



Your 2023 Prescription Drug List

Traditional 4-Tier

Effective September 1, 2023



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2023 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare and Student Resources medical plans with a pharmacy benefit subject to the Traditional 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

| | |
|-------------|---|
| E | May be excluded from coverage. May be subject to Prior Authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York. (Referred to as First Start in New Jersey) —Lower-cost options are available and covered. |
| H | Health Care Reform Preventive —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you. |
| H-PA | Health Care Reform Preventive with Prior Authorization —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met. |
| PA | Prior Authorization (sometimes referred to as precertification) —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan. ¹ |
| QL | Quantity Limits —Specifies the largest quantity of medication covered per copayment or in a defined period of time. |
| RS | Refill and Save Program ² —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 |

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

2. Not applicable to Student Resources plans.

3. Not applicable to certain Student Resources plans.



Reading your PDL (continued)

Coverage details

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

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

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Analgesics - Drugs for Pain | | |
| acetaminophen-codeine #2 | 1 | |
| acetaminophen-codeine #3 | 1 | |
| acetaminophen-codeine #4 | 1 | |
| acetaminophen-codeine oral tablet | 1 | |
| apap-caff-dihydrocodeine | 1 | QL |
| bac | 1 | QL |
| BELBUCA | 3 | PA, QL |
| butalbital-apap-caffeine oral tablet | 1 | QL |
| DILAUDID ORAL TABLET | E | |
| endocet | 1 | |
| ESGIC ORAL TABLET | 4 | QL |
| GEN7T EXTERNAL PATCH | E | |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg | E | |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | 1 | |
| hydromorphone hcl oral tablet | 1 | |
| lidocaine external patch 5 % | 1 | PA, QL |
| LIDODERM | E | PA, QL |
| morphine sulfate er oral tablet extended release | 1 | PA, QL |
| MS CONTIN | E | PA, QL |
| NALOCET | E | QL |
| NUCYNTA | 4 | QL |
| NUCYNTA ER | 3 | PA, QL |
| OXAYDO | E | QL |
| oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg | 1 | |
| oxycodone hcl oral tablet 5 mg | 1 | QL |
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG | E | |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | |
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG | E | QL |
| PERCOCET | E | |
| PROLATE ORAL TABLET | E | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| ROXICODONE | E | |
| tramadol hcl oral tablet 100 mg | E | |
| tramadol hcl oral tablet 50 mg | 1 | |
| TREZIX | 1 | QL |
| XTAMPZA ER | 4 | PA, QL |
| ZTLIDO | 3 | PA, QL |
| Analgesics - Drugs for Pain and Inflammation | | |
| CELEBREX | E | QL |
| celecoxib oral | 1 | QL |
| diclofenac sodium oral | 1 | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 1 | |
| indomethacin oral | 1 | |
| ketorolac tromethamine oral | 1 | |
| meloxicam oral tablet | 1 | |
| nabumetone oral | 1 | |
| NAPROSYN ORAL TABLET | E | |
| naproxen oral tablet | 1 | |
| RELAFEN DS | E | |
| Anti-Addiction / Substance Abuse Treatment Agents | | |
| buprenorphine hcl sublingual | 1 | QL |
| buprenorphine hcl-naloxone hcl | 1 | QL |
| buprenorphine hcl-naloxone hcl sublingual tablet sublingual | 1 | QL |
| KLOXXADO | 2 | QL |
| naloxone hcl injection solution prefilled syringe | 1 | |
| naloxone hcl nasal liquid 4 mg/0.1ml | 1 | QL |
| naltrexone hcl oral | 1 | |
| NARCAN | 2 | QL |
| SUBOXONE | E | PA, QL |
| ZIMHI | 2 | QL |
| ZUBSOLV | 1 | QL |
| Antibacterials - Drugs for Infections | | |
| amoxicillin oral capsule | 1 | |
| amoxicillin oral suspension reconstituted | 1 | |
| amoxicillin oral tablet | 1 | |
| amoxicillin-potassium clavulanate oral suspension reconstituted | 1 | |

See page 6, 7 for coverage details. Drugs listed as 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 |
|--|-----------|-----------------------|
| amoxicillin-potassium clavulanate oral tablet | 1 | |
| AUGMENTIN | E | |
| AUGMENTIN ES-600 | E | |
| avidoxy | 1 | |
| azithromycin oral suspension reconstituted | 1 | |
| azithromycin oral tablet | 1 | |
| BACTRIM | 4 | |
| BACTRIM DS | 4 | |
| cefdirir | 1 | |
| cefuroxime axetil | 1 | |
| CENTANY | 4 | QL |
| cephalexin oral capsule | 1 | |
| cephalexin oral suspension reconstituted | 1 | |
| CIPRO ORAL TABLET | 4 | |
| ciprofloxacin hcl oral | 1 | |
| CLEOCIN ORAL CAPSULE 150 MG, 300 MG | 4 | |
| CLEOCIN ORAL CAPSULE 75 MG | 2 | |
| clindamycin hcl oral | 1 | |
| CLINDESSE | 2 | |
| DIFICID ORAL TABLET | 3 | QL |
| doxycycline hyclate oral capsule | 1 | |
| doxycycline hyclate oral tablet 100 mg, 20 mg | 1 | |
| doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg | E | |
| doxycycline monohydrate oral capsule 100 mg, 50 mg | 1 | |
| doxycycline monohydrate oral capsule 150 mg, 75 mg | E | |
| doxycycline monohydrate oral tablet | 1 | |
| levofloxacin oral tablet | 1 | |
| LYMEPAK | E | |
| MACROBID | 4 | |
| MACRODANTIN | 4 | |
| metronidazole oral tablet | 1 | |
| metronidazole vaginal | 1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| minocycline hcl oral capsule | 1 | |
| mondoxyne nl | 1 | |
| mupirocin external | 1 | QL |
| nitrofurantoin macrocrystal | 1 | |
| nitrofurantoin monohydrate macrocrystals | 1 | |
| NUVESSA | E | |
| NUZYRA ORAL | 4 | QL |
| penicillin v potassium oral tablet | 1 | |
| sulfamethoxazole-trimethoprim oral tablet | 1 | |
| TARGADOX | E | |
| VANDAZOLE | 4 | |
| VIBRAMYCIN ORAL CAPSULE | 4 | |
| XENLETA ORAL | 3 | |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED | 4 | |
| ZITHROMAX ORAL TABLET | 4 | |
| ZITHROMAX TRI-PAK | 4 | |
| ZITHROMAX Z-PAK | 4 | |
| Anticoagulants - Drugs to Treat or Prevent Blood Clots | | |
| dabigatran etexilate mesylate oral capsule 150 mg, 75 mg | 1 | QL |
| ELIQUIS | 2 | QL |
| ELIQUIS DVT/PE STARTER PACK | 2 | QL |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | 2 | QL |
| enoxaparin sodium | 1 | QL |
| jantoven | 1 | |
| LOVENOX | E | QL |
| PRADAXA ORAL CAPSULE | 2 | QL |
| warfarin sodium oral | 1 | |
| XARELTO | 2 | QL |
| XARELTO ORAL SUSPENSION RECONSTITUTED | 2 | QL |
| XARELTO STARTER PACK | 2 | QL |
| Anticonvulsants - Drugs for Seizures | | |
| APTOM | 3 | PA |
| BRIVIACT ORAL TABLET | 3 | PA |
| DEPAKOTE | 4 | PA |

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



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

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| doxepin hcl capsule 10 mg oral | 1 | |
| doxepin hcl capsule 100 mg oral | 1 | |
| doxepin hcl capsule 25 mg oral | 1 | |
| doxepin hcl capsule 50 mg oral | 1 | |
| doxepin hcl capsule 75 mg oral | 1 | |
| doxepin hcl oral capsule 150 mg | 1 | |
| duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg | 1 | |
| duloxetine hcl oral capsule delayed release particles 40 mg | E | |
| EFFEXOR XR | E | |
| escitalopram oxalate oral tablet | 1 | |
| fluoxetine hcl oral capsule | 1 | |
| fluoxetine hcl oral tablet 10 mg | 1 | QL |
| fluoxetine hcl oral tablet 20 mg | 1 | |
| fluoxetine hcl oral tablet 60 mg | E | |
| fluvoxamine maleate | 1 | |
| FORFIVO XL | E | QL |
| LEXAPRO | E | |
| mirtazapine oral tablet | 1 | |
| nortriptyline hcl oral capsule | 1 | |
| PAMELOR | E | |
| paroxetine hcl oral tablet | 1 | |
| PAXIL ORAL TABLET | E | |
| PRISTIQ | E | QL |
| PROZAC | E | |
| REMERON | E | |
| sertraline hcl oral tablet | 1 | |
| trazodone hcl oral | 1 | |
| TRINTELLIX | 4 | ST, QL |
| venlafaxine hcl | 1 | |
| venlafaxine hcl er oral capsule extended release 24 hour | 1 | |
| VIIBRYD | E | QL |
| VIIBRYD STARTER PACK | 4 | |
| vilazodone hcl | 1 | QL |
| WELLBUTRIN SR | E | |
| WELLBUTRIN XL | E | |
| ZOLOFT ORAL TABLET | E | |

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| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Antiemetics - Drugs for Nausea and Vomiting | | |
| metoclopramide hcl oral tablet | 1 | |
| ondansetron hcl oral tablet | 1 | |
| ondansetron odt | 1 | |
| prochlorperazine maleate oral | 1 | |
| promethazine hcl oral tablet | 1 | |
| REGLAN | 4 | |
| scopolamine | 1 | |
| TRANSDERM-SCOP | E | |
| Antifungals - Drugs for Fungal Infections | | |
| ciclodan | 1 | |
| ciclopirox external solution | 1 | |
| CRESEMBA ORAL | 3 | |
| DIFLUCAN ORAL TABLET | E | |
| fluconazole oral tablet | 1 | |
| GYNAZOLE-1 | 3 | |
| ketoconazole external cream | 1 | QL |
| ketoconazole external shampoo | 1 | |
| nystatin external cream | 1 | QL |
| nystatin mouth/throat | 1 | |
| terbinafine hcl oral | 1 | QL |
| VIVJOA | 3 | PA, QL |
| Antigout Agents - Drugs for Gout | | |
| allopurinol oral tablet 100 mg, 300 mg | 1 | |
| ALLOPURINOL ORAL TABLET 200 MG | E | |
| COLCHICINE ORAL CAPSULE | E | |
| MITIGARE | 2 | |
| ZYLOPRIM | 4 | |
| Antimigraine Agents - Drugs for Migraines | | |
| AIMOVIG | 2 | PA, ST |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 2 | PA, ST, QL |
| eletriptan hydrobromide | 1 | QL |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 2 | PA, ST, QL |
| IMITREX ORAL | E | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| MAXALT | E | QL |
| NURTEC | 2 | PA, ST, QL |
| RELPAK | E | QL |
| rizatriptan benzoate | 1 | QL |
| sumatriptan succinate oral | 1 | QL |
| UBRELVY | 2 | PA, ST, QL |
| ZOLMITRIPTAN NASAL SOLUTION 2.5 MG | E | QL |
| ZOMIG NASAL SOLUTION 2.5 MG | 3 | QL |
| ZOMIG NASAL SOLUTION 5 MG | 1 | QL |
| Antineoplastics - Drugs for Cancer | | |
| ALECENSA | 2 | PA, QL |
| ALUNBRIG | 2 | PA, QL, SP |
| anastrozole oral | 1 | H-PA |
| ARIMIDEX | E | |
| bexarotene external | E | QL, SP |
| CALQUENCE | 2 | PA, QL, SP |
| ERIVEDGE | 2 | PA, QL, SP |
| ERLEADA ORAL TABLET 240 MG | E | PA |
| ERLEADA ORAL TABLET 60 MG | 2 | PA, QL, SP |
| EXKIVITY | 4 | PA, QL, SP |
| FEMARA | E | |
| GAVRETO | 4 | PA, QL, SP |
| IBRANCE ORAL CAPSULE | 2 | PA, QL, SP |
| ICLUSIG ORAL TABLET 10 MG, 30 MG | 3 | PA, QL |
| ICLUSIG ORAL TABLET 15 MG, 45 MG | 3 | PA, QL, SP |
| IDHIFA | 2 | PA, QL, SP |
| IMBRUVICA ORAL TABLET | 2 | PA, QL, SP |
| KOSELUGO | 3 | PA, QL, SP |
| lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg | 1 | PA, QL, SP |
| letrozole oral | 1 | H-PA |
| LUMAKRAS | 4 | PA, QL, SP |
| LUMAKRAS ORAL TABLET 120 MG | 4 | PA, QL, SP |
| LYNPARZA | 2 | PA, QL, SP |
| NUBEQA | 2 | PA, QL, SP |
| ODOMZO | 2 | PA, QL, SP |

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

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| lurasidone hcl | 1 | QL |
| olanzapine oral tablet | 1 | |
| quetiapine fumarate | 1 | |
| REXULTI | 4 | PA, ST, QL |
| RISPERDAL ORAL TABLET | E | |
| risperidone oral tablet | 1 | |
| SAPHRIS | 1 | QL |
| SEROQUEL | E | |
| VRAYLAR ORAL CAPSULE | 4 | QL |
| ZYPREXA ORAL | E | |
| Antivirals - Drugs for Viral Infections | | |
| acyclovir oral tablet | 1 | |
| BIKTARVY | 4 | QL |
| CIMDUO | 2 | QL |
| DESCOVY | E | PA, ST, QL |
| DOVATO | 2 | QL |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 1 | QL |
| emtricitabine-tenofovir df oral tablet 200-300 mg | 1 | QL, H |
| EPCLUSA ORAL TABLET 200-50 MG | 2 | PA, QL |
| EPCLUSA ORAL TABLET 400-100 MG | 2 | PA, QL, SP |
| HARVONI ORAL TABLET | 2 | PA, ST, QL, SP |
| JULUCA | 2 | QL |
| LEDIPASVIR-SOFOSBUVIR | 2 | PA, ST, QL, SP |
| MAVYRET | 2 | PA, QL, SP |
| MAVYRET ORAL PACKET | 2 | QL, SP |
| oseltamivir phosphate oral capsule | 1 | |
| PAXLOVID (150/100) | 3 | |
| PAXLOVID (300/100) | 3 | |
| PREZCOBIX | 2 | |
| RUKOBIA | 4 | PA |
| SITAVIG | E | QL |
| SOFOSBUVIR-VELPATASVIR | 2 | PA, QL, SP |
| SYMFI | 2 | QL |
| SYMFI LO | 2 | QL |

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| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| TAMIFLU ORAL CAPSULE | 3 | |
| TIVICAY | 3 | |
| TRIUMEQ | 2 | QL |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG | 4 | QL |
| TRUVADA ORAL TABLET 200-300 MG | E | QL |
| valacyclovir hcl oral | 1 | QL |
| VALTREX | E | QL |
| VOSEVI | 2 | PA, QL, SP |
| XOFLUZA (40 MG DOSE) | 3 | QL |
| XOFLUZA (80 MG DOSE) | 3 | QL |

Anxiolytics - Drugs for Anxiety

| | | |
|-----------------------------|---|--|
| alprazolam oral tablet | 1 | |
| ATIVAN ORAL | E | |
| bupirone hcl oral | 1 | |
| clonazepam oral tablet | 1 | |
| diazepam oral tablet | 1 | |
| HALCION | 4 | |
| hydroxyzine hcl oral tablet | 1 | |
| hydroxyzine pamoate oral | 1 | |
| KLONOPIN | E | |
| lorazepam oral tablet | 1 | |
| triazolam | 1 | |
| VALIUM | E | |
| VISTARIL | 4 | |
| XANAX | E | |

Bipolar Agents - Drugs for Mood Disorders

| | | |
|--------------------------------|---|----|
| lithium carbonate er | 1 | |
| lithium carbonate oral capsule | 1 | |
| LITHOBID | 4 | PA |

Cardiovascular Agents - Drugs for Heart and Circulation Conditions

| | | |
|------------------------------------|---|--|
| ALDACTONE | E | |
| aliskiren fumarate | 1 | |
| ALTACE | E | |
| amiodarone hcl oral | 1 | |
| amlodipine besylate oral | 1 | |
| amlodipine besylate-benazepril hcl | 1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| amlodipine besylate-valsartan | 1 | |
| atenolol oral | 1 | |
| atenolol-chlorthalidone | 1 | |
| atorvastatin calcium oral tablet 10 mg, 20 mg | 1 | H-PA |
| atorvastatin calcium oral tablet 40 mg, 80 mg | 1 | |
| AVALIDE | E | |
| AVAPRO | E | |
| benazepril hcl oral | 1 | |
| BENICAR | E | |
| BENICAR HCT | E | |
| BIDIL | 2 | |
| bisoprolol fumarate oral | 1 | |
| bisoprolol-hydrochlorothiazide | 1 | |
| CALAN SR | 4 | |
| CARDIZEM CD | E | |
| CARDURA | 4 | |
| cartia xt | 1 | |
| carvedilol | 1 | |
| chlorthalidone | 1 | |
| clonidine hcl oral | 1 | |
| COREG | E | |
| CORLANOR | 3 | PA, QL |
| CORLANOR ORAL SOLUTION | 3 | PA, QL |
| COZAAR | E | |
| CRESTOR | E | |
| diltiazem hcl er coated beads oral capsule extended release 24 hour | 1 | |
| DIOVAN | E | |
| DIOVAN HCT | E | |
| doxazosin mesylate oral | 1 | |
| EDARBI | 3 | |
| EDARBYCLOR | 3 | |
| enalapril maleate oral tablet | 1 | |
| ENTRESTO | 4 | PA, QL |
| EXFORGE | E | |
| ezetimibe | 1 | |
| fenofibrate oral tablet 120 mg, 40 mg | E | |

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| Drug Name | Drug Tier | Requirements & Limits | Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|---|-----------|-----------------------|
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 1 | | nifedipine er | 1 | |
| FENOGLIDE | E | | nifedipine er osmotic release | 1 | |
| flecainide acetate | 1 | | nitroglycerin sublingual | 1 | |
| FUROSCIX | E | PA, QL | NITROSTAT | 4 | |
| furosemide oral tablet | 1 | | NORLIQVA | 4 | PA |
| gemfibrozil oral | 1 | | NORVASC | E | |
| hydralazine hcl oral | 1 | | olmesartan medoxomil oral | 1 | |
| hydrochlorothiazide oral | 1 | | olmesartan medoxomil-hctz | 1 | |
| HYZAAR | E | | omega-3-acid ethyl esters | 1 | |
| INDERAL LA | E | | PACERONE ORAL TABLET 100 MG, 400 MG | 3 | |
| irbesartan | 1 | | PACERONE ORAL TABLET 200 MG | 4 | |
| irbesartan-hydrochlorothiazide | 1 | | pravastatin sodium | 1 | |
| isosorb dinitrate-hydralazine | 1 | | prazosin hcl oral | 1 | |
| isosorbide mononitrate er | 1 | | PROCARDIA XL | E | |
| labetalol hcl oral | 1 | | propranolol hcl er | 1 | |
| LASIX | 4 | | propranolol hcl oral tablet | 1 | |
| LIPITOR | E | | ramipril | 1 | |
| lisinopril oral | 1 | | REPATHA | 2 | PA, ST, QL |
| lisinopril-hydrochlorothiazide | 1 | | REPATHA PUSHTRONEX SYSTEM | 2 | PA, ST, QL |
| LOPID | 4 | | REPATHA SURECLICK | 2 | PA, ST, QL |
| LOPRESSOR | 4 | | rosuvastatin calcium | 1 | |
| losartan potassium oral | 1 | | simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 1 | H-PA |
| losartan potassium-hctz | 1 | | simvastatin oral tablet 80 mg | 1 | |
| LOTENSIN | 4 | | SOAANZ | E | QL |
| LOTREL | E | | spironolactone oral | 1 | |
| lovastatin oral | 1 | H | TEKTURNA | 3 | |
| LOVAZA | E | | TEKTURNA HCT | 3 | |
| MAXZIDE | 4 | | telmisartan | 1 | |
| MAXZIDE-25 | 4 | | TENORETIC 100 | E | |
| metoprolol succinate er | 1 | | TENORETIC 50 | E | |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg | 1 | | TENORMIN | E | |
| metoprolol tartrate oral tablet 37.5 mg, 75 mg | E | | THALITONE | E | |
| MICARDIS | E | | TOPROL XL | E | |
| MINIPRESS | 4 | | toremide | 1 | |
| MULTAQ | 4 | PA | triamterene-hctz | 1 | |
| NEXLETOL | 2 | PA, ST, QL | TRICOR | E | |
| NEXLIZET | 2 | PA, ST, QL | valsartan oral tablet | 1 | |
| | | | valsartan-hydrochlorothiazide | 1 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| VASOTEC | E | |
| verapamil hcl er oral tablet extended release | 1 | |
| VERQUVO | 4 | PA, QL |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 4 | PA, QL |
| ZESTORETIC | E | |
| ZESTRIL | E | |
| ZETIA | E | |
| ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG | 3 | |
| ZIAC ORAL TABLET 5-6.25 MG | 4 | |
| ZOCOR | E | |

Central Nervous System Agents - Drugs for Attention Deficit Disorder

| | | |
|--|---|----|
| ADDERALL | E | |
| ADDERALL XR | 1 | QL |
| ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG | E | QL |
| amphetamine-dextroamphetamine | 1 | |
| amphetamine-dextroamphetamine er | E | QL |
| APTENSIO XR | E | QL |
| atomoxetine hcl | 1 | QL |
| CONCERTA | 1 | QL |
| dexmethylphenidate hcl | 1 | |
| dexmethylphenidate hcl er | 1 | QL |
| FOCALIN | 4 | |
| FOCALIN XR | E | QL |
| guanfacine hcl er | 1 | |
| INTUNIV | E | |
| JORNAY PM | E | QL |
| methylphenidate hcl er (cd) | 1 | QL |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg | 1 | QL |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg | 1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg | E | QL |
| METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG | E | |
| methylphenidate hcl er (xr) | E | QL |
| methylphenidate hcl er oral tablet extended release | 1 | QL |
| methylphenidate hcl oral tablet | 1 | |
| MYDAYIS | E | QL |
| RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG | E | QL |
| RITALIN | E | |
| RITALIN LA | E | QL |
| STRATTERA | E | QL |
| VYVANSE | 3 | QL |
| VYVANSE ORAL CAPSULE | 3 | QL |

Central Nervous System Agents - Drugs for Multiple Sclerosis

| | | |
|--|---|----------------|
| AUBAGIO | 3 | PA, QL, SP |
| AVONEX PEN | 2 | PA, QL, SP |
| AVONEX PREFILLED | 2 | PA, QL, SP |
| BAFIERTAM | 2 | PA, QL, SP |
| BETASERON | 2 | PA, QL, SP |
| COPAXONE | E | PA, QL, SP |
| EXTAVIA | E | PA, ST, QL, SP |
| ingolimod hcl | 1 | PA, QL, SP |
| GILENYA | E | PA, QL, SP |
| glatiramer acetate | 1 | PA, QL, SP |
| glatopa | 1 | PA, QL, SP |
| KESIMPTA | 2 | PA, QL, SP |
| MAVENCLAD | 3 | PA, ST, QL, SP |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG | 4 | PA, QL, SP |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG | 3 | PA, QL, SP |
| PLEGRIDY INTRAMUSCULAR | 3 | PA, QL |
| PLEGRIDY STARTER PACK | 3 | PA, QL, SP |

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| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA, QL, SP |
| PLEGRIDY SUBCUTANEOUS | 3 | PA, QL, SP |
| PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA, QL, SP |

Central Nervous System Agents - Miscellaneous

| | | |
|----------------------------|---|----------------|
| AUSTEDO | 2 | PA, QL, SP |
| LYRICA ORAL CAPSULE | 4 | PA |
| pregabalin oral capsule | 1 | |
| TIGLUTIK | 4 | PA |
| ZEPOSIA | 3 | PA, ST, QL, SP |
| ZEPOSIA 7-DAY STARTER PACK | 3 | PA, ST, QL, SP |
| ZEPOSIA STARTER KIT | 3 | PA, ST, QL, SP |

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

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

Dermatological Agents - Drugs for Skin Conditions

| | | |
|---------------------------------------|---|------------|
| ABSORICA | E | PA |
| accutane | 1 | |
| ala-cort external cream 1 % | E | |
| ala-cort external cream 2.5 % | 1 | |
| amnestem | 1 | |
| AMZEEQ | 4 | PA, QL |
| AVITA EXTERNAL CREAM | E | PA, QL |
| brimonidine tartrate external | 1 | PA, QL |
| CARAC | E | |
| CIBINQO | 2 | PA, QL, SP |
| claravis | 1 | |
| CLEOCIN-T | 4 | |
| clindacin etz external swab | 1 | |
| clindacin-p | 1 | |
| CLINDAGEL | E | QL |
| clindamycin phosphate external lotion | 1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| clindamycin phosphate external solution | 1 | |
| clindamycin phosphate external swab | 1 | |
| clindamycin phosphate gel 1 % external | E | QL |
| clindamycin phosphate gel 1 % external | 1 | QL |
| clobetasol propionate external cream | 1 | QL |
| clobetasol propionate external ointment | 1 | QL |
| clobetasol propionate external solution | 1 | QL |
| clotrimazole-betamethasone external cream | 1 | QL |
| DAZOMON | E | PA |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR | 2 | PA, QL, SP |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML | 2 | PA, QL |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML | 2 | PA, QL, SP |
| EFUDEX | 4 | |
| ENSTILAR | 4 | QL |
| EUCRISA | 3 | ST, QL |
| FINACEA | 4 | |
| FLUOROPLEX | 4 | |
| FLUOROURACIL EXTERNAL CREAM 0.5 % | E | |
| fluorouracil external cream 5 % | 1 | |
| hydrocortisone external cream 1 % | E | |
| hydrocortisone external cream 2.5 % | 1 | |
| hydrocortisone external ointment 1 %, 2.5 % | 1 | |
| IMPOYZ | E | QL |
| isotretinoin capsule 10 mg oral | E | PA |
| isotretinoin capsule 10 mg oral | 1 | |
| isotretinoin capsule 20 mg oral | E | PA |
| isotretinoin capsule 20 mg oral | 1 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| isotretinoin capsule 30 mg oral | E | PA |
| isotretinoin capsule 30 mg oral | 1 | |
| isotretinoin capsule 40 mg oral | E | PA |
| isotretinoin capsule 40 mg oral | 1 | |
| isotretinoin oral capsule 25 mg, 35 mg | E | PA |
| KLISYRI | 4 | ST, QL |
| METROCREAM | 4 | |
| metronidazole external cream | 1 | |
| myorisan | 1 | |
| NORITATE | E | |
| OPZELURA | 4 | PA, QL, SP |
| PICATO | 3 | QL |
| PROTOPIC | E | QL |
| RETIN-A EXTERNAL CREAM | E | PA, QL |
| RHOFADE | 4 | PA, QL |
| rosadan external cream | 1 | |
| SANTYL | 3 | QL |
| SOOLANTRA | 1 | QL |
| TACLONEX EXTERNAL OINTMENT | E | QL |
| tacrolimus external | 1 | QL |
| tretinoin external cream | 1 | QL |
| triamcinolone acetonide external cream 0.025 %, 0.1 % | 1 | |
| triamcinolone acetonide external cream 0.5 % | 1 | QL |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 1 | |
| triamcinolone acetonide external ointment 0.05 % | E | |
| triamcinolone in absorbbase | E | |
| TRIANEX | E | |
| triderm external cream 0.1 % | 1 | |
| triderm external cream 0.5 % | 1 | QL |
| tritocin | E | |
| VTAMA | 4 | PA, QL |
| XEPI | 3 | QL |
| zenatane | 1 | |
| ZILXI | 4 | PA, ST, QL |
| ZORYVE | 4 | PA, QL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Diabetes - Glucose Monitoring and Supplies | | |
| ACCU-CHEK AVIVA PLUS TEST STRIPS | E | QL |
| ACCU-CHEK FASTCLIX LANCET KIT | 1 | |
| ACCU-CHEK FASTCLIX LANCETS | 1 | |
| ACCU-CHEK GUIDE KIT W/DEVICE | 3 | (Accu-Chek Guide Me) |
| ACCU-CHEK GUIDE TEST STRIPS | 3 | QL |
| ACCU-CHEK MULTICLIX LANCET KIT | 1 | |
| ACCU-CHEK MULTICLIX LANCETS | 1 | |
| ACCU-CHEK SMARTVIEW TEST STRIPS | E | QL |
| ACCU-CHEK SOFT TOUCH LANCETS | 1 | |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT | 1 | |
| ACCU-CHEK SOFTCLIX LANCETS | 1 | |
| ACCUTREND GLUCOSE | E | QL |
| bd autoshield duo pen needles | 2 | |
| bd U-500 insulin syringes | 2 | |
| bd ultra-fine insulin syringes | 2 | |
| bd ultra-fine pen needles | 2 | |
| BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL |
| bd veo ultra-fine insulin syringes | 2 | |
| BLOOD GLUCOSE TEST STRIPS | E | QL |
| BLOOD GLUCOSE TEST STRIPS 333 | E | QL |
| CARETOUCH MONITOR SYSTEM | E | |
| CARETOUCH TEST | E | QL |
| CONTOUR MONITOR KIT W/DEVICE | E | |
| CONTOUR NEXT EZ KIT W/DEVICE | E | |
| CONTOUR NEXT GEN MONITOR | E | |
| CONTOUR NEXT GEN TEST STRIPS | 2 | QL |
| CONTOUR NEXT LINK KIT W/DEVICE | 4 | |

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| Drug Name | Drug Tier | Requirements & Limits | Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------|-----------|-----------------------|-------------------------------------|-----------|-----------------------|
| CONTOUR NEXT LINK KIT W/DEVICE | E | | FREESTYLE LIBRE READER | 3 | PA, QL |
| CONTOUR NEXT MONITOR KIT W/DEVICE | 2 | | FREESTYLE PRECISION NEO SYSTEM | E | |
| CONTOUR NEXT ONE KIT | 2 | | FREESTYLE PRECISION NEO TEST | E | QL |
| CONTOUR NEXT TEST STRIPS | 2 | QL | FREESTYLE TEST | E | QL |
| CONTOUR TEST STRIPS | E | QL | GLUCOCARD EXPRESSION TEST | E | QL |
| CVS ADVANCED GLUCOSE TEST | E | QL | GLUCOCARD SHINE TEST | E | QL |
| CVS GLUCOSE METER TEST STRIPS | E | QL | GLUCOCARD VITAL TEST | E | QL |
| D-CARE BLOOD GLUCOSE | E | QL | GUARDIAN CONNECT TRANSMITTER | 3 | PA, QL |
| D-CARE GLUCOMETER | E | | GUARDIAN LINK 3 TRANSMITTER | 3 | PA, QL |
| DEXCOM G6 RECEIVER | 3 | PA, QL | GUARDIAN REAL-TIME REPLACE PED | 3 | PA |
| DEXCOM G6 SENSOR | 3 | PA, QL | GUARDIAN SENSOR (3) | 3 | PA, QL |
| DEXCOM G6 TRANSMITTER | 3 | PA, QL | GUARDIAN SENSOR 3 | 3 | PA, QL |
| DEXCOM G7 RECEIVER | 3 | PA | GVOKE HYOPEN 1-PACK | 2 | QL |
| DEXCOM G7 SENSOR | 3 | PA | GVOKE HYOPEN 2-PACK | 2 | QL |
| DIABETES MONITOR DIGIT ADD-ON | E | | GVOKE KIT | 2 | |
| DIABETES MONITOR DIGIT SOLN | E | | GVOKE PFS | 2 | QL |
| EASY TOUCH HEALTHPRO GLUCOSE | E | | HEALTHPRO BLOOD GLUCOSE MONITO | E | |
| EASY TOUCH TEST | E | QL | INSULIN PEN NEEDLES | 2 | QL |
| EASYGLUCO | E | | MICRODOT TEST | E | QL |
| EASYMAX 15 TEST | E | QL | MINILINK REAL-TIME TRANSMITTER | 3 | PA |
| EASYMAX NG BLOOD GLUCOSE KIT | E | | MINIMED 630G GUARDIAN PRESS | 3 | PA |
| ENLITE GLUCOSE SENSOR | 3 | PA | MM EASY TOUCH GLUCOSE METER | E | |
| EQ BLOOD GLUCOSE TEST | E | QL | NEUTEK 2TEK TEST | E | QL |
| EVERSENSE SENSOR/HOLDER | 3 | PA | NOVOFINE AUTOCOVER PEN NEEDLE | 2 | QL |
| EVERSENSE SMART TRANSMITTER | 3 | PA | NOVOFINE PEN NEEDLE | 2 | QL |
| FORTISCARE G1 TEST STRIP | E | QL | NOVOFINE PLUS PEN NEEDLE | 2 | QL |
| FORTISCARE TEST | E | QL | NOVOFINE PLUS PEN NEEDLE 32G X 4 MM | 2 | QL |
| FREESTYLE LIBRE 14 DAY READER | 3 | PA, QL | NOVOTWIST | 2 | QL |
| FREESTYLE LIBRE 14 DAY SENSOR | 3 | PA, QL | OMNIPOD 5 G6 INTRO (GEN 5) | 2 | PA, QL |
| FREESTYLE LIBRE 2 READER | 3 | PA, QL | OMNIPOD 5 G6 POD (GEN 5) | 2 | PA, QL |
| FREESTYLE LIBRE 2 SENSOR | 3 | PA, QL | ON CALL EXPRESS BLOOD GLUCOSE | E | QL |
| FREESTYLE LIBRE 3 SENSOR | 3 | PA, QL | | | |

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| Drug Name | Drug Tier | Requirements & Limits | Drug Name | Drug Tier | Requirements & Limits |
|---------------------------------------|-----------|-----------------------------------|-----------------------------------|-----------|-----------------------|
| ON CALL EXPRESS MONITORING SYS | E | | QUINTET BLOOD GLUCOSE TEST | E | QL |
| ONETOUCH CLUB LANCETS FINE PT | 1 | | RELION TRUE MET AIR GLUC METER | E | |
| ONETOUCH DELICA LANCETS 30G | 1 | | RELION TRUE METRIX TEST STRIPS | E | QL |
| ONETOUCH DELICA LANCETS 33G | 1 | | RELION ULTIMA GLUCOSE SYSTEM | E | |
| ONETOUCH DELICA PLUS LANCET30G | 1 | (Onetouch Delica Plus Lancets) | RELION ULTIMA TEST | E | QL |
| ONETOUCH DELICA PLUS LANCET33G | 1 | (Onetouch Delica Plus Lancets) | RIGHTEST GT333 GLUCOSE TEST | E | QL |
| ONETOUCH FINEPOINT LANCETS | 1 | | TECHLITE INSULIN SYRINGES | 2 | (Arkay) QL |
| ONETOUCH SOLUTIONS STARTER KIT | 4 | | TECHLITE PEN NEEDLES | 2 | (Arkay) QL |
| ONETOUCH ULTRA 2 KIT W/DEVICE | 1 | | TEMPO REFILL | E | |
| ONETOUCH ULTRA MINI KIT W/DEVICE | 1 | | TEMPO WELCOME | E | |
| ONETOUCH ULTRA TEST STRIPS | 1 | QL | TRUE FOCUS BLOOD GLUCOSE STRIP | E | QL |
| ONETOUCH ULTRASOFT LANCETS | 1 | (Onetouch Ultrasoft Plus lancets) | TRUE METRIX AIR GLUCOSE METER KIT | E | |
| ONETOUCH VERIO FLEX SYSTEM | 1 | | TRUE METRIX BLOOD GLUCOSE TEST | E | QL |
| ONETOUCH VERIO IQ SYSTEM | 1 | | TRUE METRIX GO GLUCOSE METER | E | |
| ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE | 1 | | TRUE METRIX METER KIT | E | |
| ONETOUCH VERIO KIT W/DEVICE | 1 | | TRUE METRIX PRO BLOOD GLUCOSE | E | QL |
| ONETOUCH VERIO REFLECT KIT W/DEVICE | 1 | | TRUETRACK TEST | E | QL |
| ONETOUCH VERIO TEST STRIPS | 1 | QL | UNISTRIP1 GENERIC | E | QL |
| OPTIUMEZ TEST | E | QL | Diabetes - Insulin | | |
| PARADIGM REAL-TIME TRANSMITTER | 3 | PA | ADMELOG | E | QL |
| PIP BLOOD GLUCOSE TEST STRIP | E | QL | ADMELOG SOLOSTAR | E | QL |
| PRECISION XTRA | E | | BASAGLAR KWIKPEN | E | QL |
| PRECISION XTRA BLOOD GLUCOSE | E | QL | BASAGLAR TEMPO PEN | E | |
| PREMIUM BLOOD GLUCOSE TEST | E | QL | HUMALOG INJECTION | 1 | QL |
| PTS PANELS EGLU TEST | E | QL | HUMALOG KWIKPEN | 2 | QL |
| QUINTET AC BLOOD GLUCOSE TEST | E | 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 (cartridge) | 2 | QL |
| | | | HUMALOG TEMPO PEN | E | |
| | | | HUMALOG U-100 JUNIOR KWIKPEN | 2 | QL |

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| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| HUMULIN 70/30 KWIKPEN | 2 | QL |
| HUMULIN 70/30 VIAL | 1 | QL |
| HUMULIN N KWIKPEN | 2 | QL |
| HUMULIN N VIAL | 1 | QL |
| HUMULIN R U-500 KWIKPEN | 2 | QL |
| HUMULIN R U-500 VIAL | 1 | QL |
| HUMULIN R VIAL | 1 | QL |
| INSULIN GLARGINE | E | QL |
| INSULIN GLARGINE SOLOSTAR | E | QL |
| INSULIN LISPRO | E | QL |
| INSULIN LISPRO (1 UNIT DIAL) | E | QL |
| INSULIN LISPRO JUNIOR KWIKPEN | E | QL |
| INSULIN LISPRO KWIKPEN | E | QL |
| INSULIN LISPRO PROT & LISPRO | E | QL |
| LANTUS SOLOSTAR | 1 | QL |
| LANTUS U-100 VIAL | 1 | QL |
| LYUMJEV KWIKPEN | 2 | QL |
| LYUMJEV TEMPO PEN | E | |
| LYUMJEV VIAL | 1 | QL |
| NOVOLIN 70/30 FLEXPEN | E | ST, QL |
| NOVOLIN 70/30 FLEXPEN RELION | E | ST, QL |
| NOVOLIN 70/30 RELION | E | ST, QL |
| NOVOLIN 70/30 VIAL | E | ST, QL |
| NOVOLIN N FLEXPEN | E | ST, QL |
| NOVOLIN N FLEXPEN RELION | E | ST, QL |
| NOVOLIN N RELION | E | ST, QL |
| NOVOLIN N VIAL | E | ST, QL |
| NOVOLIN R FLEXPEN | E | ST, QL |
| NOVOLIN R FLEXPEN RELION | E | ST, QL |
| NOVOLIN R RELION | E | ST, QL |
| NOVOLIN R VIAL | E | ST, QL |
| TOUJEO MAX SOLOSTAR | 2 | QL |
| TOUJEO SOLOSTAR | 2 | QL |
| Diabetes - Non-Insulin Agents | | |
| ACTOS | E | QL |
| ADLYXIN | 4 | PA, ST, QL |
| ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML | 4 | PA, ST, QL |
| ALOGLIPTIN BENZOATE | E | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| ALOGLIPTIN-METFORMIN HCL | E | QL |
| ALOGLIPTIN-PIOGLITAZONE | E | QL |
| AMARYL | E | |
| BAQSIMI ONE PACK | 2 | QL |
| BAQSIMI TWO PACK | 2 | QL |
| BYDUREON BCISE | 2 | PA, QL |
| BYETTA 10 MCG PEN | 2 | PA, ST, QL |
| BYETTA 5 MCG PEN | 2 | PA, ST, QL |
| glimepiride | 1 | |
| glipizide er | 1 | |
| glipizide ir | 1 | |
| glipizide xl | 1 | |
| GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED | 2 | QL |
| GLUCOTROL XL | 4 | |
| GLUMETZA | E | PA |
| glyburide oral | 1 | |
| GLYXAMBI | 2 | ST, QL |
| JARDIANCE | 2 | QL |
| JENTADUETO | 2 | QL |
| JENTADUETO XR | 2 | QL |
| KAZANO | 2 | QL |
| KOMBIGLYZE XR | 2 | QL |
| metformin hcl er | 1 | |
| metformin hcl er (mod) | E | PA |
| metformin hcl er (osm) | E | PA |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 1 | |
| metformin hcl oral tablet 625 mg | E | |
| MOUNJARO | 2 | PA, ST, QL |
| NESINA | 2 | QL |
| ONGLYZA | 2 | QL |
| OSENI | 2 | QL |
| OZEMPIC | 2 | PA, ST, QL |
| pioglitazone hcl | 1 | QL |
| RYBELSUS | 2 | PA, ST, QL |
| SOLIQUA | 2 | QL |
| SYMLINPEN 120 | 3 | QL |
| SYMLINPEN 60 | 3 | QL |

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| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| SYNJARDY | 2 | QL |
| SYNJARDY XR | 2 | QL |
| TRADJENTA | 2 | QL |
| TRIJARDY XR | 2 | QL |
| TRULICITY | 2 | PA, ST, QL |
| VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS | 2 | PA, ST, (2 Pak), QL |
| VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS | 3 | PA, ST, (3 Pak), QL |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | QL |
| Drugs for Blood Disorders | | |
| ADVATE | 2 | SP |
| ADYNOVATE | 4 | PA, SP |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | 4 | PA |
| AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT | 4 | PA, SP |
| ALPHANATE | 2 | SP |
| ARANESP (ALBUMIN FREE) | 2 | QL, SP |
| DOPTELET | 4 | PA, QL, SP |
| ELOCTATE | 4 | PA, SP |
| HEMLIBRA | 2 | PA, SP |
| HEMOFIL M | 2 | SP |
| HUMATE-P | 2 | SP |
| JIVI | 4 | PA, SP |
| KOATE | 2 | SP |
| KOATE-DVI | 2 | SP |
| KOGENATE FS | 2 | SP |
| KOVALTRY | 2 | SP |
| MULPLETA | 2 | PA, QL, SP |
| NEULASTA | 3 | |
| NOVOEIGHT | 2 | SP |
| NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | 2 | SP |
| NUWIQ INTRAVENOUS KIT 1500 UNIT | 2 | |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| RECOMBINATE | 2 | SP |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 2 | QL, SP |
| RETACRIT INJECTION SOLUTION 20000 UNIT/ML | 2 | |
| TAVALISSE | 4 | PA, QL, SP |
| WILATE | 2 | |
| ZARXIO | 2 | |
| ZIEXTENZO | 3 | SP |
| Drugs for Sexual Dysfunction | | |
| ADDYI | 4 | PA, QL |
| CIALIS | E | QL |
| IMVEXXY MAINTENANCE PACK | 2 | QL |
| IMVEXXY STARTER PACK | 2 | QL |
| OSPHENA | 3 | PA, QL |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg | 1 | QL |
| STENDRA | 4 | PA, QL |
| tadalafil oral | 1 | QL |
| VIAGRA | E | QL |
| VYLEESI | 4 | PA, QL |
| Electrolytes / Vitamins | | |
| cyanocobalamin injection solution 1000 mcg/ml | 1 | |
| CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML | 3 | |
| DODEX | 4 | |
| DRISDOL | 4 | |
| ergocalciferol oral capsule | 1 | |
| folic acid oral tablet 1 mg | 1 | |
| klor-con 10 | 1 | |
| klor-con m10 | 1 | |
| klor-con m15 | 1 | |
| klor-con m20 | 1 | |
| klor-con oral tablet extended release | 1 | |
| K-TAB | 3 | |
| LOKELMA | 3 | PA, QL |
| multivitamin/fluoride tablet chewable 0.25 mg oral (rx) | 1 | |

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| 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 | 3 | |
| NASCOBAL | 3 | |
| POLY-VI-FLOR ORAL TABLET CHEWABLE | 3 | |
| potassium chloride crys er | 1 | |
| potassium chloride er | 1 | |
| potassium citrate er | 1 | |
| QUFLORA PEDIATRIC ORAL TABLET CHEWABLE | 3 | |
| UROCIT-K 10 | 4 | |
| UROCIT-K 15 | 4 | |
| UROCIT-K 5 | 4 | |
| VELTASSA | 3 | PA, QL |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 1 | |
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer | | |
| ACIPHEX | E | QL |
| CARAFATE ORAL TABLET | E | |
| CYTOTEC | 4 | |
| dexlansoprazole | E | QL |
| famotidine oral suspension reconstituted | 1 | |
| misoprostol oral | 1 | |
| OMECLAMOX-PAK | 3 | QL |
| omeprazole oral capsule delayed release | 1 | |
| pantoprazole sodium oral tablet delayed release | 1 | |
| PROTONIX ORAL TABLET DELAYED RELEASE | E | |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| PYLERA | 3 | QL |
| rabeprazole sodium oral tablet delayed release | 1 | QL |
| sucralfate oral tablet | 1 | |
| Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions | | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML | 3 | |
| dicyclomine hcl oral capsule | 1 | |
| dicyclomine hcl tablet 20 mg oral | 1 | |
| GLYCATE | E | |
| glycopyrrolate oral tablet 1 mg, 2 mg | 1 | |
| GLYCOPYRROLATE ORAL TABLET 1.5 MG | E | |
| LINZESS | 2 | PA, QL |
| MOTEGRITY | 3 | PA, QL |
| MOVIPREP | 3 | QL |
| na sulfate-k sulfate-mg sulf | 1 | QL |
| peg 3350-kcl-na bicarb-nacl | 1 | QL, H |
| peg-3350/electrolytes/ascorbat | 1 | QL |
| peg-kcl-nacl-nasulf-na asc-c | 1 | QL |
| PLENVU | 3 | QL |
| ROBINUL | E | |
| ROBINUL-FORTE | E | |
| SUPREP BOWEL PREP KIT | 3 | QL |
| SUTAB | 3 | |
| SYMPROIC | 2 | PA, QL |
| VIBERZI | 3 | PA, QL |
| ZELNORM | 3 | PA, ST, QL |
| Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment | | |
| CERDELGA | 2 | PA, SP |
| CREON | 2 | |
| DEPEN TITRATABS | 2 | SP |
| ORFADIN ORAL CAPSULE | 1 | PA, SP |
| ORFADIN ORAL SUSPENSION | 2 | PA, SP |
| PANCREAZE | 3 | ST |
| PERTZYE | 4 | ST |

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| Drug Name | Drug Tier | Requirements & Limits |
|-----------|-----------|-----------------------|
| STRENSIQ | 2 | PA, QL, SP |
| TEGSEDI | 2 | PA, QL, SP |
| ZENPEP | 2 | |

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

| | | |
|--------------------------------------|---|----|
| DITROPAN XL | E | |
| oxybutynin chloride er | 1 | |
| oxybutynin chloride oral tablet 5 mg | 1 | |
| phenazo oral tablet 200 mg | 1 | |
| phenazopyridine hcl oral | 1 | |
| PYRIDIUM | 3 | |
| solifenacin succinate | 1 | |
| THIOLA | 4 | SP |
| THIOLA EC | 3 | SP |
| VELPHORO | 2 | |
| VESICARE | E | |

Genitourinary Agents - Drugs for Prostate Conditions

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

Hormonal Agents - Hormone Replacement and Birth Control

| | | |
|---------------------------------|---|----|
| afirmelle | 1 | H |
| ALORA | 3 | QL |
| altavera | 1 | H |
| ANNOVERA | 3 | QL |
| apri | 1 | H |
| aubra 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 | 4 | |
| ayuna | 1 | H |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-------------------------------|
| BIJUVA | 3 | |
| blisovi 24 fe | 1 | H |
| blisovi fe 1.5/30 | 1 | H |
| blisovi fe 1/20 | 1 | H |
| camila | 1 | H |
| chateal eq | 1 | H |
| chateal oral tablet 0.15-30 mg-mcg | 1 | H |
| CLIMARA | E | QL |
| CLIMARA PRO | 3 | QL |
| cryselle-28 | 1 | H |
| cyred | 1 | H |
| cyred eq | 1 | H |
| deblitane | 1 | H |
| delyla | 1 | H |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 4 | QL |
| DEPO-SUBQ PROVERA 104 | 2 | QL |
| desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg | 1 | H |
| DIVIGEL | 3 | |
| dotti | 1 | QL |
| drospirenone-ethinyl estradiol | 1 | H |
| DUAVEE | 3 | QL |
| ELESTRIN | 3 | |
| elinest | 1 | H |
| eluryng | 1 | H |
| enskyce | 1 | H |
| errin | 1 | H |
| estarylla | 1 | H |
| ESTRACE | E | |
| estradiol oral | 1 | |
| estradiol patch twice weekly 0.025 mg/24hr transdermal | 1 | (generic for Minivelle), QL |
| estradiol patch twice weekly 0.025 mg/24hr transdermal | 1 | (generic for Vivelle-Dot), QL |
| estradiol patch twice weekly 0.0375 mg/24hr transdermal | 1 | (generic for Minivelle), QL |
| estradiol patch twice weekly 0.0375 mg/24hr transdermal | 1 | (generic for Vivelle-Dot), QL |

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

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| larin 1.5/30 | 1 | H |
| larin 1/20 | 1 | H |
| larin 24 fe | 1 | H |
| larin fe 1.5/30 | 1 | H |
| larin fe 1/20 | 1 | H |
| lessina | 1 | H |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg | 1 | H |
| levora 0.15/30 (28) | 1 | H |
| LO LOESTRIN FE | 1 | H |
| LOESTRIN 1.5/30 (21) | E | |
| LOESTRIN 1/20 (21) | E | |
| LOESTRIN FE 1.5/30 | E | |
| LOESTRIN FE 1/20 | E | |
| loryna | 1 | H |
| low-ogestrel | 1 | H |
| lo-zumandimine | 1 | H |
| lutera | 1 | H |
| lyleq | 1 | H |
| lyllana | 1 | QL |
| lyza | 1 | H |
| marlissa | 1 | H |
| medroxyprogesterone acetate intramuscular suspension prefilled syringe | 1 | QL, H |
| medroxyprogesterone acetate oral | 1 | |
| MENOSTAR | 3 | QL |
| microgestin 1.5/30 | 1 | H |
| microgestin 1/20 | 1 | H |
| microgestin 24 fe | 1 | H |
| microgestin fe 1.5/30 | 1 | H |
| microgestin fe 1/20 | 1 | H |
| mili | 1 | H |
| MINIVELLE | E | QL |
| mono-lynyah | 1 | H |
| MYFEMBREE | 2 | PA, QL |
| NATAZIA | 1 | |
| nikki | 1 | H |
| nora-be | 1 | H |

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| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| norethin ace-eth estrad-fe oral tablet | 1 | H |
| norethindrone acetate oral | 1 | |
| norethindrone acet-ethinyl est | 1 | H |
| norethindrone oral | 1 | H |
| norgestimate-eth estradiol | 1 | H |
| norgestimate-ethinyl estradiol triphasic | 1 | H |
| norlyroc | 1 | H |
| NUVARING | E | |
| nymyo | 1 | H |
| ocella | 1 | H |
| portia-28 | 1 | H |
| PREMARIN ORAL | 3 | |
| PREMARIN VAGINAL | 3 | |
| PREMPHASE | 3 | |
| PREMPRO | 3 | |
| progesterone oral | 1 | |
| PROMETRIUM | E | |
| PROVERA | 4 | |
| reclipsen | 1 | H |
| sharobel | 1 | H |
| sprintec 28 | 1 | H |
| sronyx | 1 | H |
| syeda | 1 | H |
| tarina 24 fe | 1 | H |
| tarina fe 1/20 eq | 1 | H |
| tri-estarylla | 1 | H |
| tri-linyah | 1 | H |
| tri-lo-estarylla | 1 | H |
| tri-lo-marzia | 1 | H |
| tri-lo-mili | 1 | H |
| tri-lo-sprintec | 1 | H |
| tri-mili | 1 | H |
| tri-nymyo | 1 | H |
| tri-sprintec | 1 | H |
| tri-vylibra | 1 | H |
| tri-vylibra lo | 1 | H |
| VAGIFEM | E | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| vestura | 1 | H |
| vienna | 1 | H |
| VIVELLE-DOT | E | QL |
| vylibra | 1 | H |
| xulane | 1 | H |
| YASMIN 28 | 3 | |
| YAZ | 3 | |
| yuvaferm | 1 | |
| zafemy | 1 | H |
| zumandimine | 1 | H |
| Hormonal Agents - Oral Steroids | | |
| CORTEF | 4 | |
| DEXABLISS | E | |
| dexamethasone oral tablet | 1 | |
| dexamethasone oral tablet therapy pack | 1 | |
| DXEVO 11-DAY | E | |
| HEMADY | E | |
| HIDEX 6-DAY | E | |
| hydrocortisone oral | 1 | |
| MEDROL ORAL TABLET THERAPY PACK | 4 | |
| methylprednisolone oral tablet therapy pack | 1 | |
| PEDIAPRED | 2 | |
| prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | E | |
| prednisolone sodium phosphate oral solution 15 mg/5ml | 1 | |
| prednisolone sodium phosphate oral solution 20 mg/5ml | E | QL |
| prednisone oral tablet | 1 | |
| prednisone oral tablet therapy pack | 1 | |
| TAPERDEX 12-DAY | 3 | |
| TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG | 4 | |
| TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) | 3 | |
| TAPERDEX 7-DAY | 3 | |

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|---|-----------|-----------------------|
| Hormonal Agents - Other | | |
| ELIGARD SUBCUTANEOUS KIT 7.5 MG | 3 | PA |
| LANREOTIDE ACETATE | E | SP |
| leuprolide acetate injection | 1 | PA |
| MENOPUR | E | SP |
| NOCDURNA | 3 | PA, QL |
| NORDITROPIN FLEXPRO | 2 | PA, QL, SP |
| NUTROPIN AQ NUSPIN 10 | 2 | PA, QL, SP |
| NUTROPIN AQ NUSPIN 20 | 2 | PA, QL, SP |
| NUTROPIN AQ NUSPIN 5 | 2 | PA, QL, SP |
| ORIAHNN | 2 | PA, QL |
| ORLISSA | 2 | PA, QL |
| SOMATULINE DEPOT | 4 | SP |
| Hormonal Agents - Testosterone Replacement | | |
| ANDRODERM | 2 | PA, QL |
| ANDROGEL PUMP | E | PA, QL |
| ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%) | E | PA, QL |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML | 3 | |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML | 4 | |
| FORTESTA | E | PA, QL |
| NATESTO | E | PA, QL |
| TESTIM | 1 | PA, QL |
| testosterone cypionate intramuscular | 1 | |
| VOGELXO | E | PA, QL |
| VOGELXO PUMP | E | PA, QL |
| Hormonal Agents - Thyroid | | |
| ADTHYZA | 3 | |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG | 3 | |
| ARMOUR THYROID | 3 | |
| CYTOMEL | E | |
| ERMEZA | E | PA |
| euthyrox | 1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| levo-t | 1 | |
| levothyroxine sodium oral tablet | 1 | |
| levoxyl | 1 | |
| liothyronine sodium oral | 1 | |
| methimazole oral | 1 | |
| np thyroid | 1 | |
| SYNTHROID | E | |
| THYQUIDITY | E | PA |
| TIROSINT-SOL | 2 | PA |
| unithroid | 1 | |
| Immunological Agents - Drugs for Immune System Stimulation or Suppression | | |
| ACTEMRA ACTPEN | 3 | PA, ST, QL, SP |
| ACTEMRA SUBCUTANEOUS | 3 | PA, ST, QL, SP |
| ADBRY | 2 | PA, SP |
| AMJEVITA | 2 | PA, QL, SP |
| AZASAN | 4 | |
| azathioprine oral | 1 | |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA, QL, SP |
| CELLCEPT ORAL TABLET | E | |
| CIMZIA STARTER KIT | 2 | PA, QL, SP |
| CIMZIA SUBCUTANEOUS KIT | E | PA |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT | 2 | PA, QL, SP |
| CINRYZE | E | PA, QL, SP |
| COSENTYX (300 MG DOSE) | 3 | PA, ST, QL, SP |
| COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 3 | PA, ST, QL, SP |
| COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 3 | PA, ST, QL |
| COSENTYX SENSOREADY (300 MG) | 3 | PA, ST, QL, SP |
| COSENTYX SENSOREADY PEN | 3 | PA, ST, QL, SP |
| EMPAVELI | 2 | PA, QL, SP |
| ENBREL MINI | 2 | PA, QL, SP |
| ENBREL SUBCUTANEOUS SOLUTION | 2 | PA, QL |

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| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA, QL, SP |
| ENBREL SURECLICK | 2 | PA, QL, SP |
| FIRAZYR | E | PA, QL, SP |
| HAEGARDA | 2 | PA, QL, SP |
| HUMIRA | 2 | PA, QL, SP |
| HUMIRA PEDIATRIC CROHNS START | 2 | PA, QL, SP |
| HUMIRA PEN | 2 | PA, QL, SP |
| HUMIRA PEN-CD/UC/HS STARTER | 2 | PA, QL, SP |
| HUMIRA PEN-PEDIATRIC UC START | 2 | PA, QL, SP |
| HUMIRA PEN-PS/UV/ADOL HS START | 2 | PA, QL, SP |
| HUMIRA PEN-PSOR/UEIT STARTER | 2 | PA, QL, SP |
| HYFTOR | 4 | PA, QL |
| IMURAN | E | |
| LUPKYNIS | 4 | PA, QL, SP |
| methotrexate oral | 1 | |
| methotrexate sodium oral | 1 | |
| mycophenolate mofetil oral tablet | 1 | |
| OLUMIANT ORAL TABLET 1 MG, 4 MG | 2 | PA, QL |
| OLUMIANT ORAL TABLET 2 MG | 2 | PA, QL, SP |
| ORENCIA CLICKJECT | 3 | PA, ST, QL, SP |
| ORENCIA SUBCUTANEOUS | 3 | PA, ST, QL, SP |
| OTEZLA ORAL TABLET | 2 | PA, QL, SP |
| OTREXUP | E | QL |
| PROGRAF ORAL CAPSULE | 4 | |
| RASUVO | 2 | QL |
| RINVOQ | 2 | PA, QL, SP |
| RUCONEST | 4 | PA, QL, SP |
| SIMPONI | 2 | PA, QL, SP |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 2 | PA, QL, SP |
| SKYRIZI PEN | 2 | PA, QL, SP |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA, QL, SP |
| STELARA SUBCUTANEOUS | 2 | PA, QL, SP |
| tacrolimus oral | 1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| TAKHZYRO SUBCUTANEOUS SOLUTION | 2 | PA, QL, SP |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | E | PA, ST, QL, SP |
| TREMFYA | 2 | PA, QL, SP |
| TREXALL | 2 | |
| XELJANZ | 2 | PA, QL, SP |
| XELJANZ ORAL SOLUTION | 2 | PA, QL, SP |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG | 2 | PA, QL, SP |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG | 2 | PA, QL |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 2 | PA, QL, SP |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | E | SP |
| Immunological Agents - Drugs for Vaccination | | |
| AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | H |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | H |
| COMIRNATY | 3 | H |
| FLUARIX QUADRIVALENT | 3 | H |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | H |
| FLULAVAL QUADRIVALENT | 3 | H |
| FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | H |
| MODERNA COVID-19 VAC (BOOSTER) | 3 | H |
| MODERNA COVID-19 VACC 6M-5Y | 3 | H |
| MODERNA COVID-19 VACCINE | 3 | H |
| PFIZER COVID-19 VAC BIVAL 5-11 | 3 | H |
| PFIZER COVID-19 VAC BIVALENT | 3 | H |
| PFIZER COVID-19 VAC-TRIS 5-11Y | 3 | H |
| PFIZER COVID-19 VAC-TRIS 6M-4Y | 3 | H |
| PFIZER-BIONT COVID-19 VAC-TRIS | 3 | H |

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| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------------------|
| PFIZER-BIONTECH COVID-19 VACC | 3 | H |
| SHINGRIX | 3 | H |
| SPIKEVAX COVID-19 VACCINE | 3 | H |
| Infertility Agents | | |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR | 1 | SP |
| CLOMID | 2 | |
| ENDOMETRIN | 2 | |
| FOLLISTIM AQ | 2 | SP |
| fyremadel | 1 | (manufactured by Ferring), QL, SP |
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 1 | QL, SP |
| NOVAREL | 3 | SP |
| OVIDREL | 4 | SP |
| PREGNYL | 1 | SP |
| Inflammatory Bowel Disease Agents | | |
| APRISO | 1 | |
| ASACOL HD | E | |
| CORTIFOAM | 2 | |
| DIPENTUM | 3 | |
| LIALDA | 1 | |
| mesalamine oral tablet delayed release | E | |
| PROCTOFOAM HC | 2 | |
| UCERIS ORAL | 1 | |
| UCERIS RECTAL | 2 | |
| Metabolic Bone Disease Agents - Drugs for Osteoporosis | | |
| alendronate sodium oral tablet | 1 | |
| FORTEO | E | PA, ST, SP |
| FOSAMAX | 4 | |
| TERIPARATIDE (RECOMBINANT) | 3 | PA, SP |
| TYMLOS | 3 | PA, SP |
| Metabolic Bone Disease Agents - Other | | |
| calcitriol oral capsule | 1 | |
| ROCALTROL ORAL CAPSULE | 4 | |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation | | |
| ALREX | 4 | QL |
| AZASITE | 3 | |
| BESIVANCE | 3 | |
| ciprofloxacin hcl ophthalmic | 1 | |
| erythromycin ophthalmic | 1 | H-PA |
| EYSUVIS | 4 | QL |
| FLAREX | 2 | |
| ILEVRO | E | |
| INVELTYS | 3 | |
| KLARITY-A | E | |
| LASTACFT | 3 | QL |
| LOTEMAX OPHTHALMIC GEL | E | |
| LOTEMAX OPHTHALMIC OINTMENT | 3 | |
| LOTEMAX OPHTHALMIC SUSPENSION | E | QL |
| LOTEMAX SM | 3 | QL |
| loteprednol etabonate ophthalmic gel | E | |
| loteprednol etabonate ophthalmic suspension | 1 | QL |
| MAXITROL OPHTHALMIC SUSPENSION | 4 | |
| MOXEZA | 4 | |
| moxifloxacin hcl (2x day) | 1 | |
| moxifloxacin hcl ophthalmic | 1 | |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 1 | |
| NEVANAC | 4 | |
| OCUFLOX | 4 | |
| ofloxacin ophthalmic | 1 | |
| polymyxin b-trimethoprim | 1 | |
| POLYTRIM | 4 | |
| PRED FORTE | E | |
| PRED MILD | 3 | |
| prednisolone acetate ophthalmic | 1 | |
| PREDNISOLONE ACETATE P-F | E | |

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| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| TOBRADEX OPHTHALMIC SUSPENSION | 4 | |
| TOBRADEX ST | E | |
| tobramycin-dexamethasone | 1 | |
| VIGAMOX | E | |
| ZYLET | 3 | |
| Ophthalmic Agents - Drugs for Glaucoma | | |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 2 | QL |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % | 4 | QL |
| BETIMOL | 2 | QL |
| bimatoprost ophthalmic | E | QL |
| brimonidine tartrate ophthalmic solution 0.15 % | 1 | QL |
| brimonidine tartrate ophthalmic solution 0.2 % | 1 | |
| brimonidine tartrate-timolol | E | QL |
| COMBIGAN | 2 | QL |
| COSOPT | 4 | |
| COSOPT PF | E | QL |
| dorzolamide hcl-timolol mal | 1 | |
| dorzolamide hcl-timolol mal pf | E | QL |
| ISTALOL | 4 | |
| latanoprost ophthalmic | 1 | |
| LUMIGAN | 2 | |
| RHOPRESSA | 3 | QL |
| ROCKLATAN | 3 | QL |
| tafluprost (pf) | 1 | ST, QL |
| timolol maleate (once-daily) | 1 | |
| timolol maleate ocduse | 1 | |
| timolol maleate ocduse ophthalmic solution 0.5 % | 1 | |
| timolol maleate ophthalmic solution | 1 | |
| timolol maleate pf | 1 | |
| timolol maleate pf ophthalmic solution 0.25 %, 0.5 % | 1 | |
| TIMOPTIC | 4 | |
| TIMOPTIC OCUDOSE | 4 | |
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % | 4 | |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|--------------------------------------|
| XALATAN | E | |
| ZIOPTAN | 3 | ST, QL |
| Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions | | |
| CYCLOSPORINE IN KLARITY | E | PA |
| cyclosporine ophthalmic | E | PA, QL |
| RESTASIS | 1 | PA, QL |
| RESTASIS MULTIDOSE | E | PA, QL |
| TYRVAYA | 4 | PA, QL |
| VERKAZIA | 4 | PA, QL |
| XIIDRA | 4 | PA, QL |
| Otic Agents - Drugs for Ear Conditions | | |
| CIPRODEX | 1 | |
| ciprofloxacin-dexamethasone | E | |
| neomycin-polymyxin-hc otic suspension | 1 | |
| ofloxacin otic | 1 | |
| Respiratory - Drugs for Anaphylaxis | | |
| AUVI-Q | 2 | QL |
| epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml | 1 | QL |
| epinephrine solution auto-injector 0.15 mg/0.15ml injection | 1 | (generic for Adrenaclick), QL |
| epinephrine solution auto-injector 0.15 mg/0.15ml injection | 1 | QL |
| epinephrine solution auto-injector 0.15 mg/0.3ml injection | 1 | (generic for EpiPen-Single Pack), QL |
| epinephrine solution auto-injector 0.15 mg/0.3ml injection | 1 | (generic for EpiPen), QL |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection | 1 | (generic for Adrenaclick), QL |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection | 1 | (generic for EpiPen-Single Pack), QL |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection | 1 | QL |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection | 1 | (generic for EpiPen), QL |
| EPIPEN 2-PAK | E | QL |
| EPIPEN JR 2-PAK | E | QL |
| SYMJEPI | 2 | QL |

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| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|---|
| Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold | | |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray | 1 | |
| azelastine hcl nasal solution 0.15 % | E | |
| benzonatate oral capsule 100 mg, 200 mg | 1 | |
| benzonatate oral capsule 150 mg | E | |
| cyproheptadine hcl oral tablet | 1 | |
| fluticasone propionate nasal | 1 | QL |
| ipratropium bromide nasal | 1 | |
| levocetirizine dihydrochloride oral tablet | 1 | |
| promethazine-dm | 1 | |
| pseudoephedrine-bromphen-dm | 1 | |
| ZETONNA | 3 | QL |
| Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD | | |
| ADVAIR DISKUS | 1 | QL |
| ADVAIR HFA | 3 | QL, RS |
| AIRDUO DIGIHALER | E | QL |
| AIRDUO RESPICLICK 113/14 | E | QL |
| AIRDUO RESPICLICK 232/14 | E | QL |
| AIRDUO RESPICLICK 55/14 | E | QL |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation | 1 | QL |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation | 1 | (generic for ProAir HFA or Proventil HFA), QL |
| ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION | E | (generic for Ventolin HFA), QL |
| albuterol sulfate inhalation | 1 | |
| ANORO ELLIPTA | 3 | QL |
| ARMONAIR DIGIHALER | E | QL |
| ARNUITY ELLIPTA | 1 | QL |
| ATROVENT HFA | 3 | QL |
| BEVESPI AEROSPHERE | 2 | QL |
| BREO ELLIPTA | 3 | QL, RS |
| BREZTRI AEROSPHERE | 3 | QL, RS |
| budesonide inhalation | 1 | QL |

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

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| Drug Name | Drug Tier | Requirements & Limits |
|--------------------|-----------|-----------------------|
| STRIVERDI RESPIMAT | 2 | QL |
| SYMBICORT | 3 | QL, RS |
| TRELEGY ELLIPTA | 3 | QL, RS |
| VENTOLIN HFA | E | QL |
| wixela inhub | E | QL |
| XOPENEX HFA | 3 | QL |
| YUPELRI | 4 | PA, QL |

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

| | | |
|---------------------------|---|----------------|
| BRONCHITOL | 3 | PA, ST, QL, SP |
| BRONCHITOL TOLERANCE TEST | 3 | PA, ST, QL, SP |
| PULMOZYME | 2 | PA, QL, SP |
| TOBI PODHALER | 3 | PA, QL, SP |

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

| | | |
|------|---|------------|
| OFEV | 4 | PA, QL, SP |
|------|---|------------|

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

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

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

| | | |
|---|---|--|
| baclofen oral tablet | 1 | |
| carisoprodol oral tablet 250 mg | E | |
| carisoprodol oral tablet 350 mg | 1 | |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | 1 | |
| cyclobenzaprine hcl oral tablet 7.5 mg | E | |
| FEXMID | E | |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| methocarbamol oral tablet 1000 mg | E | |
| methocarbamol oral tablet 500 mg, 750 mg | 1 | |
| SOMA | E | |
| tizanidine hcl oral tablet | 1 | |
| VANADOM | E | |
| ZANAFLEX ORAL TABLET | 4 | |

Sleep Disorder Agents

| | | |
|------------------------|---|------------|
| AMBIEN | E | |
| AMBIEN CR | E | |
| BELSOMRA | 4 | ST, QL |
| DAYVIGO | 4 | ST, QL |
| eszopiclone | 1 | |
| LUNESTA | E | |
| modafinil | 1 | QL |
| PROVIGIL | E | QL |
| RESTORIL | 4 | |
| SODIUM OXYBATE | 4 | PA, QL, SP |
| SUNOSI | 2 | PA, QL |
| temazepam | 1 | |
| WAKIX | 4 | PA, QL, SP |
| XYREM | 4 | PA, QL, SP |
| XYWAV | 4 | PA, QL, SP |
| zolpidem tartrate er | 1 | |
| zolpidem tartrate oral | 1 | |

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| AIMOVIG | 11 |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 11 |
| AIRDUO DIGIHALER | 30 |
| AIRDUO RESPICLICK 113/14 | 30 |
| AIRDUO RESPICLICK 232/14 | 30 |
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| albuterol sulfate inhalation | 30 |
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| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % | 29 |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % | 29 |
| ALPHANATE | 21 |
| alprazolam oral tablet | 13 |
| ALREX | 28 |
| ALTACE | 13 |
| altavera | 23 |
| ALUNBRIG | 11 |
| AMARYL | 20 |
| AMBIEN | 31 |
| AMBIEN CR | 31 |
| amiodarone hcl oral | 13 |
| amitriptyline hcl oral | 10 |
| AMJEVITA | 26 |
| amlodipine besylate oral | 13 |
| amlodipine besylate-benazepril hcl .. | 13 |
| amlodipine besylate-valsartan | 13 |
| amnesteem | 16 |
| amoxicillin oral capsule | 8 |
| amoxicillin oral suspension reconstituted | 8 |
| amoxicillin oral tablet | 8 |
| amoxicillin-potassium clavulanate oral suspension reconstituted | 8 |
| amoxicillin-potassium clavulanate oral tablet | 9 |
| amphetamine-dextroamphetamine .. | 15 |
| amphetamine-dextroamphetamine er | 15 |
| AMZEEQ | 16 |
| anastrozole oral | 11 |
| ANDRODERM | 26 |
| ANDROGEL PUMP | 26 |
| ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%) | 26 |
| ANNOVERA | 23 |
| ANORO ELLIPTA | 30 |
| apap-caff-dihydrocodeine | 8 |
| apri | 23 |
| APRISO | 28 |
| APTENSIO XR | 15 |



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|---|----|--|----|--|--|----|
| APTIOM..... | 9 | azithromycin oral suspension reconstituted..... | 9 | blisovi fe 1.5/30..... | 23 | |
| ARAKODA..... | 12 | azithromycin oral tablet..... | 9 | BLOOD GLUCOSE TEST STRIPS ... | 17 | |
| ARANESP (ALBUMIN FREE)..... | 21 | | | BLOOD GLUCOSE TEST STRIPS 333..... | 17 | |
| ARIMIDEX..... | 11 | B | | | BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE..... | 27 |
| aripiprazole oral tablet..... | 12 | bac..... | 8 | BREO ELLIPTA..... | 30 | |
| ARMONAIR DIGIHALER..... | 30 | baclofen oral tablet..... | 31 | BREZTRI AEROSPHERE..... | 30 | |
| ARMOUR THYROID..... | 26 | BACTRIM..... | 9 | BRILINTA..... | 12 | |
| ARNUITY ELLIPTA..... | 30 | BACTRIM DS..... | 9 | brimonidine tartrate external..... | 16 | |
| ASACOL HD..... | 28 | BAFIERTAM..... | 15 | brimonidine tartrate ophthalmic solution 0.15 %..... | 29 | |
| atenolol oral..... | 13 | BAQSIMI ONE PACK..... | 20 | brimonidine tartrate ophthalmic solution 0.2 %..... | 29 | |
| atenolol-chlorthalidone..... | 13 | BAQSIMI TWO PACK..... | 20 | brimonidine tartrate-timolol..... | 29 | |
| ATIVAN ORAL..... | 13 | BASAGLAR KWIKPEN..... | 19 | BRIVIACT ORAL TABLET..... | 9 | |
| atomoxetine hcl..... | 15 | BASAGLAR TEMPO PEN..... | 19 | BRONCHITOL..... | 31 | |
| atorvastatin calcium oral tablet 10 mg, 20 mg..... | 13 | bd autoshield duo pen needles..... | 17 | BRONCHITOL TOLERANCE TEST .. | 31 | |
| atorvastatin calcium oral tablet 40 mg, 80 mg..... | 13 | bd U-500 insulin syringes..... | 17 | budesonide inhalation..... | 30 | |
| ATROVENT HFA..... | 30 | bd ultra-fine insulin syringes..... | 17 | BUDESONIDE-FORMOTEROL FUMARATE..... | 30 | |
| AUBAGIO..... | 15 | bd ultra-fine pen needles..... | 17 | buprenorphine hcl sublingual..... | 8 | |
| aubra eq..... | 23 | BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM..... | 17 | buprenorphine hcl-naloxone hcl..... | 8 | |
| aubra oral tablet 0.1-20 mg-mcg..... | 23 | bd veo ultra-fine insulin syringes..... | 17 | buprenorphine hcl-naloxone hcl sublingual tablet sublingual..... | 8 | |
| AUGMENTIN..... | 9 | BELBUCA..... | 8 | bupropion hcl er (sr)..... | 10 | |
| AUGMENTIN ES-600..... | 9 | BELSOMRA..... | 31 | bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg..... | 10 | |
| aurovela 1/20..... | 23 | benazepril hcl oral..... | 13 | BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG..... | 10 | |
| aurovela 1.5/30..... | 23 | BENICAR..... | 13 | bupropion hcl oral..... | 10 | |
| aurovela 24 fe..... | 23 | BENICAR HCT..... | 13 | bupirone hcl oral..... | 13 | |
| aurovela fe 1/20..... | 23 | BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR..... | 26 | butalbital-apap-caffeine oral tablet..... | 8 | |
| aurovela fe 1.5/30..... | 23 | benzonatate oral capsule 100 mg, 200 mg..... | 30 | BYDUREON BCISE..... | 20 | |
| AUSTEDO..... | 16 | benzonatate oral capsule 150 mg..... | 30 | BYETTA 10 MCG PEN..... | 20 | |
| AUVI-Q..... | 29 | BESIVANCE..... | 28 | BYETTA 5 MCG PEN..... | 20 | |
| AVALIDE..... | 13 | BETASERON..... | 15 | | | |
| AVAPRO..... | 13 | BETIMOL..... | 29 | C | | |
| aviane..... | 23 | BEVESPI AEROSPHERE..... | 30 | CALAN SR..... | 13 | |
| avidoxy..... | 9 | bexarotene external..... | 11 | calcitriol oral capsule..... | 28 | |
| AVITA EXTERNAL CREAM..... | 16 | BIDIL..... | 13 | CALQUENCE..... | 11 | |
| AVONEX PEN..... | 15 | BIJUVA..... | 23 | camila..... | 23 | |
| AVONEX PREFILLED..... | 15 | BIKTARVY..... | 12 | CARAC..... | 16 | |
| AYGESTIN..... | 23 | bimatoprost ophthalmic..... | 29 | | | |
| ayuna..... | 23 | bisoprolol fumarate oral..... | 13 | | | |
| AZASAN..... | 26 | bisoprolol-hydrochlorothiazide..... | 13 | | | |
| AZASITE..... | 28 | blisovi 24 fe..... | 23 | | | |
| azathioprine oral..... | 26 | blisovi fe 1/20..... | 23 | | | |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray..... | 30 | | | | | |
| azelastine hcl nasal solution 0.15 % .. | 30 | | | | | |

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|--|----|--|--------|---|----|
| CARAFATE ORAL TABLET | 22 | CLEOCIN ORAL CAPSULE 150 MG, 300 MG | 9 | CONTOUR NEXT TEST STRIPS | 18 |
| CARDIZEM CD | 13 | CLEOCIN ORAL CAPSULE 75 MG. | 9 | CONTOUR TEST STRIPS | 18 |
| CARDURA | 13 | CLEOCIN-T | 16 | COPAXONE | 15 |
| CARETOUCH MONITOR SYSTEM | 17 | CLIMARA | 23, 24 | COREG | 13 |
| CARETOUCH TEST | 17 | CLIMARA PRO | 23 | CORLANOR | 13 |
| carisoprodol oral tablet 250 mg | 31 | clindacin etz external swab | 16 | CORLANOR ORAL SOLUTION | 13 |
| carisoprodol oral tablet 350 mg | 31 | clindacin-p | 16 | CORTEF | 25 |
| cartia xt | 13 | CLINDAGEL | 16 | CORTIFOAM | 28 |
| carvedilol | 13 | clindamycin hcl oral | 9 | COSENTYX (300 MG DOSE) | 26 |
| cefdinir | 9 | clindamycin phosphate external lotion | 16 | COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 26 |
| cefuroxime axetil | 9 | clindamycin phosphate external solution | 16 | COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 26 |
| CELEBREX | 8 | clindamycin phosphate external swab | 16 | COSENTYX SENSOREADY (300 MG) | 26 |
| celecoxib oral | 8 | clindamycin phosphate gel 1 % external | 16 | COSENTYX SENSOREADY PEN | 26 |
| CELEXA | 10 | CLINDESSE | 9 | COSOPT | 29 |
| CELLCEPT ORAL TABLET | 26 | clobetasol propionate external cream | 16 | COSOPT PF | 29 |
| CENTANY | 9 | clobetasol propionate external ointment | 16 | COZAAR | 13 |
| cephalexin oral capsule | 9 | clobetasol propionate external solution | 16 | CREON | 22 |
| cephalexin oral suspension reconstituted | 9 | CLOMID | 28 | CRESEMBA ORAL | 11 |
| CERDELGA | 22 | clonazepam oral tablet | 13 | CRESTOR | 13 |
| chateal eq | 23 | clonidine hcl oral | 13 | cryselle-28 | 23 |
| chateal oral tablet 0.15-30 mg-mcg | 23 | clopidogrel bisulfate oral | 12 | CVS ADVANCED GLUCOSE TEST | 18 |
| chlorhexidine gluconate mouth/ throat | 16 | clotrimazole-betamethasone external cream | 16 | CVS GLUCOSE METER TEST STRIPS | 18 |
| chlorthalidone | 13 | COLCHICINE ORAL CAPSULE | 11 | cyanocobalamin injection solution 1000 mcg/ml | 21 |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR | 28 | COMBIGAN | 29 | CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML | 21 |
| CIALIS | 21 | COMBIVENT RESPIMAT | 30 | cyclobenzaprine hcl oral tablet 10 mg, 5 mg | 31 |
| CIBINQO | 16 | COMIRNATY | 27 | cyclobenzaprine hcl oral tablet 7.5 mg | 31 |
| ciclodan | 11 | CONCERTA | 15 | CYCLOSPORINE IN KLARITY | 29 |
| ciclopirox external solution | 11 | CONTOUR MONITOR KIT W/DEVICE | 17 | cyclosporine ophthalmic | 29 |
| CIMDUO | 12 | CONTOUR NEXT EZ KIT W/DEVICE | 17 | CYMBALTA | 10 |
| CIMZIA STARTER KIT | 26 | CONTOUR NEXT GEN MONITOR | 17 | cyproheptadine hcl oral tablet | 30 |
| CIMZIA SUBCUTANEOUS KIT | 26 | CONTOUR NEXT GEN TEST STRIPS | 17 | cyred | 23 |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT | 26 | CONTOUR NEXT LINK KIT W/DEVICE | 17, 18 | cyred eq | 23 |
| CINRYZE | 26 | CONTOUR NEXT MONITOR KIT W/DEVICE | 18 | CYTOMEL | 26 |
| CIPRO ORAL TABLET | 9 | CONTOUR NEXT ONE KIT | 18 | CYTOTEC | 22 |
| CIPRODEX | 29 | | | | |
| ciprofloxacin hcl ophthalmic | 28 | | | | |
| ciprofloxacin hcl oral | 9 | | | | |
| ciprofloxacin-dexamethasone | 29 | | | | |
| citalopram hydrobromide oral tablet | 10 | | | | |
| claravis | 16 | | | | |
| CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML | 22 | | | | |



D

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| D-CARE BLOOD GLUCOSE | 18 |
| D-CARE GLUCOMETER | 18 |
| dabigatran etexilate mesylate oral capsule 150 mg, 75 mg | 9 |
| DAYVIGO | 31 |
| DAZOMON | 16 |
| deblitane | 23 |
| delyla | 23 |
| DEPAKOTE | 9, 10 |
| DEPAKOTE ER | 10 |
| DEPEN TITRATABS | 22 |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 23 |
| DEPO-SUBQ PROVERA 104 | 23 |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML | 26 |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML | 26 |
| DESCOVY | 12 |
| desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg | 23 |
| desvenlafaxine succinate er | 10 |
| DEXABLISS | 25 |
| dexamethasone oral tablet | 25 |
| dexamethasone oral tablet therapy pack | 25 |
| DEXCOM G6 RECEIVER | 18 |
| DEXCOM G6 SENSOR | 18 |
| DEXCOM G6 TRANSMITTER | 18 |
| DEXCOM G7 RECEIVER | 18 |
| DEXCOM G7 SENSOR | 18 |
| dexlansoprazole | 22 |
| dexmethylphenidate hcl | 15 |
| dexmethylphenidate hcl er | 15 |
| DIABETES MONITOR DIGIT ADD-ON | 18 |
| DIABETES MONITOR DIGIT SOLN | 18 |
| diazepam oral tablet | 13 |
| diclofenac sodium oral | 8 |
| dicyclomine hcl oral capsule | 22 |
| dicyclomine hcl tablet 20 mg oral | 22 |
| DIFICID ORAL TABLET | 9 |

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| DIFLUCAN ORAL TABLET | 11 |
| DILAUDID ORAL TABLET | 8 |
| diltiazem hcl er coated beads oral capsule extended release 24 hour | 13 |
| DIOVAN | 13 |
| DIOVAN HCT | 13 |
| DIPENTUM | 28 |
| DITROPAN XL | 23 |
| divalproex sodium er | 10 |
| divalproex sodium oral tablet delayed release | 10 |
| DIVIGEL | 23 |
| DODEX | 21 |
| DOPTelet | 21 |
| dorzolamide hcl-timolol mal | 29 |
| dorzolamide hcl-timolol mal pf | 29 |
| dotti | 23 |
| DOVATO | 12 |
| doxazosin mesylate oral | 13 |
| doxepin hcl capsule 10 mg oral | 10 |
| doxepin hcl capsule 100 mg oral | 10 |
| doxepin hcl capsule 25 mg oral | 10 |
| doxepin hcl capsule 50 mg oral | 10 |
| doxepin hcl capsule 75 mg oral | 10 |
| doxepin hcl oral capsule 150 mg | 10 |
| doxycycline hyclate oral capsule | 9 |
| doxycycline hyclate oral tablet 100 mg, 20 mg | 9 |
| doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg | 9 |
| doxycycline monohydrate oral capsule 100 mg, 50 mg | 9 |
| doxycycline monohydrate oral capsule 150 mg, 75 mg | 9 |
| doxycycline monohydrate oral tablet | 9 |
| DRISDOL | 21 |
| drospirenone-ethinyl estradiol | 23 |
| DUAVEE | 23 |
| duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg | 10 |
| duloxetine hcl oral capsule delayed release particles 40 mg | 10 |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR | 16 |

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| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML | 16 |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML | 16 |
| DXEVO 11-DAY | 25 |

E

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|---|--------|
| EASY TOUCH HEALTHPRO GLUCOSE | 18 |
| EASY TOUCH TEST | 18 |
| EASYGLUCO | 18 |
| EASYMAX 15 TEST | 18 |
| EASYMAX NG BLOOD GLUCOSE KIT | 18 |
| EDARBI | 13 |
| EDARBYCLOR | 13 |
| EFFEXOR XR | 10 |
| EFUDEX | 16 |
| ELESTRIN | 23 |
| eletriptan hydrobromide | 11 |
| ELIGARD SUBCUTANEOUS KIT 7.5 MG | 26 |
| elinest | 23 |
| ELIQUIS | 9 |
| ELIQUIS DVT/PE STARTER PACK | 9 |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | 9 |
| ELOCTATE | 21 |
| eluryng | 23 |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 11 |
| EMPAVELI | 26 |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 12 |
| emtricitabine-tenofovir df oral tablet 200-300 mg | 12 |
| enalapril maleate oral tablet | 13 |
| ENBREL MINI | 26 |
| ENBREL SUBCUTANEOUS SOLUTION | 26, 27 |
| ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 27 |
| ENBREL SURECLICK | 27 |



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|---|--------|---|----|--|--|----|
| endocet | 8 | estradiol transdermal patch weekly | 24 | FLUOROPLEX. | 16 | |
| ENDOMETRIN | 28 | estradiol vaginal | 24 | FLUOROURACIL EXTERNAL CREAM 0.5 % | 16 | |
| ENLITE GLUCOSE SENSOR. | 18 | ESTRING | 24 | fluorouracil external cream 5 % | 16 | |
| enoxaparin sodium. | 9 | ESTROGEL | 24 | fluoxetine hcl oral capsule. | 10 | |
| enskyce | 23 | eszopiclone. | 31 | fluoxetine hcl oral tablet 10 mg. | 10 | |
| ENSTILAR | 16 | etonogestrel-ethinyl estradiol | 24 | fluoxetine hcl oral tablet 20 mg. | 10 | |
| ENTRESTO | 13 | EUCRISA | 16 | fluoxetine hcl oral tablet 60 mg. | 10 | |
| EPCLUSA ORAL TABLET 200-50 MG | 12 | euthyrox. | 26 | FLUTICASONE FUROATE- VILANTEROL | 30 | |
| EPCLUSA ORAL TABLET 400-100 MG | 12 | EVAMIST | 24 | FLUTICASONE PROPIONATE HFA | 30 | |
| EPIDIOLEX | 10 | EVERSENSE SENSOR/HOLDER | 18 | fluticasone propionate nasal | 30 | |
| epinephrine injection solution auto- injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml | 29 | EVERSENSE SMART TRANSMITTER. | 18 | fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 30 | |
| epinephrine solution auto-injector 0.15 mg/0.15ml injection | 29 | EXFORGE | 13 | FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | 30 | |
| epinephrine solution auto-injector 0.15 mg/0.3ml injection | 29 | EXKIVITY | 11 | fluvoxamine maleate | 10 | |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection | 29 | EXTAVIA | 15 | FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 27 | |
| EPIPEN 2-PAK. | 29 | EYSUVIS | 28 | FOCALIN | 15 | |
| EPIPEN JR 2-PAK. | 29 | ezetimibe | 13 | FOCALIN XR. | 15 | |
| EQ BLOOD GLUCOSE TEST | 18 | F | | | follic acid oral tablet 1 mg | 21 |
| ergocalciferol oral capsule | 21, 22 | falmina. | 24 | FOLLISTIM AQ | 28 | |
| ERIVEDGE. | 11 | famotidine oral suspension reconstituted. | 22 | FORFIVO XL | 10 | |
| ERLEADA ORAL TABLET 240 MG. | 11 | FASENRA PEN | 30 | FORTEO | 28 | |
| ERLEADA ORAL TABLET 60 MG | 11 | FEMARA | 11 | FORTESTA | 26 | |
| ERMEZA | 26 | fenofibrate oral tablet 120 mg, 40 mg. | 13 | FORTISCARE G1 TEST STRIP | 18 | |
| errin | 23 | fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg. | 14 | FORTISCARE TEST | 18 | |
| erythromycin ophthalmic. | 28 | FENOGLIDE | 14 | FOSAMAX. | 28 | |
| escitalopram oxalate oral tablet | 10 | FEXMID | 31 | FREESTYLE LIBRE 14 DAY READER | 18 | |
| ESGIC ORAL TABLET | 8 | FINACEA | 16 | FREESTYLE LIBRE 14 DAY SENSOR | 18 | |
| estarylla. | 23 | finasteride oral tablet 5 mg | 23 | FREESTYLE LIBRE 2 READER. | 18 | |
| ESTRACE | 23 | fingolimod hcl. | 15 | FREESTYLE LIBRE 2 SENSOR. | 18 | |
| estradiol oral. | 23 | FIRAZYR | 27 | FREESTYLE LIBRE 3 SENSOR. | 18 | |
| estradiol patch twice weekly 0.025 mg/24hr transdermal. | 23 | FLAREX. | 28 | FREESTYLE LIBRE READER | 18 | |
| estradiol patch twice weekly 0.0375 mg/24hr transdermal. | 23 | flecainide acetate | 14 | FREESTYLE PRECISION NEO SYSTEM. | 18 | |
| estradiol patch twice weekly 0.05 mg/24hr transdermal. | 24 | FLOMAX | 23 | FREESTYLE PRECISION NEO TEST | 18 | |
| estradiol patch twice weekly 0.075 mg/24hr transdermal. | 24 | FLOVENT DISKUS | 30 | FREESTYLE TEST | 18 | |
| estradiol patch twice weekly 0.1 mg/24hr transdermal | 24 | FLOVENT HFA | 30 | | | |
| estradiol transdermal gel | 24 | FLUARIX QUADRIVALENT | 27 | | | |
| | | FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 27 | | | |
| | | fluconazole oral tablet | 11 | | | |
| | | FLULAVAL QUADRIVALENT. | 27 | | | |



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| FUROSCIX | 14 |
| furosemide oral tablet | 14 |
| fyremadel | 28 |

G

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| gabapentin oral capsule | 10 |
| gabapentin oral tablet 600 mg, 800 mg | 10 |
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 28 |
| GAVRETO | 11 |
| gemfibrozil oral | 14 |
| GEN7T EXTERNAL PATCH | 8 |
| GILENYA | 15 |
| glatiramer acetate | 15 |
| glatopa | 15 |
| glimepiride | 20 |
| glipizide er | 20 |
| glipizide ir | 20 |
| glipizide xl | 20 |
| GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED | 20 |
| GLUCOCARD EXPRESSION TEST | 18 |
| GLUCOCARD SHINE TEST | 18 |
| GLUCOCARD VITAL TEST | 18 |
| GLUCOTROL XL | 20 |
| GLUMETZA | 20 |
| glyburide oral | 20 |
| GLYCATE | 22 |
| glycopyrrolate oral tablet 1 mg, 2 mg | 22 |
| GLYCOPYRROLATE ORAL TABLET 1.5 MG | 22 |
| GLYXAMBI | 20 |
| guanfacine hcl er | 15 |
| GUARDIAN CONNECT TRANSMITTER | 18 |
| GUARDIAN LINK 3 TRANSMITTER | 18 |
| GUARDIAN REAL-TIME REPLACE PED | 18 |
| GUARDIAN SENSOR (3) | 18 |
| GUARDIAN SENSOR 3 | 18 |
| GVOKE HYPOPEN 1-PACK | 18 |
| GVOKE HYPOPEN 2-PACK | 18 |

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| GVOKE KIT | 18 |
| GVOKE PFS | 18 |
| GYNAZOLE-1 | 11 |

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| HAEGARDA | 27 |
| hailey 1.5/30 | 24 |
| hailey 24 fe | 24 |
| hailey fe 1/20 | 24 |
| hailey fe 1.5/30 | 24 |
| HALCION | 13 |
| haloette | 24 |
| HARVONI ORAL TABLET | 12 |
| HEALTHPRO BLOOD GLUCOSE MONITO | 18 |
| heather | 24 |
| HEMADY | 25 |
| HEMLIBRA | 21 |
| HEMOPIL M | 21 |
| HIDEX 6-DAY | 25 |
| HUMALOG INJECTION | 19 |
| HUMALOG KWIKPEN | 19 |
| HUMALOG MIX 50/50 KWIKPEN | 19 |
| HUMALOG MIX 50/50 VIAL | 19 |
| HUMALOG MIX 75/25 KWIKPEN | 19 |
| HUMALOG MIX 75/25 VIAL | 19 |
| HUMALOG SUBCUTANEOUS (cartridge) | 19 |
| HUMALOG TEMPO PEN | 19 |
| HUMALOG U-100 JUNIOR KWIKPEN | 19 |
| HUMATE-P | 21 |
| HUMIRA | 27 |
| HUMIRA PEDIATRIC CROHNS START | 27 |
| HUMIRA PEN | 27 |
| HUMIRA PEN-CD/UC/HS STARTER | 27 |
| HUMIRA PEN-PEDIATRIC UC START | 27 |
| HUMIRA PEN-PS/UV/ADOL HS START | 27 |
| HUMIRA PEN-PSOR/UEIT STARTER | 27 |
| HUMULIN 70/30 KWIKPEN | 20 |

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| HUMULIN 70/30 VIAL | 20 |
| HUMULIN N KWIKPEN | 20 |
| HUMULIN N VIAL | 20 |
| HUMULIN R U-500 KWIKPEN | 20 |
| HUMULIN R U-500 VIAL | 20 |
| HUMULIN R VIAL | 20 |
| hydralazine hcl oral | 14 |
| hydrochlorothiazide oral | 14 |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg | 8 |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | 8 |
| hydrocortisone external cream 1 % | 16 |
| hydrocortisone external cream 2.5 % | 16 |
| hydrocortisone external ointment 1 %, 2.5 % | 16 |
| hydrocortisone oral | 25 |
| hydromorphone hcl oral tablet | 8 |
| hydroxychloroquine sulfate oral | 12 |
| hydroxyzine hcl oral tablet | 13 |
| hydroxyzine pamoate oral | 13 |
| HYFTOR | 27 |
| HYZAAR | 14 |

I

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|---|----|
| IBRANCE ORAL CAPSULE | 11 |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | 8 |
| ICLUSIG ORAL TABLET 10 MG, 30 MG | 11 |
| ICLUSIG ORAL TABLET 15 MG, 45 MG | 11 |
| IDHIFA | 11 |
| ILEVRO | 28 |
| IMBRUVICA ORAL TABLET | 11 |
| IMITREX ORAL | 11 |
| IMPOYZ | 16 |
| IMURAN | 27 |
| IMVEXXY MAINTENANCE PACK | 21 |
| IMVEXXY STARTER PACK | 21 |
| INBRIJA | 12 |
| incassia | 24 |
| INDERAL LA | 14 |



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| indomethacin oral | 8 |
| INSULIN GLARGINE | 20 |
| INSULIN GLARGINE SOLOSTAR | 20 |
| INSULIN LISPRO | 20 |
| INSULIN LISPRO (1 UNIT DIAL) | 20 |
| INSULIN LISPRO JUNIOR KWIKPEN | 20 |
| INSULIN LISPRO KWIKPEN | 20 |
| INSULIN LISPRO PROT & LISPRO | 20 |
| INSULIN PEN NEEDLES | 18 |
| INTUNIV | 15 |
| INVELTYS | 28 |
| ipratropium bromide nasal | 30 |
| ipratropium-albuterol | 30 |
| irbesartan | 14 |
| irbesartan-hydrochlorothiazide | 14 |
| isibloom | 24 |
| isosorb dinitrate-hydralazine | 14 |
| isosorbide mononitrate er | 14 |
| isotretinoin capsule 10 mg oral | 16 |
| isotretinoin capsule 20 mg oral | 16 |
| isotretinoin capsule 30 mg oral | 17 |
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| ketorolac tromethamine oral | 8 |
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| KLONOPIN | 13 |
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| klor-con oral tablet extended release | 21 |
| KLOXXADO | 8 |
| KOATE | 21 |
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| LAMICTAL ORAL TABLET | 10 |
| lamotrigine oral tablet | 10 |
| LANREOTIDE ACETATE | 26 |
| LANTUS SOLOSTAR | 20 |
| LANTUS U-100 VIAL | 20 |
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| lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg | 11 |
| lessina | 24 |
| letrozole oral | 11 |
| leuprolide acetate injection | 26 |
| LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT | 30 |
| levetiracetam oral tablet | 10 |
| levo-t | 26 |
| levocetirizine dihydrochloride oral tablet | 30 |
| levofloxacin oral tablet | 9 |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg | 24 |
| levora 0.15/30 (28) | 24 |
| levothyroxine sodium oral tablet | 26 |
| levoxyl | 26 |
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| LIALDA | 28 |
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| lidocaine hcl mouth/throat | 16 |
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| LOKELMA | 21 |
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| LOPRESSOR | 14 |
| lorazepam oral tablet | 13 |
| loryna | 24 |
| losartan potassium oral | 14 |
| losartan potassium-hctz | 14 |



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| LOTEMAX OPHTHALMIC GEL | 28 | MAXZIDE-25 | 14 | metoprolol succinate er | 14 |
| LOTEMAX OPHTHALMIC OINTMENT | 28 | MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG | 15 | metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg | 14 |
| LOTEMAX OPHTHALMIC SUSPENSION | 28 | MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG | 15 | metoprolol tartrate oral tablet 37.5 mg, 75 mg | 14 |
| LOTEMAX SM | 28 | MEDROL ORAL TABLET THERAPY PACK | 25 | METROCREAM | 17 |
| LOTENSIN | 14 | medroxyprogesterone acetate intramuscular suspension prefilled syringe | 24 | metronidazole external cream | 17 |
| loteprednol etabonate ophthalmic gel | 28 | medroxyprogesterone acetate oral | 24 | metronidazole oral tablet | 9 |
| loteprednol etabonate ophthalmic suspension | 28 | meloxicam oral tablet | 8 | metronidazole vaginal | 9 |
| LOTREL | 14 | MENOPUR | 26 | MICARDIS | 14 |
| lovastatin oral | 14 | MENOSTAR | 24 | MICRODOT TEST | 18 |
| LOVAZA | 14 | mesalamine oral tablet delayed release | 28 | microgestin 1/20 | 24 |
| LOVENOX | 9 | metformin hcl er | 20 | microgestin 1.5/30 | 24 |
| low-ogestrel | 24 | metformin hcl er (mod) | 20 | microgestin 24 fe | 24 |
| LUMAKRAS | 11 | metformin hcl er (osm) | 20 | microgestin fe 1/20 | 24 |
| LUMAKRAS ORAL TABLET 120 MG | 11 | metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 20 | microgestin fe 1.5/30 | 24 |
| LUMIGAN | 29 | metformin hcl oral tablet 625 mg | 20 | mili | 24 |
| LUNESTA | 31 | methimazole oral | 26 | MINILINK REAL-TIME TRANSMITTER | 18 |
| LUPKYNIS | 27 | methocarbamol oral tablet 1000 mg | 31 | MINIMED 630G GUARDIAN PRESS | 18 |
| lurasidone hcl | 12 | methocarbamol oral tablet 500 mg, 750 mg | 31 | MINIPRESS | 14 |
| lutera | 24 | methotrexate oral | 27 | MINIVELLE | 23, 24 |
| lyleq | 24 | methotrexate sodium oral | 27 | minocycline hcl oral capsule | 9 |
| lyllana | 24 | methylphenidate hcl er (cd) | 15 | mirtazapine oral tablet | 10 |
| LYMEPAK | 9 | methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg | 15 | misoprostol oral | 22 |
| LYNPARZA | 11 | methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg | 15 | MITIGARE | 11 |
| LYRICA ORAL CAPSULE | 16 | methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg | 15 | MM EASY TOUCH GLUCOSE METER | 18 |
| LYUMJEV KWIKPEN | 20 | METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG | 15 | modafinil | 31 |
| LYUMJEV TEMPO PEN | 20 | methylphenidate hcl er (xr) | 15 | MODERNA COVID-19 VAC (BOOSTER) | 27 |
| LYUMJEV VIAL | 20 | methylphenidate hcl er oral tablet extended release | 15 | MODERNA COVID-19 VACC 6M-5Y | 27 |
| lyza | 24 | methylphenidate hcl oral tablet | 15 | MODERNA COVID-19 VACCINE | 27 |
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| MACROBID | 9 | methylprednisolone oral tablet therapy pack | 25 | mondoxyne nl | 9 |
| MACRODANTIN | 9 | metoclopramide hcl oral tablet | 11 | mono-linyah | 24 |
| marlissa | 24 | | | montelukast sodium oral tablet | 30 |
| MAVENCLAD | 15 | | | montelukast sodium oral tablet chewable | 30 |
| MAVYRET | 12 | | | morphine sulfate er oral tablet extended release | 8 |
| MAVYRET ORAL PACKET | 12 | | | MOTTEGRITY | 22 |
| MAXALT | 11 | | | MOUNJARO | 20 |
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| MULPLETA | 21 | nifedipine er osmotic release | 14 | NUBEQA | 11 |
| MULTAQ | 14 | nikki | 24 | NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 30 |
| MULTI-VIT-FLOR. | 22 | nitrofurantoin macrocrystal | 9 | NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 30 |
| multivitamin/fluoride tablet chewable 0.25 mg oral (rx) | 21, 22 | nitrofurantoin monohydrate macrocrystals | 9 | NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 30 |
| multivitamin/fluoride tablet chewable 0.5 mg oral (rx) | 22 | nitroglycerin sublingual | 14 | NUCYNTA | 8 |
| multivitamin/fluoride tablet chewable 1 mg oral (rx) | 22 | NITROSTAT | 14 | NUCYNTA ER | 8 |
| mupirocin external | 9 | NOCDURNA | 26 | NURTEC | 11 |
| mycophenolate mofetil oral tablet | 27 | nora-be | 24 | NUTROPIN AQ NUSPIN 10 | 26 |
| MYDAYIS | 15 | NORDITROPIN FLEXPEN | 26 | NUTROPIN AQ NUSPIN 20 | 26 |
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| na sulfate-k sulfate-mg sulf | 22 | norethindrone acetate oral | 25 | NUVESSA | 9 |
| nabumetone oral | 8 | norethindrone oral | 25 | NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | 21 |
| NALOCET | 8 | norgestimate-eth estradiol | 25 | NUWIQ INTRAVENOUS KIT 1500 UNIT | 21 |
| naloxone hcl injection solution prefilled syringe | 8 | norgestimate-ethinyl estradiol triphasic | 25 | NUZYRA ORAL | 9 |
| naloxone hcl nasal liquid 4 mg/0.1ml | 8 | NORITATE | 17 | nymyo | 25 |
| naltrexone hcl oral | 8 | NORLIQVA | 14 | nystatin external cream | 11 |
| NAPROSYN ORAL TABLET | 8 | norlyroc | 25 | nystatin mouth/throat | 11 |
| naproxen oral tablet | 8 | nortriptyline hcl oral capsule | 10 | O | |
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| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 28 | NOVOFINE PEN NEEDLE | 18 | ofloxacin otic | 29 |
| neomycin-polymyxin-hc otic suspension | 29 | NOVOFINE PLUS PEN NEEDLE | 18 | olanzapine oral tablet | 12 |
| NESINA | 20 | NOVOFINE PLUS PEN NEEDLE 32G X 4 MM | 18 | olmesartan medoxomil oral | 14 |
| NEULASTA | 21 | NOVOLIN 70/30 FLEXPEN | 20 | olmesartan medoxomil-hctz | 14 |
| NEUPRO | 12 | NOVOLIN 70/30 FLEXPEN RELION | 20 | OLUMIANT ORAL TABLET 1 MG, 4 MG | 27 |
| NEURONTIN ORAL CAPSULE | 10 | NOVOLIN 70/30 RELION | 20 | OLUMIANT ORAL TABLET 2 MG | 27 |
| NEURONTIN ORAL TABLET | 10 | NOVOLIN 70/30 VIAL | 20 | OMECLAMOX-PAK | 22 |
| NEUTEK 2TEK TEST | 18 | NOVOLIN N FLEXPEN | 20 | omega-3-acid ethyl esters | 14 |
| NEVANAC | 28 | NOVOLIN N FLEXPEN RELION | 20 | omeprazole oral capsule delayed release | 22 |
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| | | NOVOLIN R RELION | 20 | | |
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| ondansetron hcl oral tablet | 11 | OTREXUP | 27 | PFIZER COVID-19 VAC-TRIS 6M-4Y | 27 |
| ondansetron odt. | 11 | OVIDREL | 28 | PFIZER-BIONT COVID-19 VAC-TRIS | 27 |
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| ONETOUCH DELICA LANCETS 33G | 19 | oxybutynin chloride er | 23 | phenazopyridine hcl oral | 23 |
| ONETOUCH DELICA PLUS LANCET30G | 19 | oxybutynin chloride oral tablet 5 mg | 23 | PICATO | 17 |
| ONETOUCH DELICA PLUS LANCET33G | 19 | oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg | 8 | pioglitazone hcl | 20 |
| ONETOUCH FINEPOINT LANCETS. | 19 | oxycodone hcl oral tablet 5 mg. | 8 | PIP BLOOD GLUCOSE TEST STRIP | 19 |
| ONETOUCH SOLUTIONS STARTER KIT | 19 | OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG | 8 | PLAQUENIL | 12 |
| ONETOUCH ULTRA 2 KIT W/DEVICE | 19 | oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 8 | PLAVIX. | 12 |
| ONETOUCH ULTRA MINI KIT W/DEVICE | 19 | OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG. | 8 | PLEGRIDY INTRAMUSCULAR. | 15 |
| ONETOUCH ULTRA TEST STRIPS | 19 | OZEMPIC. | 20 | PLEGRIDY STARTER PACK | 15, 16 |
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| OPZELURA | 17 | | | potassium chloride crys er | 22 |
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| PACERONE ORAL TABLET 200 MG | 14 | | | | |
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| PANCREAZE. | 22 | | | | |
| pantoprazole sodium oral tablet delayed release. | 22 | | | | |
| PARADIGM REAL-TIME TRANSMITTER. | 19 | | | | |
| paroxetine hcl oral tablet | 10 | | | | |
| PAXIL ORAL TABLET. | 10 | | | | |
| PAXLOVID (150/100) | 12 | | | | |
| PAXLOVID (300/100) | 12 | | | | |
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| peg 3350-kcl-na bicarb-nacl | 22 | | | | |
| peg-3350/electrolytes/ascorbat | 22 | | | | |
| peg-kcl-nacl-nasulf-na asc-c | 22 | | | | |
| penicillin v potassium oral tablet. | 9 | | | | |
| PERCOCET. | 8 | | | | |
| PERFOROMIST | 30 | | | | |
| PERIDEX | 16 | | | | |
| perigard. | 16 | | | | |



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| prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml | 25 |
| prednisolone sodium phosphate oral solution 15 mg/5ml | 25 |
| prednisolone sodium phosphate oral solution 20 mg/5ml | 25 |
| prednisone oral tablet | 25 |
| prednisone oral tablet therapy pack | 25 |
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| PROGRAF ORAL CAPSULE | 27 |
| PROLATE ORAL TABLET | 8 |
| promethazine hcl oral tablet | 11 |
| promethazine-dm | 30 |
| PROMETRIUM | 25 |
| propranolol hcl er | 14 |
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| terbinafine hcl oral | 11 |
| TERIPARATIDE (RECOMBINANT) | 28 |
| TESTIM | 26 |

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| testosterone cypionate intramuscular | 26 |
| THALITONE | 14 |
| THIOLA | 23 |
| THIOLA EC | 23 |
| THYQUIDITY | 26 |
| TIGLUTIK | 16 |
| timolol maleate (once-daily) | 29 |
| timolol maleate ocudose | 29 |
| timolol maleate ocudose ophthalmic solution 0.5 % | 29 |
| timolol maleate ophthalmic solution | 29 |
| timolol maleate pf | 29 |
| timolol maleate pf ophthalmic solution 0.25 %, 0.5 % | 29 |
| TIMOPTIC | 29 |
| TIMOPTIC OCUDOSE | 29 |
| TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % | 29 |
| TIROSINT-SOL | 26 |
| TIVICAY | 13 |
| tizanidine hcl oral tablet | 31 |
| TOBI PODHALER | 31 |
| TOBRADEX OPHTHALMIC SUSPENSION | 29 |
| TOBRADEX ST | 29 |
| tobramycin-dexamethasone | 29 |
| TOPAMAX | 10 |
| topiramate oral tablet | 10 |
| TOPROL XL | 14 |
| toremide | 14 |
| TOUJEO MAX SOLOSTAR | 20 |
| TOUJEO SOLOSTAR | 20 |
| TRACLEER 62.5 MG, 125 MG | 31 |
| TRADJENTA | 21 |
| tramadol hcl oral tablet 100 mg | 8 |
| tramadol hcl oral tablet 50 mg | 8 |
| TRANSDERM-SCOP | 11 |
| trazodone hcl oral | 10 |
| TRELEGY ELLIPTA | 31 |
| TREMFYA | 27 |
| treprostinil | 31 |
| tretinoin external cream | 17 |
| TREXALL | 27 |
| TREZIX | 8 |



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|---|----|--|--------|--|-------|
| tri-estarylla | 25 | TRUVADA ORAL TABLET 200-300 MG | 13 | VERZENIO | 12 |
| tri-linyah | 25 | TYMLOS | 28 | VESICARE | 23 |
| tri-lo-estarylla | 25 | TYRVAYA | 29 | vestura | 25 |
| tri-lo-marzia | 25 | TYVASO | 31 | VIAGRA | 21 |
| tri-lo-mili | 25 | TYVASO DPI MAINTENANCE KIT . . . | 31 | VIBERZI | 22 |
| tri-lo-sprintec | 25 | TYVASO DPI TITRATION KIT | 31 | VIBRAMYCIN ORAL CAPSULE | 9 |
| tri-mili | 25 | TYVASO REFILL | 31 | VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS | 21 |
| tri-nymyo | 25 | TYVASO STARTER | 31 | vienva | 25 |
| tri-sprintec | 25 | | | VIGAMOX | 29 |
| tri-vylibra | 25 | U | | VIIBRYD | 10 |
| tri-vylibra lo | 25 | UBRELVY | 11 | VIIBRYD STARTER PACK | 10 |
| triamcinolone acetonide external cream 0.025 %, 0.1 % | 17 | UCERIS ORAL | 28 | vilazodone hcl | 10 |
| triamcinolone acetonide external cream 0.5 % | 17 | UCERIS RECTAL | 28 | VISTARIL | 13 |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 17 | UNISTRIP1 GENERIC | 19 | vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 22 |
| triamcinolone acetonide external ointment 0.05 % | 17 | unithroid | 26 | VITRAKVI | 12 |
| triamcinolone in absorbbase | 17 | UROCIT-K 10 | 22 | VITRAKVI ORAL CAPSULE | 12 |
| triamterene-hctz | 14 | UROCIT-K 15 | 22 | VITRAKVI ORAL SOLUTION 20 MG/ML | 12 |
| TRIANEX | 17 | UROCIT-K 5 | 22 | VITRAKVI ORAL SOLUTION 20 MG/ML | 12 |
| triazolam | 13 | UROXATRAL | 23 | VIVELLE-DOT | 23-25 |
| TRICOR | 14 | | | VIVJOA | 11 |
| triderm external cream 0.1 % | 17 | V | | VOGELXO | 26 |
| triderm external cream 0.5 % | 17 | VAGIFEM | 25 | VOGELXO PUMP | 26 |
| TRIJARDY XR | 21 | valacyclovir hcl oral | 13 | VOSEVI | 13 |
| TRILEPTAL ORAL TABLET | 10 | VALIUM | 13 | VRAYLAR ORAL CAPSULE | 12 |
| TRINTELLIX | 10 | valsartan oral tablet | 14 | VTAMA | 17 |
| tritocin | 17 | valsartan-hydrochlorothiazide | 14 | VYLEESI | 21 |
| TRIUMEQ | 13 | VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML | 10 | vylibra | 25 |
| TRUE FOCUS BLOOD GLUCOSE STRIP | 19 | VALTRESX | 13 | VYVANSE | 15 |
| TRUE METRIX AIR GLUCOSE METER KIT | 19 | VANADOM | 31 | VYVANSE ORAL CAPSULE | 15 |
| TRUE METRIX BLOOD GLUCOSE TEST | 19 | VANDAZOLE | 9 | | |
| TRUE METRIX GO GLUCOSE METER | 19 | VASOTEC | 15 | W | |
| TRUE METRIX METER KIT | 19 | VELPHORO | 23 | WAKIX | 31 |
| TRUE METRIX PRO BLOOD GLUCOSE | 19 | VELTASSA | 22 | warfarin sodium oral | 9 |
| TRUETRACK TEST | 19 | venlafaxine hcl | 10 | WELLBUTRIN SR | 10 |
| TRULICITY | 21 | venlafaxine hcl er oral capsule extended release 24 hour | 10 | WELLBUTRIN XL | 10 |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG | 13 | VENTOLIN HFA | 30, 31 | WILATE | 21 |
| | | verapamil hcl er oral tablet extended release | 15 | wixela inhub | 31 |
| | | VERKAZIA | 29 | | |
| | | VERQUVO | 15 | X | |
| | | VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 15 | XALATAN | 29 |
| | | | | XANAX | 13 |



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| XARELTO | 9 | ZEPOSIA | 16 |
| XARELTO ORAL SUSPENSION RECONSTITUTED | 9 | ZEPOSIA 7-DAY STARTER PACK | 16 |
| XARELTO STARTER PACK | 9 | ZEPOSIA STARTER KIT | 16 |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 10 | ZESTORETIC | 15 |
| XELJANZ | 27 | ZESTRIL | 15 |
| XELJANZ ORAL SOLUTION | 27 | ZETIA | 15 |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG | 27 | ZETONNA | 30 |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG | 27 | ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG | 15 |
| XENLETA ORAL | 9 | ZIAC ORAL TABLET 5-6.25 MG | 15 |
| XEPI | 17 | ZIEXTENZO | 21 |
| XIIDRA | 29 | ZILXI | 17 |
| XOFLUZA (40 MG DOSE) | 13 | ZIMHI | 8 |
| XOFLUZA (80 MG DOSE) | 13 | ZIOPTAN | 29 |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 27 | ZITHROMAX ORAL SUSPENSION RECONSTITUTED | 9 |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | 27 | ZITHROMAX ORAL TABLET | 9 |
| XOPENEX HFA | 31 | ZITHROMAX TRI-PAK | 9 |
| XTAMPZA ER | 8 | ZITHROMAX Z-PAK | 9 |
| xulane | 25 | ZOCOR | 15 |
| XYREM | 31 | ZOLMITRIPTAN NASAL SOLUTION 2.5 MG | 11 |
| XYWAV | 31 | ZOLOFT ORAL TABLET | 10 |

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| YASMIN 28 | 25 |
| YAZ | 25 |
| YUPELRI | 31 |
| yuvafem | 25 |

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| zafemy | 25 |
| ZANAFLEX ORAL TABLET | 31 |
| ZARXIO | 21 |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 21 |
| ZEJULA | 12 |
| ZELNORM | 22 |
| zenatane | 17 |
| ZENPEP | 23 |

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|---|----|
| ZEPOSIA | 16 |
| ZEPOSIA 7-DAY STARTER PACK | 16 |
| ZEPOSIA STARTER KIT | 16 |
| ZESTORETIC | 15 |
| ZESTRIL | 15 |
| ZETIA | 15 |
| ZETONNA | 30 |
| ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG | 15 |
| ZIAC ORAL TABLET 5-6.25 MG | 15 |
| ZIEXTENZO | 21 |
| ZILXI | 17 |
| ZIMHI | 8 |
| ZIOPTAN | 29 |
| ZITHROMAX ORAL SUSPENSION RECONSTITUTED | 9 |
| ZITHROMAX ORAL TABLET | 9 |
| ZITHROMAX TRI-PAK | 9 |
| ZITHROMAX Z-PAK | 9 |
| ZOCOR | 15 |
| ZOLMITRIPTAN NASAL SOLUTION 2.5 MG | 11 |
| ZOLOFT ORAL TABLET | 10 |
| zolpidem tartrate er | 31 |
| zolpidem tartrate oral | 31 |
| ZOMIG NASAL SOLUTION 2.5 MG | 11 |
| ZOMIG NASAL SOLUTION 5 MG | 11 |
| ZONEGRAN | 10 |
| zonisamide oral | 10 |
| ZORYVE | 17 |
| ZTLIDO | 8 |
| ZUBSOLV | 8 |
| zumandimine | 25 |
| ZYLET | 29 |
| ZYLOPRIM | 11 |
| ZYPREXA ORAL | 12 |



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P.O. Box 30608
Salt Lake City, UT 84130

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Room 509F, HHH Building
Washington, D.C. 20201

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែតតិតតុល្ល ដល់មាន់នលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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.

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

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