended release 12 hour	26
ciclopirox olamine external suspension	29	CLINDAGEL	29	clonidine hcl oral	22
cilostazol	19	clindamycin hcl oral	11	clonidine patch weekly 0.1 mg/24hr transdermal	22
CIMDUO	20	clindamycin palmitate hcl	11	clonidine patch weekly 0.2 mg/24hr transdermal	22
cimetidine oral	40	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	29	clonidine patch weekly 0.3 mg/24hr transdermal	22
CIMZIA	50	clindamycin phos-benzoyl perox external gel 1.2-5 %	29	clonidine patch weekly 0.3 mg/24hr transdermal	22
CIMZIA (2 SYRINGE)	50	clindamycin phosphate external foam	29	clonidine patch weekly 0.3 mg/24hr transdermal	22
CIMZIA STARTER KIT	50	clindamycin phosphate external lotion	29	clonidine patch weekly 0.3 mg/24hr transdermal	22
cinacalcet hcl	54	clindamycin phosphate external solution	29	clonidine patch weekly 0.3 mg/24hr transdermal	22
CINRYZE	50	clindamycin phosphate external swab	29	clonidine patch weekly 0.3 mg/24hr transdermal	22
CIPRO HC	56	clindamycin phosphate gel 1 % external	29	clonidine patch weekly 0.3 mg/24hr transdermal	22
CIPRO ORAL TABLET	11	clindamycin phosphate vaginal ..	11	clonidine patch weekly 0.3 mg/24hr transdermal	22
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	56	clindamycin-tretinoin	29	clonidine patch weekly 0.3 mg/24hr transdermal	22
ciprofloxacin hcl ophthalmic	54	CLINDESSE	11	clonidine patch weekly 0.3 mg/24hr transdermal	22
ciprofloxacin hcl oral	11	CLINPRO 5000	27	clonidine patch weekly 0.3 mg/24hr transdermal	22
ciprofloxacin hcl otic	56	clobazam oral suspension	13	clonidine patch weekly 0.3 mg/24hr transdermal	22
ciprofloxacin-dexamethasone ..	56	clobazam oral tablet	13	clonidine patch weekly 0.3 mg/24hr transdermal	22
citalopram hydrobromide oral solution	14	clobetasol propionate e	29	clonidine patch weekly 0.3 mg/24hr transdermal	22
citalopram hydrobromide oral tablet	14	clobetasol propionate external cream	29	clonidine patch weekly 0.3 mg/24hr transdermal	22
CITRANATAL 90 DHA	38	clobetasol propionate external foam	29	clonidine patch weekly 0.3 mg/24hr transdermal	22
CITRANATAL ASSURE	38	clobetasol propionate external gel	29	clonidine patch weekly 0.3 mg/24hr transdermal	22
CITRANATAL DHA ORAL 27-1 & 250 MG	38	clobetasol propionate external liquid	29	clonidine patch weekly 0.3 mg/24hr transdermal	22
claravis	29	clobetasol propionate external ointment	29	clonidine patch weekly 0.3 mg/24hr transdermal	22
CLARINEX	56			clonidine patch weekly 0.3 mg/24hr transdermal	22
clarithromycin er	11			clonidine patch weekly 0.3 mg/24hr transdermal	22
clarithromycin oral suspension reconstituted	11			clonidine patch weekly 0.3 mg/24hr transdermal	22
clarithromycin oral tablet	11			clonidine patch weekly 0.3 mg/24hr transdermal	22
CLENPIQ	41			clonidine patch weekly 0.3 mg/24hr transdermal	22

constulose	41	CVS GLUCOSE METER TEST STRIPS	33	cyred oral tablet 0.15-30 mg-mcg	44
CONTOUR MONITOR KIT W/ DEVICE	33	cyanocobalamin injection solution 1000 mcg/ml	38	CYTOMEL	49
CONTOUR NEXT EZ KIT W/ DEVICE	33	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	38	CYTOTEC	40
CONTOUR NEXT GEN MONITOR KIT	33	cyanocobalamin nasal	38		
CONTOUR NEXT GEN TEST STRIPS	33	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	60	D	
CONTOUR NEXT LINK KIT W/ DEVICE	33	cyclobenzaprine hcl oral tablet 7.5 mg	60	D-CARE BLOOD GLUCOSE	33
CONTOUR NEXT MONITOR KIT W/DEVICE	33	CYCLOGYL	56	D-CARE GLUCOMETER	33
CONTOUR NEXT ONE DEVICE	33	cyclopentolate hcl ophthalmic	56	dabigatran etexilate mesylate ...	12
CONTOUR NEXT ONE KIT	33	cyclophosphamide oral capsule	17	dalfampridine er	27
CONTOUR TEST STRIPS	33	CYCLOSET	36	DALIRESP	58
COPAXONE	27	cyclosporine modified oral capsule	50	DANTRIUM ORAL	60
CORDRAN	29	cyclosporine ophthalmic	56	dantrolene sodium oral	60
COREG	22	cyclosporine oral	50	DAPAGLIFLOZIN PRO-METFORMIN ER	36
COREG CR	22	CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	50	DAPAGLIFLOZIN PROPANEDIOL	36
CORGARD	22	CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	50	dapsone external	29
CORLANOR	22	CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	50	dapsone oral	17
CORTEF	48	CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	50	darifenacin hydrobromide er	42
CORTENEMA	53	CYLTEZO (2 SYRINGE) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	50	darunavir	20
CORTIFOAM	53	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	50	dasetta 1/35	44
COSENTYX SENSOREADY	50	CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	50	dasetta 7/7/7	44
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	50	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	50	DAVIMET-FLUORIDE	38
COSENTYX UNOREADY	50	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	50	DAYPRO	10
COSOPT	55			daysee	44
COSOPT PF	55			DAYTRANA	26
COTELLIC	17			DAYVIGO	60
COTEMPLA XR-ODT	26			DAZOMON	29
COVARYX	44			DDAVP ORAL	48
COVARYX HS	44			deblitane	44
COZAAR	22			deferasirox oral tablet	39
CREON	42			DELESTROGEN	44
CRESEMBA ORAL	16			DELSTRIGO	20
CRESTOR	22			delyla	44
cromolyn sodium ophthalmic	56			DENTA 5000 PLUS	27
cromolyn sodium oral	41			DENTAGEL	27
cryselle-28	44			DEPAKOTE	13
CUVPOSA	41			DEPAKOTE ER	13
CVS ADVANCED GLUCOSE TEST	33			DEPAKOTE SPRINKLES	13
				DEPEN TITRATABS	42
				DEPO-ESTRADIOL	44
				DEPO-PROVERA	44
				DEPO-SUBQ PROVERA 104	44



DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	48	DEXILANT	40	DILAUDID ORAL TABLET.....	9
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	48	dexlansoprazole	40	dilt-xr	23
DERMA-SMOOTH/FS BODY	29	dexmethylphenidate hcl	26	diltiazem hcl er beads	23
DERMA-SMOOTH/FS SCALP ...	29	dexmethylphenidate hcl er	26	diltiazem hcl er coated beads....	23
DERMACINRX UREA.....	29	dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 5 mg	26	diltiazem hcl er oral capsule extended release 12 hour	23
DERMOTIC.....	56	dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg	26	diltiazem hcl er oral capsule extended release 24 hour	23
DESCOVY	20	dextroamphetamine sulfate oral tablet 10 mg, 5 mg.....	26	diltiazem hcl oral.....	23
desipramine hcl oral	14	dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	26	dimethyl fumarate oral.....	27
desloratadine oral tablet.....	57	DHIVY.....	19	DIOVAN	23
desmopressin acetate oral	48	DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	13	DIOVAN HCT	23
desmopressin acetate spray	48	diazepam oral solution	21	DIPENTUM	53
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5).....	44	diazepam oral tablet.....	21	diphenoxylate-atropine oral tablet.....	41
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg.....	44	diazepam rectal.....	13	DIPROLENE.....	29
desonide external cream.....	29	DICLEGIS	15	disulfiram oral	10
desonide external lotion	29	diclofenac potassium oral tablet 25 mg.....	10	DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG.....	42
desonide external ointment	29	diclofenac potassium oral tablet 50 mg	10	divalproex sodium er	13
DESOWEN.....	29	diclofenac potassium(migraine). 10	10	divalproex sodium oral capsule delayed release sprinkle.....	13
desoximetasone external cream	29	diclofenac sodium er	10	divalproex sodium oral tablet delayed release	13
desoximetasone external ointment.....	29	diclofenac sodium external gel 1%	10	DIVIGEL.....	44
DESVENLAFAXINE ER.....	14	diclofenac sodium external gel 3%.....	29	DODEX	39
desvenlafaxine succinate er	14	diclofenac sodium ophthalmic... 54	54	dofetilide.....	23
DETROL	42	diclofenac sodium oral	10	dolishale.....	44
DETROL LA	42	diclofenac sodium oral	10	donepezil hcl oral tablet 10 mg, 5 mg	14
DEXABLISS	48	diclofenac-misoprostol	10	donepezil hcl oral tablet 23 mg ..	14
dexamethasone intensol.....	48	dicloxacillin sodium.....	11	DOPTELET	38
dexamethasone oral elixir.....	48	dicyclomine hcl oral	41	DORYX MPC.....	11
dexamethasone oral solution ...	48	DIFFERIN EXTERNAL GEL 0.3% .29	29	DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG, 80 MG	11
dexamethasone oral tablet	48	DIFICID ORAL TABLET	11	DORZOLAMIDE HCL SOLUTION 2% OPHTHALMIC.....	55
dexamethasone oral tablet therapy pack.....	48	DIFLUCAN	16	dorzolamide hcl-timolol mal	55
dexamethasone sodium phosphate ophthalmic	54	difluprednate	56	dorzolamide hcl-timolol mal pf ..	55
DEXCOM G6 RECEIVER	33	digitek oral tablet 125 mcg, 250 mcg.....	22	dotti.....	44
DEXCOM G6 SENSOR	33	digox	23	DOVATO.....	20
DEXCOM G6 TRANSMITTER.....	33	digoxin oral tablet	23	DOVONEX EXTERNAL CREAM 0.005%.....	29
DEXCOM G7 RECEIVER	33	DILANTIN INFATABS	13		
DEXCOM G7 SENSOR	33	DILANTIN ORAL CAPSULE.....	13		
DEXEDRINE.....	26				



entecavir.....	20	erythromycin ophthalmic.....	54	etodolac er.....	10
ENTRESTO ORAL TABLET.....	23	erythromycin oral.....	12	etonogestrel-ethinyl estradiol...	45
ENTYVIO.....	50	ESBRIET ORAL TABLET.....	59	etravirine.....	20
enulose.....	41	escitalopram oxalate oral		EUCRISA.....	30
ENVARUSUS XR.....	50	solution.....	15	euthyrox.....	49
EPANED.....	23	escitalopram oxalate oral tablet.	15	EVAMIST.....	45
EPCLUSA ORAL TABLET.....	20	ESGIC.....	9	EVEKEO.....	26
EPIDIOLEX.....	13	esomeprazole magnesium oral		everolimus oral tablet 0.25 mg,	
EPIDUO.....	30	capsule delayed release.....	40	0.5 mg, 0.75 mg, 1 mg.....	50
EPIDUO FORTE.....	30	esomeprazole magnesium oral		everolimus oral tablet 10 mg,	
epinephrine solution auto-		packet.....	40	2.5 mg, 5 mg, 7.5 mg.....	17
injector 0.15 mg/0.15ml		est estrogens-methyltest.....	44	EVERSENSE E3 SENSOR/ HOLDER.....	33
injection.....	56	est estrogens-methyltest ds.....	44	EVERSENSE E3 SMART TRANSMITTER.....	33
epinephrine solution auto-		est estrogens-methyltest hs.....	44	EVERSENSE SENSOR/HOLDER..	33
injector 0.15 mg/0.3ml		estarylla.....	44	EVERSENSE SMART TRANSMITTER.....	33
injection.....	56	estazolam.....	60	EVISTA.....	53
epinephrine solution auto-		ESTRACE.....	44	EVOCLIN EXTERNAL FOAM 1%..	30
injector 0.3 mg/0.3ml		estradiol oral.....	44	EVOXAC.....	27
injection.....	56	estradiol patch twice weekly		EVRYSDI.....	42
EPIPEN 2-PAK.....	56	0.025 mg/24hr transdermal.....	44	EXELDERM EXTERNAL CREAM..	16
EPIPEN JR 2-PAK.....	56	estradiol patch twice weekly		EXELON.....	14
epitol.....	13	0.0375 mg/24hr transdermal...	44	exemestane.....	18
eplerenone.....	23	estradiol patch twice weekly		EXFORGE.....	23
EPZICOM.....	20	0.05 mg/24hr transdermal.....	44	EXFORGE HCT.....	23
EQ BLOOD GLUCOSE TEST.....	33	estradiol patch twice weekly		EXKIVITY ORAL CAPSULE	
EQUETRO.....	21	0.075 mg/24hr transdermal..	44, 45	40 MG.....	18
ergocalciferol oral capsule...	39, 40	estradiol patch twice weekly		EXTAVIA.....	27
ERIVEDGE.....	17	0.1 mg/24hr transdermal.....	45	EYSUVIS.....	54
ERLEADA ORAL TABLET		estradiol transdermal gel		ezetimibe.....	23
240 MG.....	17	0.25 mg/0.25gm, 0.5 mg/0.5gm,		ezetimibe-simvastatin.....	23
ERLEADA ORAL TABLET 60 MG..	17	0.75 mg/0.75gm, 1 mg/gm,			
ERMEZA.....	49	1.25 mg/1.25gm.....	45		
errin.....	44	estradiol transdermal gel			
ERY-TAB.....	12	0.75 mg/1.25 gm (0.06%).....	45		
ERYGEL.....	30	estradiol transdermal patch			
ERYPED 200.....	12	weekly.....	45		
ERYPED 400.....	12	estradiol vaginal cream.....	45		
erythromycin base oral tablet...	12	estradiol vaginal tablet.....	45		
erythromycin base oral tablet		estradiol valerate intramuscular.	45		
delayed release.....	12	estradiol-norethindrone acet....	45		
erythromycin ethylsuccinate		ESTRING.....	45		
oral suspension reconstituted		ESTROGEL.....	45		
200 mg/5ml.....	12	eszopiclone.....	60		
erythromycin ethylsuccinate		ethambutol hcl oral.....	17		
oral suspension reconstituted		ethosuximide oral.....	13		
400 mg/5ml.....	12	ethynodiol diac-eth estradiol...	45		
erythromycin external.....	30	etodolac.....	10		

F

FABHALTA.....	38
FABIOR.....	30
falmina.....	45
famciclovir oral tablet 125 mg,	
500 mg.....	20
famciclovir oral tablet 250 mg...	20
famotidine oral suspension	
reconstituted.....	40
famotidine oral tablet 20 mg,	
40 mg.....	41
FARXIGA.....	36
FASENRA PEN.....	58



fayosim oral tablet 42-21-21-7	flac	56	FLUORIMAX 5000.....	28
days	FLAGYL	12	fluoritab oral solution	
febuxostat	FLAREX	54	0.275 (0.125 f) mg/drop	39
felbamate	flecainide acetate	23	fluorometholone	54
FELBATOL.....	FLEXICHAMBER	58	FLUOROURACIL EXTERNAL	
FELBATOL ORAL SUSPENSION	FLOMAX.....	43	CREAM 0.5 %.....	30
600 MG/5ML	FLORIVA PLUS.....	39	fluorouracil external cream 5 % ..	30
FELDENE ORAL CAPSULE	FLOVENT DISKUS INHALATION		fluoxetine hcl oral capsule	15
10 MG, 20 MG	AEROSOL POWDER BREATH		fluoxetine hcl oral capsule	
felodipine er	ACTIVATED 100 MCG/ACT,		delayed release	15
FEMARA.....	250 MCG/ACT, 50 MCG/ACT	58	fluoxetine hcl oral solution.....	15
FEMRING	FLOVENT HFA INHALATION		fluoxetine hcl oral tablet 10 mg ..	15
fenofibrate micronized.....	AEROSOL 110 MCG/ACT,		fluoxetine hcl oral tablet 20 mg,	
fenofibrate oral capsule 134 mg,	220 MCG/ACT, 44 MCG/ACT	58	60 mg	15
200 mg, 67 mg.....	FLUAD QUADRIVALENT.....	52	fluphenazine hcl oral tablet.....	19
fenofibrate oral capsule 150 mg,	FLUARIX QUADRIVALENT		flurbiprofen oral	10
50 mg	INTRAMUSCULAR SUSPENSION		FLUTICASONE FUROATE-	
fenofibrate oral tablet 120 mg,	PREFILLED SYRINGE 0.5 ML.....	52	VILANTEROL	58
40 mg	FLUBLOK QUADRIVALENT		FLUTICASONE PROPIONATE	
fenofibrate oral tablet 145 mg,	INTRAMUSCULAR SOLUTION		DISKUS.....	58
160 mg, 48 mg, 54 mg.....	PREFILLED SYRINGE 0.5 ML.....	52	fluticasone propionate external	
fenofibric acid oral capsule	FLUCELVAX QUADRIVALENT		cream	30
delayed release	INTRAMUSCULAR SUSPENSION		fluticasone propionate external	
FENOGLIDE.....	PREFILLED SYRINGE.....	52	ointment.....	30
fentanyl transdermal patch 72	fluconazole oral.....	16	FLUTICASONE PROPIONATE	
hour 100 mcg/hr, 12 mcg/hr,	fludrocortisone acetate oral	48	HFA.....	58
25 mcg/hr, 50 mcg/hr,	FLULAVAL QUADRIVALENT		fluticasone propionate nasal.....	57
75 mcg/hr.....	INTRAMUSCULAR SUSPENSION		FLUTICASONE-SALMETEROL	
fentanyl transdermal patch 72	PREFILLED SYRINGE 0.5 ML.....	52	INHALATION AEROSOL.....	58
hour 37.5 mcg/hr, 62.5 mcg/hr,	flunisolide nasal.....	57	fluticasone-salmeterol	
87.5 mcg/hr	fluocinolone acetonide body ...	30	inhalation aerosol powder	
fesoterodine fumarate er	fluocinolone acetonide external		breath activated 100-50 mcg/	
FETZIMA	cream	30	act, 250-50 mcg/act,	
FEXMID	fluocinolone acetonide external		500-50 mcg/act.....	58
FIASP.....	ointment.....	30	FLUTICASONE-SALMETEROL	
FIASP FLEXTOUCH.....	fluocinolone acetonide external		INHALATION AEROSOL	
FINACEA EXTERNAL FOAM.....	solution	30	POWDER BREATH ACTIVATED	
FINACEA EXTERNAL GEL.....	fluocinolone acetonide otic.....	56	113-14 MCG/ACT, 232-14 MCG/	
finasteride oral tablet 5 mg	fluocinolone acetonide scalp ...	30	ACT, 55-14 MCG/ACT	58
43	fluocinonide external cream		fluvastatin sodium.....	23
finngolimod hcl	0.05 %	30	fluvoxamine maleate	15
27	fluocinonide external cream		fluvoxamine maleate er	15
FINTEPLA.....	0.1 %	30	FLUZONE HIGH-	
13	fluocinonide external gel.....	30	DOSE QUADRIVALENT	
finzala	fluocinonide external ointment..	30	INTRAMUSCULAR SUSPENSION	
45	fluocinonide external solution ...	30	PREFILLED SYRINGE 0.7 ML.....	52
FIORICET	FLUORIDEX.....	27, 28	FLUZONE QUADRIVALENT	
9	FLUORIDEX ENHANCED		INTRAMUSCULAR SUSPENSION	
FIORICET/CODEINE	WHITENING.....	28	PREFILLED SYRINGE 0.5 ML.....	52
9				
FIRST-LANSOPRAZOLE				
41				
FIRST-OMEPRAZOLE.....				
41				
FIRVANQ.....				
12				



FML FORTE	54	gabapentin oral capsule.....	13	glucagon emergency kit 1 mg injection.....	37
FML LIQUIFILM	54	gabapentin oral solution 250 mg/5ml.....	13	GLUCOCARD EXPRESSION TEST.....	34
FOCALIN.....	26	GABAPENTIN ORAL TABLET 25 MG, 50 MG	13	GLUCOCARD SHINE TEST	34
FOCALIN XR	26	gabapentin oral tablet 600 mg, 800 mg.....	13	GLUCOCARD VITAL TEST.....	34
folic acid oral tablet 1 mg.....	39	galantamine hydrobromide er ...	14	GLUCOTROL XL	37
FOLLISTIM AQ.....	52	ganirelix acetate.....	52, 53	GLUMETZA	37
fondaparinux sodium.....	12	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous.....	53	glyburide micronized.....	37
FORA 6 CONNECT/GTEL TEST...33		GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.....	52	glyburide oral	37
FORFIVO XL	15	GASTROCROM.....	41	glyburide-metformin.....	37
formoterol fumarate inhalation..58		gatifloxacin ophthalmic.....	54	GLYCATE.....	41
FORTEO	53	gavilyte-c	41	glycopyrrolate oral solution.....	41
FORTISCARE G1 TEST STRIP IN VITRO STRIP.....	33	gavilyte-g	41	glycopyrrolate oral tablet 1 mg, 2 mg	41
FORTISCARE TEST IN VITRO STRIP.....	33	gavilyte-n with flavor pack	41	GLYCOPYRROLATE ORAL TABLET 1.5 MG.....	41
FOSAMAX	53	GAVRETO	18	glydo	9
fosfomycin tromethamine	12	gemfibrozil oral.....	23	GLYNASE ORAL TABLET 1.5 MG.....	37
fosinopril sodium	23	gemmily.....	45	GLYNASE ORAL TABLET 3 MG, 6 MG.....	37
fosinopril sodium-hctz	23	GEMTESA	42	GLYXAMBI	37
FREESTYLE LIBRE 14 DAY READER.....	33	GENERESS FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG.....	45	GOLYTELY	41
FREESTYLE LIBRE 14 DAY SENSOR.....	33	generlac.....	41	GONAL-F.....	53
FREESTYLE LIBRE 2 READER	33	gengraf oral capsule.....	50	GONAL-F RFF	53
FREESTYLE LIBRE 2 SENSOR	33	gentamicin sulfate external.....	12	GONAL-F RFF REDIJECT	53
FREESTYLE LIBRE 3 PLUS SENSOR.....	33	gentamicin sulfate ophthalmic ..	54	GRALISE ORAL TABLET.....	27
FREESTYLE LIBRE 3 READER	33	GENVOYA	20	granisetron hcl oral	15
FREESTYLE LIBRE 3 SENSOR	33	GEODON ORAL.....	19	GRASTEK.....	50
FREESTYLE LIBRE READER	33	GILENYA ORAL CAPSULE 0.25 MG	27	griseofulvin microsize oral	16
FREESTYLE PRECISION NEO SYSTEM	33	GILENYA ORAL CAPSULE 0.5 MG.....	27	griseofulvin ultramicrosize.....	16
FREESTYLE PRECISION NEO TEST.....	33	GIMOTI	15	guanfacine hcl	23, 26
FREESTYLE TEST	34	glatiramer acetate.....	27	guanfacine hcl er	26
FROVA.....	17	glatopa.....	27	GUARDIAN 4 GLUCOSE SENSOR.....	34
frovatriptan succinate.....	17	GLEEVEC.....	18	GUARDIAN 4 TRANSMITTER.....	34
FUROSCIX	23	glimepiride.....	36	GUARDIAN CONNECT TRANSMITTER.....	34
furosemide oral.....	23	glipizide er	36	GUARDIAN LINK 3 TRANSMITTER.....	34
fyavolv.....	45	glipizide oral tablet 10 mg, 5 mg ..	37	GUARDIAN REAL-TIME REPLACE PED.....	34
FYCOMPA ORAL SUSPENSION ..	13	glipizide oral tablet 2.5 mg	37	GUARDIAN SENSOR (3)	34
FYCOMPA ORAL TABLET.....	13	glipizide xl.....	37	GUARDIAN SENSOR 3	34
FYREMADEL	52	glipizide-metformin hcl	37	GVOKE HYPOPEN 1-PACK.....	34
		GLUCAGON EMERGENCY KIT ...	37	GVOKE HYPOPEN 2-PACK.....	34

G

gabapentin (once-daily).....27



GVOKE KIT.....	34
GVOKE PFS.....	34
GYNAZOLE-1.....	16

H

HADLIMA	50
HAEGARDA.....	50
hailey 1.5/30	45
hailey 24 fe.....	45
hailey fe 1/20.....	45
hailey fe 1.5/30.....	45
HALCION.....	21
halobetasol propionate external cream	30
halobetasol propionate external ointment.....	30
haloette.....	45
haloperidol oral.....	19
HARVONI ORAL TABLET	20
HAVRIX.....	52
HEALTHPRO BLOOD GLUCOSE MONITO.....	34
heather.....	45
HEMADY.....	48
HEMANGEOL	23
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 300 MG/2ML, 60 MG/0.4ML	38
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML.....	38
HEMMOREX-HC	53
HEMOFIL M	38
heparin sodium (porcine) injection solution	38
heparin sodium (porcine) pf	38
HEPLISAV-B.....	52
HIDEX 6-DAY.....	48
HIPREX.....	12
HORIZANT	27
HULIO (2 PEN)	50
HULIO (2 SYRINGE)	50
HUMALOG INJECTION.....	35
HUMALOG KWIKPEN	35
HUMALOG MIX 50/50 KWIKPEN.....	35
HUMALOG MIX 50/50 VIAL.....	35

HUMALOG MIX 75/25 KWIKPEN.....	35
HUMALOG MIX 75/25 VIAL	35
HUMALOG SUBCUTANEOUS.....	35
HUMALOG TEMPO PEN	35
HUMALOG U-100 JUNIOR KWIKPEN.....	35
HUMATE-P	38
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS.....	50
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS.....	50
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	50
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS ..	50
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS..	50
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS ..	50
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML.....	50
HUMIRA-CD/UC/HS STARTER ..	50
HUMIRA-PED<40KG CROHNS STARTER	50
HUMIRA-PED>=40KG CROHNS START	50
HUMIRA-PED>=40KG UC STARTER	50
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	50
HUMIRA-PSORIASIS/UEVIT STARTER	50
HUMULIN 70/30 KWIKPEN	35
HUMULIN 70/30 VIAL.....	35
HUMULIN N KWIKPEN	35
HUMULIN N VIAL.....	36
HUMULIN R U-500 KWIKPEN ...	36
HUMULIN R U-500 VIAL	36
HUMULIN R VIAL	36
HYCODAN ORAL SOLUTION.....	57
hydralazine hcl oral	23

HYDREA.....	18
hydrochlorothiazide oral	23
hydrocod poli-chlorphe poli er...57	
hydrocodone bit-homatrop mbr oral solution.....	57
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	9
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg.....	9
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	9
hydrocodone-ibuprofen.....	9
hydrocort-pramoxine (perianal) .	53
hydrocortisone (perianal) external cream 1 %.....	53
hydrocortisone (perianal) external cream 2.5 %.....	53
hydrocortisone ace-pramoxine external cream 1-1 %.....	53
hydrocortisone ace-pramoxine external cream 2.5-1 %.....	30
hydrocortisone acetate rectal ...	53
hydrocortisone butyrate external cream.....	30
hydrocortisone external cream 1 %.....	30
hydrocortisone external cream 2.5 %.....	30
hydrocortisone external lotion 2 %, 2.5 %	30
hydrocortisone external ointment 1 %, 2.5 %.....	30
hydrocortisone lotion 2%.....	30
hydrocortisone oral.....	48
hydrocortisone rectal	53
hydrocortisone valerate external cream	30
hydrocortisone valerate external ointment.....	30
hydrocortisone-acetic acid	56
hydromet.....	57
hydromorphone hcl oral tablet ...	9
hydroxychloroquine sulfate oral .	19
HYDROXYM EXTERNAL CREAM .	30
hydroxyurea oral.....	18
hydroxyzine hcl oral	21



hydroxyzine pamoate oral.....	21	IDHIFA	18	INPEN 100-PINK-NOVOLOG- FIASP DEVICE	34
HYFTOR	50	ILEVRO.....	54	INSPIREASE.....	58
hyoscyamine sulfate er.....	41	imatinib mesylate.....	18	INSPIRA.....	23
hyoscyamine sulfate oral tablet..	41	IMBRUVICA ORAL CAPSULE.....	18	INSULIN ASPART	36
hyoscyamine sulfate oral tablet dispersible	41	IMBRUVICA ORAL TABLET 140 MG, 280 MG	18	INSULIN ASPART FLEXPEN	36
hyoscyamine sulfate sublingual..	41	IMBRUVICA ORAL TABLET 420 MG.....	18	INSULIN DEGLUDEC FLEXTOUCH	36
HYPERSAL	57	imipramine hcl oral	15	INSULIN GLARGINE.....	36
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML.....	50	imiquimod external cream 3.75 %.....	30	INSULIN GLARGINE MAX SOLOSTAR	36
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	51	imiquimod external cream 5 %...	30	INSULIN GLARGINE SOLOSTAR.	36
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML.....	51	imiquimod pump	30	INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR.....	36
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	51	IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	17	INSULIN LISPRO	36
HYRIMOZ-CROHNS/UC STARTER	51	IMITREX ORAL.....	17	INSULIN LISPRO (1 UNIT DIAL) .	36
HYRIMOZ-PED<40KG CROHN STARTER	51	IMITREX STATDOSE REFILL	17	INSULIN LISPRO JUNIOR KWIKPEN.....	36
HYRIMOZ-PED>/=40KG CROHN START	51	IMITREX STATDOSE SYSTEM	17	INSULIN LISPRO PROT & LISPRO36	
HYRIMOZ-PLAQUE PSORIASIS START	51	IMPOYZ	30	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM .	34
HYZAAR	23	IMURAN.....	51	INSULIN SYRINGES 27G X 1/2” 0.5 ML, 27G X 1/2” 1 ML, 28G X 1/2” 0.5 ML, 28G X 1/2” 1 ML, 29G X 1/2” 0.5 ML, 29G X 1/2” 1 ML, 30G X 1/2” 1 ML, 30G X 5/16” 0.5 ML, 31G X 5/16” 0.5 ML, 31G X 5/16” 1 ML	34
I					
ibandronate sodium oral	53	IMVEXXY MAINTENANCE PACK .	38	INTELENCE ORAL TABLET 100 MG, 200 MG	20
IBRANCE	18	IMVEXXY STARTER PACK.....	38	INTELENCE ORAL TABLET 25 MG	20
ibuprofen oral suspension 100 mg/5ml.....	10	INBRIJA.....	19	INTRAROSA.....	38
ibuprofen oral tablet 400 mg, 600 mg, 800 mg.....	10	incassia.....	45	introvale.....	45
iclevia	45	indapamide	23	INTUNIV	26
ICLUSIG ORAL TABLET 10 MG, 30 MG	18	INDERAL LA	23	INVEGA	19
ICLUSIG ORAL TABLET 15 MG, 45 MG	18	indomethacin er	10	INVELTYS	54
icosapent ethyl	23	indomethacin oral capsule.....	10	INVOKAMET XR.....	37
IDACIO (2 PEN)	51	INGREZZA ORAL CAPSULE 40 MG, 80 MG.....	27	INVOKANA.....	37
IDACIO (2 SYRINGE)	51	INGREZZA ORAL CAPSULE 60 MG	27	IPOLE.....	52
IDACIO-CROHNS/UC STARTER..	51	INGREZZA ORAL CAPSULE SPRINKLE.....	27	ipratropium bromide inhalation .	58
IDACIO-PSORIASIS STARTER....	51	INGREZZA ORAL CAPSULE THERAPY PACK	27	ipratropium bromide nasal.....	57
IDELVION	38	INLYTA	18	ipratropium-albuterol	58
		INPEN 100-BLUE-LILLY- HUMALOG DEVICE	34	irbesartan	23
		INPEN 100-BLUE-NOVOLOG- FIASP DEVICE	34	irbesartan-hydrochlorothiazide..	23
		INPEN 100-GREY-LILLY- HUMALOG DEVICE.....	34	ISENTRESS HD.....	20
		INPEN 100-GREY-NOVOLOG- FIASP DEVICE	34		
		INPEN 100-PINK-LILLY- HUMALOG DEVICE.....	34		



lanreotide acetate solution 120 mg/0.5ml subcutaneous	48	levocarnitine sf	39	LIPOFEN	24
lansoprazole oral capsule delayed release	41	levocetirizine dihydrochloride oral solution	57	LIRAGLUTIDE PEN-INJECTOR 18MG/3ML	37
lansoprazole oral tablet delayed release dispersible	41	levocetirizine dihydrochloride oral tablet	57	lisdexamfetamine dimesylate	26
LANTUS SOLOSTAR	36	levofloxacin oral tablet	12	lisinopril oral	24
LANTUS U-100 VIAL	36	levonest	45	lisinopril-hydrochlorothiazide	24
larin 1/20	45	levonorg-eth estrad triphasic	46	LITFULO	51
larin 1.5/30	45	levonorgest-eth est & eth est	45	lithium carbonate er	21
larin 24 fe	45	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	45	lithium carbonate oral	21
larin fe 1/20	45	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	45	LITHOBID	21
larin fe 1.5/30	45	levonorgest-eth estradiol-iron	45	LIVALO	24
larissia oral tablet 0.1-20 mg-mcg	45	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	46	LO LOESTRIN FE	46
LASIX	23	levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	46	lo-zumandimine	46
latanoprost ophthalmic	55	levora 0.15/30 (28)	46	LODINE	10
LATUDA	19	LEVOTHYROXINE SODIUM ORAL CAPSULE	49	LODOCO	24
layolis fe	45	levothyroxine sodium oral tablet	49	LOESTRIN 1/20 (21)	46
LEDIPASVIR-SOFOSBUVIR	20	levoxyl	49	LOESTRIN 1.5/30 (21)	46
leena	45	LEVSIN	41	LOESTRIN FE 1/20	46
leflunomide oral	51	LEVSIN/SL	41	LOESTRIN FE 1.5/30	46
lenalidomide	18	LEXAPRO	15	LOFENA	10
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	18	LIALDA	53	lojaimiess	46
lessina	45	LIBRAX	41	LOKELMA	39
LETAIRIS	59	lidocaine external ointment 5 %	9	LOMOTIL	41
letrozole oral	18	lidocaine external patch 5 %	9	LONSURF	18
leucovorin calcium oral	18	lidocaine hcl mouth/throat	28	loperamide hcl oral capsule	41
leuprolide acetate injection	48	lidocaine hcl urethral/mucosal	9	LOPID	24
levabuterol hcl inhalation	58	lidocaine viscous hcl	28	LOPRESSOR	24
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	58	lidocaine-prilocaine external cream	9	LOPROX EXTERNAL CREAM 0.77 %	16
LEVBID	41	LIDOCAN	9	LOPROX EXTERNAL SHAMPOO 1 %	16
LEVEMIR FLEXPEN	36	LIDODERM	9	LOPROX EXTERNAL SUSPENSION 0.77 %	30
LEVEMIR U-100 FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	36	LIKMEZ	12	lorazepam intensol	21
levetiracetam er	13	lillow oral tablet 0.15-30 mg-mcg	46	lorazepam oral concentrate 2 mg/ml	21
levetiracetam oral	13	linezolid oral tablet	12	lorazepam oral tablet	21
levo-t	49	LINZESS	41	LORTAB ORAL ELIXIR 10-300 MG/15ML	9
levocarnitine oral solution	39	liothyronine sodium oral	49	loryna	46
levocarnitine oral tablet	42	LIPITOR	23	LORZONE	60
				losartan potassium oral	24
				losartan potassium-hctz	24
				LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	46
				LOTEMAX OPHTHALMIC GEL	54



LOTEMAX OPHTHALMIC OINTMENT.....	54	matzim la.....	24	mesalamine er.....	53
LOTEMAX OPHTHALMIC SUSPENSION.....	54	MAVENCLAD.....	27	mesalamine oral tablet delayed release 1.2 gm.....	53
LOTEMAX SM.....	54	MAVYRET.....	20	mesalamine oral tablet delayed release 800 mg.....	53
LOTENSIN.....	24	MAXALT.....	17	mesalamine rectal enema.....	53
LOTENSIN HCT.....	24	MAXALT-MLT.....	17	mesalamine rectal suppository..	53
loteprednol etabonate ophthalmic gel.....	54	MAXITROL.....	54	mesalamine-cleanser.....	53
loteprednol etabonate ophthalmic suspension.....	54	MAXZIDE ORAL TABLET 75-50 MG.....	24	MESTINON ORAL TABLET.....	17
LOTREL.....	24	MAXZIDE-25 ORAL TABLET 37.5-25 MG.....	24	MESTINON ORAL TABLET EXTENDED RELEASE.....	17
LOTRONEX.....	41	MAYZENT ORAL TABLET 0.25 MG, 2 MG.....	27	metaxalone.....	60
lovastatin oral.....	24	MAYZENT ORAL TABLET 1 MG... ..	27	metformin hcl er.....	37
LOVAZA.....	24	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG.....	27	metformin hcl er (mod).....	37
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE.....	13	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG.....	27	metformin hcl er (osm).....	37
low-ogestrel.....	46	me/naphos/mb/hyo1.....	42	metformin hcl oral solution.....	37
loxapine succinate.....	19	meclizine hcl oral tablet.....	15	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg.....	37
lubiprostone.....	41	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG.....	48	metformin hcl oral tablet 625 mg.....	37
LUMAKRAS.....	18	MEDROL ORAL TABLET 2 MG... ..	48	methadone hcl oral tablet.....	9
LUMIGAN.....	55	MEDROL ORAL TABLET THERAPY PACK.....	48	methazolamide oral.....	55
LUMRYZ.....	60	medroxyprogesterone acetate intramuscular.....	46	methenamine hippurate.....	12
LUNESTA.....	60	medroxyprogesterone acetate oral.....	46	METHERGINE.....	48
LUPKYNIS.....	51	mefenamic acid oral.....	10	methimazole oral.....	49
lurasidone hcl.....	19	mefloquine hcl.....	19	methocarbamol oral tablet 1000 mg.....	60
lutera.....	46	megestrol acetate oral suspension 40 mg/ml.....	48	methocarbamol oral tablet 500 mg, 750 mg.....	60
LYBALVI.....	19	megestrol acetate oral tablet... ..	46	methotrexate sodium (pf).....	51
lyleq.....	46	MEKINIST ORAL TABLET.....	18	methotrexate sodium injection solution.....	51
lyllana.....	46	meloxicam oral tablet.....	10	methotrexate sodium oral.....	51
LYNPARZA.....	18	memantine hcl er.....	14	methscopolamine bromide oral .	41
LYRICA ORAL CAPSULE.....	27	memantine hcl oral tablet.....	14	methylergonovine maleate oral .	48
LYUMJEV KWIKPEN.....	36	MENOPUR.....	53	METHYLIN.....	26
LYUMJEV TEMPO PEN.....	36	MENOSTAR.....	46	methylphenidate.....	26
LYUMJEV VIAL.....	36	MENQUADFI.....	52	methylphenidate hcl er (cd).....	26
lyza.....	46	MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED... ..	52	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg.....	26
M		MEPRON.....	19	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg.....	26
M-M-R II.....	52	mercaptapurine oral.....	18	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg.....	26
M-NATAL PLUS.....	39	merzee.....	46		
MACROBID.....	12				
MACRODANTIN.....	12				
MALARONE.....	19				
MARINOL 2.5 MG.....	15				
marlissa.....	46				



METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	26	MICRODOT TEST	34	montelukast sodium oral packet	58
methylphenidate hcl er (osm) oral tablet extended release 72 mg	26	microgestin 1/20	46	montelukast sodium oral tablet	58
methylphenidate hcl er (xr)	26	microgestin 1.5/30	46	montelukast sodium oral tablet chewable	58
methylphenidate hcl er oral tablet extended release	26	microgestin 24 fe	46	MONUROL ORAL PACKET 3 GM	12
methylphenidate hcl er oral tablet extended release 24 hour	26	microgestin fe 1/20	46	morphine sulfate (concentrate)	9
methylphenidate hcl oral solution	26	microgestin fe 1.5/30	46	morphine sulfate er oral tablet extended release	9
methylphenidate hcl oral tablet	26	midodrine hcl	24	morphine sulfate oral	9
methylphenidate hcl oral tablet chewable	26	MIEBO	56	MOTEGRITY	41
methylprednisolone oral	48	mili	46	MOTPOLY XR	13
metoclopramide hcl oral solution	15	mimvey	46	MOUNJARO	37
metoclopramide hcl oral tablet	15	MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	46	MOVANTIK	41
metolazone	24	MINILINK REAL-TIME TRANSMITTER	34	MOVIPREP	42
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	24	MINIMED 630G GUARDIAN PRESS	34	moxifloxacin hcl (2x day)	54
metoprolol succinate er oral tablet extended release 24 hour 25 mg	24	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	24	moxifloxacin hcl ophthalmic	54
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	24	MINIVELLE	44-46	moxifloxacin hcl oral	12
metoprolol tartrate oral tablet 37.5 mg, 75 mg	24	minocycline hcl oral capsule	12	MS CONTIN	9
metoprolol-hydrochlorothiazide	24	minocycline hcl oral tablet	12	MULPLETA	38
METROCREAM	30	minoxidil oral	24	MULTAQ	24
METROGEL	30	mirabegron er	42	MULTI-VIT-FLOR	39
METROLOTION	30	MIRAPEX ER	19	multi-vitamin/fluoride	39
metronidazole external cream	30	MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	46	multivitamin w/fluoride tablet chewable 0.25 mg oral	39
metronidazole external gel 0.75 %	30	mirtazapine oral	15	multivitamin w/fluoride tablet chewable 0.5 mg oral	39
metronidazole external gel 1 %	30	MIRVASO	31	multivitamin w/fluoride tablet chewable 1 mg oral	39
metronidazole external lotion	31	misoprostol oral	41	multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	39
metronidazole oral	12	MITIGARE	16	multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	39
metronidazole vaginal	12	MM BLOOD GLUCOSE SYSTEM	34	multivitamin/fluoride tablet chewable 1 mg oral (rx)	39
mexiletine hcl oral	24	MM BLOOD GLUCOSE SYSTEM REFILL	34	mupirocin calcium	12
MIACALCIN	53	MM BLULINK GLUCOSE TEST	34	mupirocin external	12
mibelas 24 fe	46	MM EASY TOUCH GLUCOSE METER	34	MYAMBUTOL	17
MICARDIS	24	modafinil oral	60	MYCOBUTIN	17
MICARDIS HCT	24	MODERNA COVID-19 VAC 6M-11Y	52	mycophenolate mofetil oral	51
MICROCHAMBER	58	moexipril hcl	24	mycophenolate sodium	51
		mometasone furoate external	31	mycophenolic acid	51
		mometasone furoate nasal	57	MYDAYIS	26
		MONDOXYNE NL	12	MYFEMBREE	46
		mono-lynyah	46	MYFORTIC	51
		MONOJECT HYPODERMIC NEEDLE 18G X 1"	34	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	43



MYSOLINE	13	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	54	NITROSTAT	24
N		neomycin-polymyxin-hc ophthalmic.....	55	NIVA THYROID.....	49
na sulfate-k sulfate-mg sulf.....	42	neomycin-polymyxin-hc otic	56	NIVA-PLUS.....	39
nabumetone oral	10	NEONATAL COMPLETE.....	39	NOC DURNA.....	48
nadolol oral	24	NEONATAL PLUS.....	39	nora-be.....	46
nafrinse drops oral solution 0.275 (0.125 f) mg/drop	39	NEORAL ORAL CAPSULE.....	51	NORDITROPIN FLEXPRO	48
NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	39	NERLYNX.....	18	norelgestromin-eth estradiol	46
naftifine hcl external gel	31	neuac.....	31	norethin ace-eth estrad-fe oral capsule.....	46
NAFTIN	31	NEULASTA	38	norethin ace-eth estrad-fe oral tablet.....	46
NALOCET	9	NEUPRO.....	19	norethin ace-eth estrad-fe oral tablet chewable.....	46
naloxone hcl injection solution prefilled syringe 2 mg/2ml	11	NEURONTIN	13	norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg.	46
naloxone hcl nasal	11	NEUTEK 2TEK TEST.....	34	norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg.	46
naltrexone hcl oral.....	11	NEVANAC	54	norethin-eth estradiol-fe oral tablet chewable 0.8-25 mg-mcg.	46
NAMENDA ORAL TABLET 10 MG, 5 MG.....	14	NEXIUM ORAL CAPSULE DELAYED RELEASE.....	41	norethindron-ethinyl estrad-fe ..	46
NAMENDA TITRATION PAK	14	NEXIUM ORAL PACKET	41	norethindrone acet-ethinyl est ..	46
NAMENDA XR.....	14	NEXLETOL	24	norethindrone acetate oral	46
NAPROSYN ORAL TABLET	10	NEXLIZET	24	norethindrone oral	46
naproxen dr	10	NEXTSTELLIS.....	46	norethindrone-eth estradiol	46
naproxen oral tablet.....	10	NGENLA.....	48	norgestimate-eth estradiol	46
naproxen oral tablet delayed release	10	niacin er (antihyperlipidemic)....	24	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg.....	46
naproxen sodium oral tablet 275 mg, 550 mg.....	10	NIASPAN ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG, 750 MG.....	24	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg.....	46
naratriptan hcl	17	NICOTROL	11	NORITATE.....	31
NARCAN.....	11	nifedipine er	24	NORLIQVA	24
NASCOBAL.....	39	nifedipine er osmotic release	24	norlyda	46
NATALVIT	39	nifedipine oral	24	norlyroc	46
NATAZIA	46	nikki	46	NORPRAMIN	15
nateglinide.....	37	NINLARO.....	18	nortrel 0.5/35 (28).....	46
NATESTO.....	48	nisoldipine er.....	24	nortrel 1/35 (21)	46
NATROBA	31	nitazoxanide oral	19	nortrel 1/35 (28)	46
NAYZILAM	13	NITRO-BID.....	24	nortrel 7/7/7	47
nebivolol hcl	24	NITRO-DUR.....	24	nortriptyline hcl oral capsule....	15
NEBUSAL INHALATION NEBULIZATION SOLUTION 3%..	57	nitrofurantoin macrocrystal	12	NORVASC	24
necon 0.5/35 (28).....	46	nitrofurantoin monohydrate macrocrystals.....	12	NORVIR ORAL TABLET	20
NEO-POLYCIN	55	nitrofurantoin oral suspension 25 mg/5ml	12	NOURIANZ.....	19
neomycin sulfate oral	12	NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	12	NOVAREL	53
neomycin-bacitracin zn-polymyx	55	nitroglycerin rectal	24	NOVAVAX COVID-19 VACCINE...	52
neomycin-polymyxin-dexameth ophthalmic ointment.....	54	nitroglycerin sublingual	24	NOVOEIGHT	38
		nitroglycerin transdermal	24	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	34



ORENITRAM	59	PACERONE ORAL TABLET 200 MG	24	PFIZER COVID-19 VAC-TRIS 5-11Y	52
ORFADIN	42	PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	51	PFIZER COVID-19 VAC-TRIS 6M-4Y	52
ORGOVYX	18	paliperidone er	20	phenazo oral tablet 200 mg	43
ORIAHNN	48	PAMELOR	15	phenazopyridine hcl oral tablet 100 mg, 200 mg	43
ORLISSA	48	PANCREAZE	42	phenobarbital oral	13
orphenadrine citrate er	60	PANRETIN	31	phenytek	13
OSCIMIN	42	pantoprazole sodium oral tablet delayed release	41	phenytoin infatabs	13
oseltamivir phosphate oral capsule	20	PARADIGM REAL-TIME TRANSMITTER	35	phenytoin oral tablet chewable ..	13
oseltamivir phosphate oral suspension reconstituted	20	paricalcitol oral	54	phenytoin sodium extended	13
OSPHENA	38	PARLODEL ORAL TABLET	19	PHEXXI	47
OTEZLA	51	PARNATE	15	philith	47
OTREXUP	51	paroxetine hcl er	15	PHOSPHA 250 NEUTRAL	39
OVACE PLUS WASH EXTERNAL LIQUID	31	paroxetine hcl oral tablet	15	phospho-trin 250 neutral	39
OVACE WASH	31	paroxetine mesylate	15	phosphorous	39
OVIDREL	53	PATANASE NASAL SOLUTION 0.6 %	57	PIFELTRO	20
oxaprozin oral tablet	10	PAXIL CR	15	pilocarpine hcl ophthalmic	55
oxazepam	21	PAXIL ORAL TABLET	15	pilocarpine hcl oral	28
oxcarbazepine	13	PAXLOVID (150/100)	20	pimecrolimus	31
OXTELLAR XR	13	PAXLOVID (300/100)	20	pimozide	20
oxybutynin chloride er	43	pazopanib hcl	18	pimtreea	47
oxybutynin chloride oral tablet 2.5 mg	43	PEDIAPRED	48	pindolol	24
oxybutynin chloride oral tablet 5 mg	43	peg 3350-kcl-na bicarb-nacl	42	pioglitazone hcl	37
OXYCODONE HCL ER	9	peg-3350/electrolytes	42	pioglitazone hcl-metformin hcl ..	37
oxycodone hcl oral capsule	9	peg-3350/electrolytes/ ascorbat	42	PIP BLOOD GLUCOSE TEST STRIP	35
oxycodone hcl oral solution	9	peg-kcl-nacl-nasulf-na asc-c	42	PIQRAY	18
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	9	penicillin v potassium	12	pirfenidone oral tablet 267 mg, 801 mg	59
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	9	PENTASA	53	pirfenidone oral tablet 534 mg ..	59
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	9	pentoxifylline er	24	piroxicam oral	10
OXYCONTIN	9	PEPCID	41	pitavastatin calcium	24
oxymorphone hcl er	10	PERCOCET	10	PLAQUENIL	19
OZEMPIC	37	PERFOROMIST	58	PLAVIX	19
		PERIDEX	28	PLEGRIDY INTRAMUSCULAR	27
		perindopril erbumine	24	PLEGRIDY STARTER PACK	27
		perlogard	28	PLEGRIDY SUBCUTANEOUS	27
		permethrin external	19	PLENVU	42
		perphenazine oral	15	PLEXION CLEANSER	31
		PERTZYE	42	PLEXION EXTERNAL CREAM	31
				PNEUMOVAX 23	52
				pnv-dha	39
				podofilox external solution	31
				POKONZA	39

P

PACERONE ORAL TABLET
100 MG, 400 MG

24



POLY-VI-FLOR	39	PREMIUM BLOOD GLUCOSE TEST	35	primidone oral tablet 250 mg, 50 mg	14
POLYCIN	55	premium lidocaine.....	10	PRISTIQ.....	15
polymyxin b-trimethoprim.....	55	PREMPHASE	47	probenecid.....	16
POMALYST	18	PREMPRO	47	PROCARDIA XL	24
portia-28.....	47	PRENA1 PEARL.....	39	PROCHAMBER VHC.....	58
posaconazole oral tablet delayed release	16	prenatal 19 oral tablet 29-1 mg ..	39	prochlorperazine	16
potassium chloride crys er	39	prenatal 19 oral tablet chewable.	40	prochlorperazine maleate oral ...	16
potassium chloride er	39	prenatal oral tablet 27-1 mg.....	40	PROCORT	53
potassium chloride oral	39	prenatal plus.....	39, 40	procto-med hc.....	53
potassium citrate er	39	prenatal plus vitamin/mineral...	40	PROCTOCORT	53
potassium citrate-citric acid.....	39	PRENATE DHA.....	40	PROCTOFOAM HC.....	53
PRADAXA ORAL CAPSULE	13	PRENATE ENHANCE	40	PROCTOSOL HC.....	53
PRALUENT	24	PRENATE ESSENTIAL.....	40	PROCTOZONE-HC.....	53
pramipexole dihydrochloride	19	PRENATE MINI.....	40	progesterone intramuscular	47
pramipexole dihydrochloride er .	19	PRENATE PIXIE	40	progesterone oral	47
PRAMOSONE EXTERNAL CREAM	31	PRENATE RESTORE.....	40	PROGRAF ORAL CAPSULE.....	51
prasugrel hcl.....	19	PRENATOL-M.....	40	PROLATE ORAL TABLET.....	10
pravastatin sodium	24	PRENATRIX	40	PROLENSA	55
prazosin hcl oral	24	PRENATRYL	40	PROMACTA ORAL TABLET	38
PRECISION XTRA	35	PREVACID.....	41	promethazine hcl oral	16
PRECISION XTRA BLOOD GLUCOSE	35	PREVACID SOLUTAB.....	41	promethazine hcl rectal.....	16
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG.....	37	prevalite.....	24	promethazine-codeine.....	57
PRED FORTE	55	PREVIDENT 5000 BOOSTER PLUS.....	28	promethazine-dm	57
PRED MILD.....	55	PREVIDENT 5000 DRY MOUTH..	28	PROMETHEGAN	16
prednisolone acetate ophthalmic.....	55	PREVIDENT 5000 ENAMEL PROTECT.....	40	PROMETRIUM	47
PREDNISOLONE ACETATE P-F...	55	PREVIDENT 5000 KIDS	28	propafenone hcl	24
prednisolone oral solution	48	PREVIDENT 5000 ORTHO DEFENSE.....	28	propafenone hcl er	24
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	48	PREVIDENT 5000 PLUS	28	propranolol hcl er.....	25
prednisolone sodium phosphate oral solution 15 mg/5ml	48	PREVIDENT 5000 SENSITIVE ..	40	propranolol hcl oral.....	25
prednisolone sodium phosphate oral solution 20 mg/5ml.....	48	PREVIDENT DENTAL	28	propylthiouracil oral.....	49
prednisolone sodium phosphate oral tablet dispersible	48	PREVIDENT MOUTH/THROAT ...	40	PROSCAR	43
prednisone oral	48	previfem oral tablet 0.25-35 mg-mcg.....	47	PROTONIX ORAL TABLET DELAYED RELEASE.....	41
pregabalin oral capsule.....	27	PREVNAR 20	52	protriptyline hcl.....	15
PREGNYL.....	53	PREVYMIS ORAL	20	PROVENTIL HFA	57, 58
PREMARIN ORAL	47	PREZCOBIX	20	PROVERA.....	44, 47
PREMARIN VAGINAL	47	PREZISTA ORAL TABLET 150 MG, 75 MG.....	20	PROVIGIL	60
		PREZISTA ORAL TABLET 600 MG, 800 MG	20	PROZAC	15
		primidone oral tablet 125 mg	14	pseudoephedrine-bromphen-dm.....	57
				PTS PANELS EGLU TEST.....	35
				PULMICORT FLEXHALER	58
				PULMICORT SUSPENSION.....	58

PULMOSAL.....	57	RASUVO.....	51	RETIN-A.....	31
PULMOZYME.....	59	RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	14	RETIN-A MICRO GEL 0.04 %, 0.1 %	31
PYLERA.....	41	REBIF.....	27	RETIN-A MICRO PUMP	31
PYRIDIDIUM.....	43	REBIF TITRATION PACK.....	27	REVATIO ORAL TABLET	59
pyridostigmine bromide er.....	17	reclipsen	47	REVLIMID.....	18
pyridostigmine bromide oral tablet 30 mg	17	RECOMBINATE	38	REXTOVY.....	11
pyridostigmine bromide oral tablet 60 mg	17	RECOMBIVAX HB	52	REXULTI.....	20
Q					
QELBREE.....	26	RECTIV	25	REYVOW	17
QNASL	58	REGLAN	16	RHOFADE	31
QNASL CHILDRENS	58	RELAFEN DS	10	RHOPRESSA	55
QUARTETTE ORAL TABLET 42-21-21-7 DAYS.....	47	RELEXXII.....	26	rifabutin.....	17
QUDEXY XR	14	RELION TRUE MET AIR GLUC METER.....	35	rifampin oral	17
QUESTRAN.....	25	RELION TRUE METRIX TEST STRIPS	35	RIGHTEST GT333 GLUCOSE TEST.....	35
QUESTRAN LIGHT.....	25	RELION ULTIMA GLUCOSE SYSTEM	35	riluzole	27
quetiapine fumarate	20	RELION ULTIMA TEST.....	35	RINVOQ.....	51
quetiapine fumarate er.....	20	RELIPAX.....	17	RIOMET	37
QUFLORA PEDIATRIC	40	RELTONE.....	42	risedronate sodium oral tablet 150 mg, 35 mg	54
QUILLICHEW ER.....	26	RELYVRIO.....	27	risedronate sodium oral tablet 30 mg, 5 mg.....	54
QUILLIVANT XR	26	REMERON.....	15	RISPERDAL	20
quinapril hcl.....	25	REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	15	risperidone.....	20
QUINTET AC BLOOD GLUCOSE TEST.....	35	REMODULIN.....	59	RITALIN.....	26
QUINTET BLOOD GLUCOSE TEST.....	35	REVELA ORAL TABLET	43	RITALIN LA	26
QULIPTA	17	repaglinide.....	37	ritonavir	20
QUVIVIQ.....	60	REPATHA	25	rivastigmine.....	14
QVAR REDIHALER	58	REPATHA PUSHTRONEX SYSTEM	25	rivastigmine tartrate	14
R					
rabeprazole sodium oral tablet delayed release	41	REPATHA SURECLICK	25	rivelsa	47
RADICAVA ORS	27	RESTASIS.....	56	rizatRIPTAN benzoate.....	17
RADICAVA ORS STARTER KIT	27	RESTASIS MULTIDOSE	56	ROBINUL.....	42
raloxifene hcl	54	RESTORIL.....	60	ROBINUL-FORTE.....	42
ramelteon.....	60	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	38	ROCALTROL	54
ramipril.....	25	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	38	ROCKLATAN	55
ranolazine er	25	RETEVMO ORAL CAPSULE 40 MG	18	roflumilast	58
RAPAFLO.....	43	RETEVMO ORAL CAPSULE 80 MG	18	ropinirole hcl.....	19
RAPAMUNE ORAL SOLUTION ...	51			ropinirole hcl er	19
RAPAMUNE ORAL TABLET	51			rosadan external cream 0.75 % ..	31
rasagiline mesylate oral	19			rosadan external gel 0.75 %	31
				rosuvastatin calcium oral	25
				ROWASA.....	53
				roweepra.....	14
				ROXICODONE	10
				ROZEREM	60



ROZLYTREK ORAL CAPSULE.....	18	sf 5000 plus.....	28	sodium fluoride dental	28
ROZLYTREK ORAL PACKET.....	18	SFROWASA.....	53	sodium fluoride mouth/throat solution 0.2 %	40
RUCONEST.....	51	sharobel.....	47	sodium fluoride oral solution	40
rufinamide oral suspension	14	SHARPS CONTAINER.....	35	sodium fluoride oral tablet chewable.....	40
rufinamide oral tablet	14	SHINGRIX.....	52	SODIUM OXYBATE SOLUTION 500 MG/ML ORAL.....	60
RUKOBIA.....	20	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg.....	38	sodium sulfacetamide wash	31
RYBELSUS.....	37	sildenafil citrate oral tablet 20 mg	59	SOFOSBUVIR-VELPATASVIR.....	20
RYTARY.....	19	SILENOR.....	60	solifenacin succinate.....	43
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG.....	25	silodosin.....	43	SOLIQUA.....	37
ryvent	57	SILVADENE.....	12	SOMA.....	60
S					
SABRIL ORAL PACKET.....	14	silver sulfadiazine external	12	SOMATULINE DEPOT.....	48
SAFYRAL.....	47	SIMBRINZA	55	SOOLANTRA.....	31
SALAGEN	28	SIMLANDI (1 PEN).....	51	sotalol hcl (af).....	25
SANDIMMUNE ORAL	51	SIMLANDI (2 PEN).....	51	sotalol hcl oral	25
SANTYL	31	simliya.....	47	SOTYKTU.....	51
SAPHRIS	20	simpesse	47	SOVUNA.....	19
sapropterin dihydrochloride oral packet.....	42	SIMPONI.....	51	SPIKEVAX INTRAMUSCULAR SUSPENSION	52
SAVELLA	27	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg.....	25	spinosad.....	31
saxagliptin hcl	37	simvastatin oral tablet 80 mg....	25	SPIRIVA HANDIHALER	59
saxagliptin-metformin er	37	SINEMET	19	SPIRIVA RESPIMAT	59
scopolamine	16	SINGULAIR ORAL PACKET.....	59	spironolactone oral tablet.....	25
SE-NATAL 19	40	SINGULAIR ORAL TABLET	59	spironolactone-hctz.....	25
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG.....	47	SINGULAIR ORAL TABLET CHEWABLE.....	59	SPORANOX ORAL CAPSULE	16
selenium sulfide external lotion .	31	sirolimus oral solution	51	SPORANOX PULSEPAK ORAL CAPSULE 100 MG.....	16
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR.....	36	sirolimus oral tablet	51	SPRAVATO (56 MG DOSE).....	15
SENSIPAR	54	SITAVIG	20	SPRAVATO (84 MG DOSE).....	15
SEREVENT DISKUS	59	SKYRIZI PEN.....	51	sprintec 28	47
SEROQUEL.....	20	SKYRIZI SUBCUTANEOUS.....	51	SPRYCEL	18
SEROQUEL XR	20	SKYTROFA	48	SPS	40
SERTRALINE HCL ORAL CAPSULE.....	15	SLYND.....	47	sronyx	47
sertraline hcl oral concentrate...	15	SOANZ.....	25	ssd.....	12
sertraline hcl oral tablet.....	15	sod citrate-citric acid oral solution 500-334 mg/5ml.....	40	sss 10-5 external cream	31
setlakin.....	47	sodium chloride inhalation.....	57	STALEVO 100 ORAL TABLET 25-100-200 MG	19
sevelamer carbonate oral tablet.	43	sodium fluoride 5000 enamel dental gel 1.1-5 %	40	STALEVO 125 ORAL TABLET 31.25-125-200 MG	19
sevelamer hcl	40	sodium fluoride 5000 plus	28	STALEVO 150	19
SEYSARA	12	sodium fluoride 5000 ppm	28	STALEVO 200 ORAL TABLET 50-200-200 MG	19
sf	28, 38, 39, 42	sodium fluoride 5000 ppm dental gel 1.1 %.....	28	STALEVO 50 ORAL TABLET 12.5-50-200 MG	19
		sodium fluoride 5000 sensitive dental gel 1.1-5 %	40		

STALEVO 75 ORAL TABLET 18.75-75-200 MG	19	sulfatrim pediatric.....	12	TALTZ.....	51	
STEGLATRO.....	37	sulindac oral	10	TAMIFLU ORAL CAPSULE.....	21	
STELARA SUBCUTANEOUS	51	SUMADAN WASH	31	TAMIFLU ORAL SUSPENSION RECONSTITUTED.....	21	
STENDRA.....	38	sumatriptan nasal	17	tamoxifen citrate oral tablet 10 mg.....	18	
STIOLTO RESPIMAT	59	sumatriptan succinate oral.....	17	tamoxifen citrate oral tablet 20 mg	18	
STIVARGA.....	18	sumatriptan succinate refill subcutaneous solution cartridge	17	tamsulosin hcl	43	
STRATTERA	26	sumatriptan succinate subcutaneous.....	17	TAPERDEX 12-DAY	48	
STRENSIQ.....	42	sumatriptan-naproxen sodium ..	17	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	48	
STRIBILD.....	20	SUNOSI	60	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	48	
STRIVERDI RESPIMAT.....	59	SUPREP BOWEL PREP KIT.....	42	TAPERDEX 7-DAY	48	
STROMECTOL	19	SUTAB.....	42	TARGADOX.....	12	
SUBOXONE	11	syeda	47	tarina 24 fe.....	47	
subvenite.....	14	SYMBICORT.....	59	tarina fe 1/20 eq	47	
SUCRAID.....	42	SYMBYAX.....	15	tarina fe 1/20 oral tablet 1-20 mg-mcg.....	47	
sucrafate oral suspension	41	SYMFI.....	20, 21	TARON-C DHA	40	
sucrafate oral tablet	41	SYMFI LO	21	TASIGNA	18	
SUFLAVE.....	42	SYMLINPEN 120	37	TAVALISSE.....	38	
SULAR.....	25	SYMLINPEN 60	37	taysofy	47	
SULCONAZOLE NITRATE EXTERNAL CREAM	16	SYMPAZAN.....	14	TAYTULLA.....	47	
sulfacetamide sod-sulfur wash external liquid 9-4 %.....	31	SYMPROIC	42	tazarotene external cream.....	31	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %.....	31	SYMTUZA	21	TAZAROTENE EXTERNAL FOAM ..	31	
sulfacetamide sodium (acne)	31	SYNALAR.....	31	TAZORAC EXTERNAL CREAM....	31	
sulfacetamide sodium external..	31	SYNALAR EXTERNAL SOLUTION 0.01 %.....	31	TECFIDERA ORAL CAPSULE DELAYED RELEASE.....	27	
sulfacetamide sodium ophthalmic solution	55	SYNJARDY	37	TECHLITE INSULIN SYRINGES ..	35	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 % ...	31	SYNJARDY XR.....	37	TECHLITE PEN NEEDLES.....	35	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %.....	31	SYNTHROID.....	49	TEGLUTIK.....	27	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	31	T			TEGRETOL ORAL TABLET.....	14
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	31	TABRECTA.....	18	TEGRETOL-XR.....	14	
sulfacetamide sodium-sulfur external suspension 10-5 %	31	TACLONEX EXTERNAL OINTMENT 0.005-0.064 %.....	31	TEGSEDI	42	
sulfacetamide sodium-sulfur external suspension 10-5 %	31	TACLONEX EXTERNAL SUSPENSION	31	TEKTRUNA.....	25	
sulfacetamide sodium-sulfur external suspension 8-4 %	31	tacrolimus external.....	31	telmisartan.....	25	
sulfacetamide-prednisolone.....	55	tacrolimus oral.....	51	telmisartan-hctz.....	25	
SULFACLEANSE 8/4	31	tadalafil (pah)	59	temazepam	60	
sulfamethoxazole-trimethoprim oral	12	tadalafil oral.....	38	TEMODAR ORAL CAPSULE 250 MG.....	18	
sulfasalazine oral	53	TADLIQ.....	59	TEMOVATE EXTERNAL CREAM 0.05 %	31	
		TAFINLAR ORAL CAPSULE.....	18	temozolomide	18	
		tafluprost (pf).....	55	TEMPO REFILL.....	35	
		TAGRISSO.....	18			
		TAKHZYRO	51			

TEMPO WELCOME.....	35	tiadylt er.....	25	TOPICORT EXTERNAL	
TENCON	10	TIAZAC.....	25	OINTMENT.....	31
TENIVAC	52	TIKOSYN	25	topiramate er	14
tenofovir disoproxil fumarate	21	tilia fe.....	47	topiramate oral	14
TENORETIC 100	25	timolol maleate (once-daily)	55	TOPROL XL.....	25
TENORETIC 50	25	timolol maleate ocudose.....	55	torsemide	25
TENORMIN.....	25	timolol maleate ophthalmic.....	55	TOSYMRA	17
terazosin hcl	43	timolol maleate pf.....	55	TOUJEO MAX SOLOSTAR	36
terbinafine hcl oral	16	TIMOPTIC OCUDOSE	55	TOUJEO SOLOSTAR.....	36
terconazole	16	TIMOPTIC OPHTHALMIC		TOVIAZ.....	43
teriflunomide	27	SOLUTION 0.25 %, 0.5 %.....	55	TRACLEER 62.5 MG, 125 MG	59
teriparatide	54	TIMOPTIC-XE OPHTHALMIC		TRADJENTA.....	37
teriparatide (recombinant)		GEL FORMING SOLUTION		tramadol hcl (er biphasic) oral	
subcutaneous solution pen-		0.25 %, 0.5 %.....	55	tablet extended release 24 hour .	10
injector 600 mcg/2.4ml.....	54	tinidazole oral.....	12	tramadol hcl er.....	10
TERIPARATIDE (RECOMBINANT)		tiopronin oral tablet delayed		tramadol hcl oral tablet 100 mg,	
SUBCUTANEOUS SOLUTION		release	43	25 mg.....	10
PEN-INJECTOR		tiotropium bromide		tramadol hcl oral tablet 50 mg...	10
620 MCG/2.48ML.....	54	monohydrate	59	tramadol-acetaminophen	10
TESTIM.....	48	TIROSINT	49	trandolapril	25
TESTOSTERONE CYPIONATE		TIROSINT-SOL.....	49	tranexamic acid oral.....	38
INJECTION	49	TIVICAY	21	TRANSDERM-SCOP.....	16
testosterone cypionate		tizanidine hcl oral capsule.....	60	tranylcypromine sulfate.....	15
intramuscular.....	49	tizanidine hcl oral tablet.....	60	TRAVATAN Z.....	55
testosterone enanthate		TLANDO.....	49	travoprost (bak free)	55
intramuscular.....	49	TOBI NEBULIZER	59	trazodone hcl oral	15
testosterone gel 20.25 mg/act		TOBI PODHALER.....	59	TRELEGY ELLIPTA	59
(1.62%) transdermal	49	TOBRADEX OPHTHALMIC		TREMFYA.....	51
testosterone transdermal gel		OINTMENT.....	55	treprostinil	59
10 mg/act (2%), 12.5 mg/act		TOBRADEX OPHTHALMIC		TRESIBA FLEXTOUCH.....	36
(1%), 20.25 mg/1.25gm (1.62%),		SUSPENSION 0.3-0.1 %	55	tretinoin external cream	31
25 mg/2.5gm (1%),		TOBRADEX ST	55	tretinoin external gel 0.01 %,	
40.5 mg/2.5gm (1.62%),		tobramycin inhalation		0.025 %.....	31
50 mg/5gm (1%).....	49	nebulization solution		tretinoin external gel 0.05 %	31
testosterone transdermal gel		300 mg/4ml.....	59	tretinoin microsphere	31
1.62 %.....	49	tobramycin nebulization solution		tretinoin microsphere pump.....	31
testosterone transdermal		300 mg/5ml inhalation.....	59	TREXALL	51
solution	49	tobramycin ophthalmic	55	TREXIMET.....	17
tetracycline hcl oral capsule	12	tobramycin-dexamethasone.....	55	TREZIX	10
TEZSPIRE SUBCUTANEOUS		TOLAK.....	31	tri-estarylla	47
SOLUTION AUTO-INJECTOR	59	TOLSURA.....	16	tri-legest fe	47
THALITONE.....	25	tolterodine tartrate.....	43	tri-linyah.....	47
theophylline er.....	59	tolterodine tartrate er.....	43	tri-lo-estarylla	47
THIOLA.....	43	TOPAMAX	14	tri-lo-marzia	47
THIOLA EC.....	43	TOPAMAX SPRINKLE	14	tri-lo-mili	47
THRIVITE RX.....	40	TOPICORT EXTERNAL CREAM...	31		
THYQUIDITY.....	49				
thyroid oral.....	49				



varafenafil hcl oral tablet	38	vigabatrin oral packet	14	VORTEX HOLD CHMBR/MASK/ TODDLER	59
varenicline tartrate	11	vigadrone oral packet	14	VORTEX VALVED HOLDING CHAMBER	59
varenicline tartrate (starter)	11	VIGAMOX	55	VOSEVI	21
varenicline tartrate(continue)	11	vigpoder	14	VOTRIENT	18
VARIVAX	52	VIIBRYD	15	VRAYLAR	20
VASCEPA	25	VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	15	VTAMA	32
VASERETIC	25	vilazodone hcl	15	VUMERITY	27
VASOTEC	25	VIMPAT ORAL	14	vyfemla	47
velivet	47	VINATE ONE	40	VYLEESI	38
VELPHORO	43	viorele	47	vylibra	47
VELTASSA	40	VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	21	VYNDAMAX	42
VELTIN EXTERNAL GEL 1.2- 0.025 %	32	VIREAD ORAL TABLET 300 MG ..	21	VYTORIN	25
VEMLIDY	21	virt-c dha oral capsule 53.5-38-1 mg	40	VYVANSE	26
VENCLEXTA	18	virt-pn dha oral capsule 27-0.6-0.4-300 mg	40	VYZULTA	56
venlafaxine hcl	15	VISTARIL	21		
venlafaxine hcl er oral capsule extended release 24 hour	15	VITAFOL FE+	40	W	
venlafaxine hcl er oral tablet extended release 24 hour	15	VITAFOL GUMMIES	40	WAINUA	15
VENTOLIN HFA	57, 59	VITAFOL ULTRA	40	WAKIX	60
VEOZAH	27	VITAFOL OB	40	warfarin sodium oral	13
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	25	VITAFOL-OB	40	WELCHOL ORAL TABLET	25
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	25	VITAMEDMD ONE RX/ QUATREFOLIC	40	WELLBUTRIN SR	15
verapamil hcl er oral tablet extended release	25	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	40	WELLBUTRIN XL	15
verapamil hcl oral	25	vitamins acd-fluoride	40	wera	47
VERELAN	25	VITAPEARL	40	wes-phos 250 neutral	40
VERELAN PM	25	VITATHELY WITH GINGER	40	WESCAP-C DHA	40
VERKAZIA	56	VITRAKVI	18	WESCAP-PN DHA	40
VERQUVO	25	VIVAGUARD INO GLUCOSE METER KIT	35	WESTAB PLUS	40
VERZENIO	18	VIVAGUARD INO TEST STRIPS ..	35	WILATE	38
VESICARE	43	VIVELLE-DOT	44, 45, 47	WINLEVI	32
vestura	47	VIVJOA	16	wixela inhub	59
VEVYE	56	VOGELXO	49	wymzya fe	47
VFEND ORAL TABLET 200 MG ..	16	VOGELXO PUMP	49		
VFEND ORAL TABLET 50 MG ..	16	volnea	47	X	
VIAGRA	38	VOQUEZNA	41	XACIATO	12
VIBERZI	42	VOQUEZNA DUAL PAK	41	XALATAN	56
VIBRAMYCIN	12	VOQUEZNA TRIPLE PAK	41	XANAX	21
vienva	47	voriconazole oral tablet	16	XANAX XR	21
		VORTEX HOLD CHMBR/MASK/ CHILD	59	XARELTO	13
				XARELTO STARTER PACK	13
				XCOPRI	14
				XDEMZY	55
				XELJANZ	51



XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	51
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	51
XELODA	18
XENLETA ORAL TABLET 600 MG	12
XHANCE	57
XIFAXAN	12
XIGDUO XR	37
XIIDRA	56
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	12
XOFLUZA (40 MG DOSE)	21
XOFLUZA (80 MG DOSE)	21
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	52
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	59
XOPENEX HFA	59
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	59
XTAMPZA ER	10
XTANDI	18
xulane	47
XYOSTED	49
XYREM	60
XYWAV	60

Y

YASMIN 28	47
YAZ	47
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	52
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	52
YUFLYMA (2 PEN)	52
YUFLYMA (2 SYRINGE)	52
YUFLYMA-CD/UC/HS STARTER ..	52
YUPELRI	59

YUSIMRY	52
yuvafem	47

Z

zafemy	47
zafirlukast	59
zaleplon	60
ZANAFLEX	60
ZARONTIN	14
ZARXIO	38
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	40
ZAVZPRET	17
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	37
ZEJULA ORAL CAPSULE 100 MG	18
ZELBORAF	18
ZEMBRACE SYMTOUCH	17
ZEMPLAR ORAL	54
zenatane	32
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	42
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	42
ZENZEDI	26
ZEPOSIA	27
ZEPOSIA 7-DAY STARTER PACK ..	27
ZEPOSIA STARTER KIT	27
ZESTORETIC	25
ZESTRIL	25
ZETIA	25
ZETONNA	57
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	25
ZIAC ORAL TABLET 5-6.25 MG ..	25
ZIANA	32
ZILXI	32
ZIMHI	11
ZIOPTAN	56
ziprasidone hcl	20

ZIRGAN	21
ZITHROMAX ORAL	12
ZITHROMAX TRI-PAK	12
ZITHROMAX Z-PAK	12
ZOCOR	25
zolmitriptan nasal	17
zolmitriptan oral tablet	17
zolmitriptan oral tablet dispersible	17
ZOLOFT	15
zolpidem tartrate er	60
zolpidem tartrate oral tablet	60
ZOMIG NASAL	17
ZONEGRAN	14
zonisamide oral	14
ZORTRESS	52
ZORYVE	32
zovia 1/35 (28)	47
ZOVIRAX EXTERNAL	21
ZOVIRAX ORAL SUSPENSION 200 MG/5ML	21
ZTLIDO	10
ZUBSOLV	11
zumandimine	48
ZURZUVAE	15
ZYCLARA	32
ZYCLARA PUMP	32
ZYLET	55
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	16
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	55
ZYPREXA ORAL	20
ZYPREXA ZYDIS	20
ZYTIGA	18
ZYVOX ORAL TABLET	12



Nondiscrimination notice and access to communication services

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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



Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយុត្តិធម៌ខ្មែរ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគតគិតថ្លៃ ដល់មាន់លើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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.

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

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates, including but not limited to: UnitedHealthcare Freedom Insurance Company; UnitedHealthcare Insurance Companies of Illinois, New York, and Ohio, Inc.; UnitedHealthcare Insurance Company of the River Valley; UnitedHealthcare Life Insurance Company; All Savers Insurance Company; Golden Rule Insurance Company; Oxford Health Insurance, Inc.; and Sierra Health & Life Insurance Company, Inc. Health plan coverage provided by or through a UnitedHealthcare company, including but not limited to: UnitedHealthcare of Alabama, Arizona, Arkansas, California, Colorado, Florida, Georgia, Illinois, Louisiana, Michigan, Mississippi, Nebraska, New England, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Texas, Utah, Washington, or Wisconsin, Inc.; UnitedHealthcare Benefits Plan of California; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of the Mid-Atlantic, Midlands, Midwest, or River Valley, Inc.; Health Plan of Nevada, Inc.; MAMSI Life and Health Insurance Company; Neighborhood Health Partnership, Inc.; Optimum Choice, Inc. Administrative services provided by or through United HealthCare Services, Inc. or its affiliates, including but not limited to: UnitedHealthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; Oxford Health Plans LLC; and Bind Benefits, Inc. d/b/a Surest d/b/a Surest Administrators Services in CA. For level-funded plans, stop-loss insurance underwritten by UnitedHealthcare Insurance Company or its affiliates, including but not limited to: United HealthCare Life Insurance Company (NJ); and UnitedHealthcare Insurance Company of New York (NY).

UnitedHealthcare and the dimensional U logo are registered trademarks owned by UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.