



Your 2024 Prescription Drug List

Essential 4-Tier

Effective May 1, 2024



**United
Healthcare**

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

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

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

Reading your PDL (continued)

Coverage details

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| Analgesics - Drugs for Pain | | |
| acetaminophen-codeine oral tablet | 1 | |
| apap-caff-dihydrocodeine | NF | QL |
| bac | 1 | QL |
| BELBUCA | 3 | PA, QL |
| butalbital-apap-caffeine oral tablet | 1 | QL |
| DILAUDID ORAL TABLET | NF | |
| endocet | 1 | |
| ESGIC ORAL TABLET | 4 | QL |
| GEN7T EXTERNAL PATCH | NF | |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg | NF | |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg | 1 | |
| hydromorphone hcl oral tablet | 1 | |
| lidocaine external patch 5 % | 3 | PA, QL |
| LIDODERM | NF | PA, QL |
| morphine sulfate er oral tablet extended release | 1 | PA, QL |
| MS CONTIN | NF | PA, QL |
| NALOCET | NF | QL |
| NUCYNTA | 4 | QL |
| NUCYNTA ER | 3 | PA, QL |
| OXAYDO | NF | QL |
| oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg | 1 | |
| oxycodone hcl oral tablet 5 mg | 1 | QL |
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG | NF | |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1 | |
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG | NF | QL |
| PERCOCET | NF | |
| PROLATE ORAL TABLET | NF | |
| ROXICODONE | NF | |
| tramadol hcl oral tablet 100 mg | NF | |

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

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



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

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| mupirocin external | 1 | QL |
| nitrofurantoin macrocrystal | 1 | |
| nitrofurantoin monohydrate macrocrystals | 1 | |
| NUVESSA | NF | |
| NUZYRA ORAL | 4 | QL |
| penicillin v potassium oral tablet | 1 | |
| sulfamethoxazole-trimethoprim oral tablet | 1 | |
| TARGADOX | NF | |
| VANAZOLE | 4 | |
| VIBRAMYCIN ORAL CAPSULE | 4 | |
| XACIATO | NF | |
| XENLETA ORAL | 4 | |
| 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 | 2 | QL |
| ELIQUIS | 2 | QL |
| ELIQUIS DVT/PE STARTER PACK | 2 | QL |
| enoxaparin sodium injection solution prefilled syringe | 2 | QL |
| jantoven | 1 | |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE | NF | QL |
| PRADAXA ORAL CAPSULE | 2 | QL |
| warfarin sodium oral | 1 | |
| XARELTO | 2 | QL |
| XARELTO STARTER PACK | 2 | QL |

Anticonvulsants - Drugs for Seizures

| | | |
|---|----|----|
| APTOM | NF | PA |
| BRIVIACT ORAL TABLET | NF | PA |
| DEPAKOTE | 4 | PA |
| DEPAKOTE ER | 4 | PA |
| divalproex sodium er | 2 | |
| divalproex sodium oral tablet delayed release | 1 | |

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



| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| EPIDIOLEX | 4 | PA, SP |
| FYCOMPA SUSPENSION | 4 | PA |
| FYCOMPA TAB | NF | PA |
| gabapentin oral capsule | 1 | |
| gabapentin oral tablet 600 mg, 800 mg | 1 | |
| KEPPRA ORAL TABLET | NF | PA |
| LAMICTAL ORAL TABLET | NF | PA |
| lamotrigine oral tablet | 1 | |
| levetiracetam oral tablet | 1 | |
| NAYZILAM | 3 | PA, QL |
| NEURONTIN ORAL CAPSULE | NF | PA |
| NEURONTIN ORAL TABLET | NF | PA |
| oxcarbazepine oral tablet | 1 | |
| roweepra | 1 | |
| subvenite | 1 | |
| SYMPAZAN | NF | |
| TOPAMAX | NF | PA |
| TOPAMAX SPRINKLES | NF | PA |
| topiramate oral tablet | 1 | |
| TRILEPTAL ORAL TABLET | NF | PA |
| VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML | 3 | PA, QL |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | NF | PA |
| ZONEGRAN | NF | PA |
| zonisamide oral | 1 | |
| 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 | NF | QL |
| bupropion hcl oral | 1 | |
| CELEXA | NF | |
| citalopram hydrobromide oral tablet | 1 | |
| CYMBALTA | NF | |
| desvenlafaxine succinate er | 3 | QL |

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

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| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|------------------------|
| promethazine hcl oral tablet | 1 | |
| REGLAN | 4 | |
| scopolamine | 3 | |
| TRANSDERM-SCOP | NF | |
| Antifungals - Drugs for Fungal Infections | | |
| ciclodan | 1 | |
| ciclopirox external solution | 1 | |
| CRESEMBA ORAL CAPSULE 186 MG | 3 | |
| DIFLUCAN ORAL TABLET | NF | |
| fluconazole oral tablet | 1 | |
| GNAZOLE-1 | 3 | |
| ketoconazole external cream | 1 | QL |
| ketoconazole external shampoo | 1 | |
| nystatin external cream | 1 | QL |
| nystatin mouth/throat | 1 | |
| terbinafine hcl oral | 1 | |
| VIVJOA | 3 | PA, QL |
| Antigout Agents - Drugs for Gout | | |
| allopurinol oral tablet 100 mg, 300 mg | 1 | |
| ALLOPURINOL ORAL TABLET 200 MG | NF | |
| COLCHICINE ORAL CAPSULE | NF | |
| colchicine oral capsule | 2 | (generic for Mitigare) |
| colchicine oral tablet | 2 | |
| COLCRYS | NF | |
| MITIGARE | 2 | |
| Antimigraine Agents - Drugs for Migraines | | |
| AIMOVIG | 3 | PA, ST |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | 3 | PA, ST, QL |
| eletriptan hydrobromide | 3 | QL |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 3 | PA, ST, QL |
| IMITREX ORAL | NF | QL |
| MAXALT | NF | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| NURTEC ODT | 3 | PA, ST, QL |
| RELPAZ | NF | QL |
| rizatriptan benzoate | 1 | QL |
| sumatriptan succinate oral | 1 | QL |
| UBRELVY | 3 | PA, ST, QL |
| ZAVZPRET | NF | |
| ZOMIG NASAL SOLUTION 2.5 MG | 3 | QL |
| ZOMIG NASAL SOLUTION 5 MG | 2 | QL |
| Antineoplastics - Drugs for Cancer | | |
| ALECENSA | 3 | PA, QL |
| ALUNBRIG | 3 | PA, QL, SP |
| anastrozole oral | 1 | H-PA |
| ARIMIDEX | NF | |
| CALQUENCE | 3 | PA, QL, SP |
| COTELLIC | 4 | PA, QL, SP |
| ERIVEDGE | 3 | PA, QL, SP |
| ERLEADA ORAL TABLET 240 MG | 3 | PA, QL |
| ERLEADA ORAL TABLET 60 MG | 3 | PA, QL, SP |
| EXKIVITY | 4 | PA, QL, SP |
| FEMARA | NF | |
| GAVRETO | 4 | PA, QL, SP |
| IBRANCE ORAL CAPSULE | 3 | PA, QL, SP |
| ICLUSIG ORAL TABLET 10 MG, 30 MG | 4 | PA, QL |
| ICLUSIG ORAL TABLET 15 MG, 45 MG | 4 | PA, QL, SP |
| IDHIFA | 3 | PA, QL, SP |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG | NF | PA, QL, SP |
| KOSELUGO | 3 | PA, QL, SP |
| lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg | 3 | PA, QL, SP |
| lenalidomide oral capsule 2.5 mg, 20 mg | 1 | PA, QL, SP |
| letrozole oral | 1 | H-PA |
| LUMAKRAS | 4 | PA, QL, SP |
| LYNPARZA | 3 | PA, QL, SP |
| NUBEQA | 3 | PA, QL, SP |
| ODOMZO | 3 | PA, QL, SP |

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

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

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| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| TRUVADA ORAL TABLET 200-300 MG | NF | QL |
| valacyclovir hcl oral | 1 | QL |
| VALTREX | NF | QL |
| VOSEVI | 3 | PA, QL, SP |
| XOFLUZA (40 MG DOSE) | 3 | QL |
| XOFLUZA (80 MG DOSE) | 3 | QL |
| Anxiolytics - Drugs for Anxiety | | |
| alprazolam oral tablet | 1 | |
| ATIVAN ORAL | NF | |
| bupirone hcl oral | 1 | |
| clonazepam oral tablet | 1 | |
| diazepam oral tablet | 1 | |
| HALCION | 4 | |
| hydroxyzine hcl oral tablet | 1 | |
| hydroxyzine pamoate oral | 1 | |
| KLONOPIN | NF | |
| lorazepam oral tablet | 1 | |
| triazolam | 1 | |
| VALIUM | NF | |
| VISTARIL | 4 | |
| XANAX | NF | |
| 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 | NF | |
| aliskiren fumarate | NF | |
| ALTACE | NF | |
| amiodarone hcl oral | 1 | |
| amlodipine besylate oral | 1 | |
| amlodipine besylate-benazepril hcl | 1 | |
| amlodipine besylate-valsartan | 2 | |
| atenolol oral | 1 | |
| ATORVALIQ | 4 | PA |
| atorvastatin calcium oral tablet 10 mg, 20 mg | 1 | H-PA |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| atorvastatin calcium oral tablet 40 mg, 80 mg | 1 | |
| AVALIDE | NF | |
| AVAPRO | NF | |
| benazepril hcl oral | 1 | |
| BENICAR | NF | |
| BENICAR HCT | NF | |
| bisoprolol fumarate oral | 1 | |
| bisoprolol-hydrochlorothiazide | 1 | |
| CARDIZEM CD | NF | |
| CARDURA | 4 | |
| cartia xt | 2 | |
| carvedilol | 1 | |
| chlorthalidone | 1 | |
| clonidine hcl oral | 1 | |
| COREG | NF | |
| CORLANOR | 3 | PA, QL |
| COZAAR | NF | |
| CRESTOR | NF | |
| diltiazem hcl er coated beads | 2 | |
| DIOVAN | NF | |
| DIOVAN HCT | NF | |
| doxazosin mesylate oral | 1 | |
| enalapril maleate oral tablet | 1 | |
| ENTRESTO | 4 | PA, QL |
| EXFORGE | NF | |
| ezetimibe | 2 | |
| fenofibrate oral tablet 120 mg, 40 mg | NF | |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 2 | |
| FENOGLIDE | NF | |
| flecainide acetate | 1 | |
| FUROSCIX | NF | PA, QL |
| furosemide oral tablet | 1 | |
| gemfibrozil oral | 1 | |
| guanfacine hcl | 1 | |
| HEMANGEOL | NF | |
| hydralazine hcl oral | 1 | |

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

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

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| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|---------------------------|
| ZESTRIL | NF | |
| ZETIA | NF | |
| ZOCOR | NF | |
| Central Nervous System Agents - Drugs for Attention Deficit Disorder | | |
| ADDERALL | NF | |
| ADDERALL XR | NF | QL |
| amphetamine-dextroamphetamine | 1 | |
| amphetamine-dextroamphetamine 3-bead cap er 24hr | NF | (generic for Mydayis), QL |
| amphetamine-dextroamphetamine er | 2 | QL |
| amphet-dextroamphet 3-bead er | NF | QL |
| APTENSIO XR | NF | QL |
| atomoxetine hcl | 4 | QL |
| AZSTARYS | 3 | ST, QL |
| CONCERTA | NF | QL |
| dexmethylphenidate hcl | 1 | |
| dexmethylphenidate hcl er | 2 | QL |
| FOCALIN | NF | |
| FOCALIN XR | NF | QL |
| guanfacine hcl er | 2 | |
| INTUNIV | NF | |
| JORNAY PM | 3 | ST, QL |
| lisdexamfetamine dimesylate | 3 | QL |
| methylphenidate hcl er (cd) | 2 | QL |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg | 2 | QL |
| methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg | 2 | |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg | 2 | QL |
| METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG | NF | QL |
| METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG | NF | |

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

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

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

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

Dermatological Agents - Drugs for Skin Conditions

| | | |
|---|----|-----------------------------|
| AKLIEF | 4 | PA, QL |
| ala-cort | NF | |
| AMZEEQ | NF | QL |
| AVITA EXTERNAL CREAM 0.025 % | NF | PA, QL |
| brimonidine tartrate external | 3 | PA, QL |
| CARAC | NF | |
| CIBINQO | 3 | PA, QL, SP |
| CLEOCIN-T | NF | |
| clindacin etz external swab | 1 | |
| clindacin-p | 1 | |
| CLINDAGEL | NF | QL |
| clindamycin phosphate external lotion | 3 | |
| clindamycin phosphate external solution | 1 | |
| clindamycin phosphate external swab | 1 | |
| clindamycin phosphate gel 1 % external | NF | (generic for Clindagel), QL |
| clindamycin phosphate gel 1 % external | 2 | (generic for Cleocin-T), QL |
| clobetasol propionate external cream | 2 | QL |
| clobetasol propionate external ointment | 2 | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| clobetasol propionate external solution | 1 | QL |
| clotrimazole-betamethasone external cream | 1 | |
| DAZOMON | NF | PA |
| DUPIXENT | 3 | PA, QL, SP |
| EFUDEX | 4 | |
| ENSTILAR | 4 | QL |
| EUCRISA | 3 | ST, QL |
| FINACEA EXTERNAL FOAM | 4 | |
| FLUOROPLEX | 4 | |
| FLUOROURACIL EXTERNAL CREAM 0.5 % | NF | |
| fluorouracil external cream 5 % | 1 | |
| hydrocortisone external cream 1 % | NF | |
| hydrocortisone external cream 2.5 % | 1 | |
| hydrocortisone external ointment 1 %, 2.5 % | 1 | |
| IMPOYZ | NF | QL |
| KLISYRI | 4 | ST, QL |
| METROCREAM | 4 | |
| metronidazole external cream | 1 | |
| MIRVASO | 4 | PA, QL |
| NORITATE | NF | |
| OPZELURA | NF | PA, QL, SP |
| RETIN-A EXTERNAL CREAM | NF | PA, QL |
| RHOFADE | 4 | PA, QL |
| SANTYL | 4 | QL |
| SOOLANTRA | 4 | QL |
| TACLONEX EXTERNAL OINTMENT | NF | QL |
| tacrolimus external | 2 | QL |
| TOLAK | NF | |
| tretinoin external cream | 3 | 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 | |

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| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| triamcinolone acetonide external ointment 0.05 % | NF | |
| triamcinolone in absorbbase | NF | |
| triderm | 1 | QL |
| VTAMA | 4 | PA, QL |
| XEPI | 3 | QL |
| ZILXI | NF | PA, ST, QL |
| ZORYVE | 4 | PA, QL |
| Diabetes - Glucose Monitoring and Supplies | | |
| ACCU-CHEK AVIVA PLUS TEST STRIPS | NF | QL |
| ACCU-CHEK FASTCLIX LANCET KIT | 1 | |
| ACCU-CHEK FASTCLIX LANCETS | 1 | |
| ACCU-CHEK GUIDE KIT W/DEVICE | 3 | |
| ACCU-CHEK GUIDE ME METER | 3 | |
| ACCU-CHEK GUIDE TEST STRIPS | 3 | QL |
| ACCU-CHEK MULTICLIX LANCET KIT | 1 | |
| ACCU-CHEK MULTICLIX LANCETS | 1 | |
| ACCU-CHEK SMARTVIEW TEST STRIPS | NF | QL |
| ACCU-CHEK SOFT TOUCH LANCETS | 1 | |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT | 1 | |
| ACCU-CHEK SOFTCLIX LANCETS | 1 | |
| ACCUTREND GLUCOSE | NF | QL |
| AQINJECT PEN NEEDLE | 2 | QL |
| bd autoshield duo pen needles | 2 | |
| bd ultra-fine insulin syringes | 2 | |
| BD ULTRA-FINE PEN NEEDLES | 2 | QL |
| bd ultra-fine U-500 insulin syringes | 2 | QL |
| bd ultra-fine veo insulin syringes | 2 | QL |
| BIGFOOT UNITY PROGRAM | NF | |
| BLOOD GLUCOSE TEST STRIPS | NF | QL |
| BLOOD GLUCOSE TEST STRIPS 333 | NF | QL |
| CARETOUCH MONITOR SYSTEM | NF | |
| CARETOUCH TEST | NF | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|-------------------------------------|-----------|--------------------------|
| CONTOUR MONITOR KIT W/DEVICE | NF | |
| CONTOUR NEXT EZ KIT W/DEVICE | NF | |
| CONTOUR NEXT GEN MONITOR KIT | NF | |
| CONTOUR NEXT GEN TEST STRIPS | 2 | QL |
| CONTOUR NEXT LINK KIT W/DEVICE | NF | (Contour Next Link 2.4) |
| CONTOUR NEXT MONITOR KIT W/DEVICE | 2 | |
| CONTOUR NEXT ONE KIT | 2 | |
| CONTOUR TEST STRIPS | NF | QL |
| CVS ADVANCED GLUCOSE TEST | NF | QL |
| CVS GLUCOSE METER TEST STRIPS | NF | QL |
| D-CARE BLOOD GLUCOSE | NF | QL |
| D-CARE GLUCOMETER | NF | |
| DEXCOM G6 SENSOR | 3 | PA, QL |
| DEXCOM G6 TRANSMITTER | 3 | PA, QL |
| DEXCOM G7 RECEIVER | 3 | PA, QL |
| DEXCOM G7 SENSOR | 3 | PA, QL |
| DIABETES MONITOR DIGIT ADD-ON | NF | |
| DIABETES MONITOR DIGIT SOLN | NF | |
| EASY TOUCH HEALTHPRO GLUCOSE | NF | |
| EASY TOUCH TEST | NF | QL |
| EASYGLUCO | NF | |
| EASYMAX 15 TEST | NF | QL |
| EASYMAX NG BLOOD GLUCOSE KIT | NF | |
| EMBRACE BLOOD GLUCOSE TEST | NF | QL |
| EMBRACE WAVE BLOOD GLUCOSE IN VITRO | NF | QL |
| ENLITE GLUCOSE SENSOR | 3 | PA |
| EQ BLOOD GLUCOSE TEST | NF | QL |
| FORA 6 CONNECT/GTEL TEST | 3 | QL |

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| Drug Name | Drug Tier | Requirements & Limits | Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|---|-----------|-----------------------|
| FORTISCARE G1 TEST STRIP | NF | QL | NOVOFINE PLUS PEN NEEDLE | 2 | QL |
| FORTISCARE TEST | NF | QL | NOVOTWIST PEN NEEDLE | 2 | QL |
| FREESTYLE LIBRE 14 DAY SENSOR | 3 | PA, QL | OMNIPOD 5 G6 INTRO (GEN 5) | 2 | PA, QL |
| FREESTYLE LIBRE 2 SENSOR | 3 | PA, QL | OMNIPOD 5 G6 POD (GEN 5) | 2 | PA, QL |
| FREESTYLE LIBRE 3 SENSOR | 3 | PA, QL | ON CALL EXPRESS BLOOD GLUCOSE | NF | QL |
| FREESTYLE PRECISION NEO SYSTEM | NF | | ON CALL EXPRESS MONITORING SYS | NF | |
| FREESTYLE PRECISION NEO TEST | NF | QL | ONETOUCH DELICA PLUS LANCETS | 1 | |
| FREESTYLE TEST | NF | QL | ONETOUCH ULTRA 2 KIT W/DEVICE | 1 | |
| GLUCOCARD EXPRESSION TEST | NF | QL | ONETOUCH ULTRA IN VITRO STRIP | 1 | QL |
| GLUCOCARD SHINE TEST | NF | QL | ONETOUCH ULTRA MINI BLOOD GLUCOSE METER | 1 | |
| GLUCOCARD VITAL TEST | NF | QL | ONETOUCH ULTRASOFT LANCETS | 1 | |
| GUARDIAN 4 GLUCOSE SENSOR | 3 | PA | ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE | 1 | |
| GUARDIAN 4 TRANSMITTER | 3 | PA | ONETOUCH VERIO IQ BLOOD GLUCOSE METER | 1 | |
| GUARDIAN CONNECT TRANSMITTER | 3 | PA, QL | ONETOUCH VERIO REFLECT KIT W/DEVICE | 1 | |
| GUARDIAN LINK 3 TRANSMITTER | 3 | PA, QL | ONETOUCH VERIO TEST STRIPS | 1 | QL |
| GUARDIAN SENSOR (3) | 3 | PA, QL | OPTIUMEZ TEST | NF | QL |
| GUARDIAN SENSOR 3 | 3 | PA, QL | PARADIGM REAL-TIME TRANSMITTER | 3 | PA |
| GVOKE HYPOPEN 1-PACK | 2 | QL | PIP BLOOD GLUCOSE TEST STRIP | NF | QL |
| GVOKE HYPOPEN 2-PACK | 2 | QL | PRECISION XTRA | NF | |
| GVOKE KIT | 2 | | PRECISION XTRA BLOOD GLUCOSE | NF | QL |
| GVOKE PFS | 2 | QL | PREMIUM BLOOD GLUCOSE TEST | NF | QL |
| HEALTHPRO BLOOD GLUCOSE MONITO | NF | | PTS PANELS EGLU TEST | NF | QL |
| INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | 2 | QL | QUINTET AC BLOOD GLUCOSE TEST | NF | QL |
| LANCETS | 1 | | QUINTET BLOOD GLUCOSE TEST | NF | QL |
| MICRODOT TEST | NF | QL | RELION TRUE MET AIR GLUC METER | NF | |
| MINILINK REAL-TIME TRANSMITTER | 3 | PA | RELION TRUE METRIX TEST STRIPS | NF | QL |
| MINIMED 630G GUARDIAN PRESS | 3 | PA | | | |
| MM EASY TOUCH GLUCOSE METER | NF | | | | |
| NEUTEK 2TEK TEST | NF | QL | | | |
| NOVOFINE AUTOCOVER PEN NEEDLE | 2 | QL | | | |
| NOVOFINE PEN NEEDLE | 2 | QL | | | |

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| Drug Name | Drug Tier | Requirements & Limits |
|-----------------------------------|-----------|----------------------------|
| RELION ULTIMA GLUCOSE SYSTEM | NF | |
| RELION ULTIMA TEST | NF | QL |
| RIGHTEST GT333 GLUCOSE TEST | NF | QL |
| TECHLITE INSULIN SYRINGES | 2 | (manufactured by Arkay) QL |
| TECHLITE PEN NEEDLES | 2 | (manufactured by Arkay) QL |
| TEMPO REFILL | NF | |
| TEMPO WELCOME | NF | |
| TRUE FOCUS BLOOD GLUCOSE STRIP | NF | QL |
| TRUE METRIX AIR GLUCOSE METER KIT | NF | |
| TRUE METRIX BLOOD GLUCOSE TEST | NF | QL |
| TRUE METRIX GO GLUCOSE METER | NF | |
| TRUE METRIX METER KIT | NF | |
| TRUE METRIX PRO BLOOD GLUCOSE | NF | QL |
| TRUETRACK TEST | NF | QL |
| UNISTRIP1 GENERIC | NF | QL |
| Diabetes - Insulin | | |
| ADMELOG | NF | QL |
| ADMELOG SOLOSTAR | NF | QL |
| BASAGLAR KWIKPEN | NF | QL |
| BASAGLAR TEMPO PEN | NF | |
| HUMALOG INJECTION | NF | QL |
| HUMALOG KWIKPEN | 2 | QL |
| HUMALOG MIX 50/50 KWIKPEN | 2 | QL |
| HUMALOG MIX 50/50 VIAL | 2 | QL |
| HUMALOG MIX 75/25 KWIKPEN | 2 | QL |
| HUMALOG MIX 75/25 VIAL | 2 | QL |
| HUMALOG TEMPO PEN | NF | QL |
| HUMALOG U-100 JUNIOR KWIKPEN | 2 | QL |
| HUMULIN 70/30 KWIKPEN | 2 | QL |
| HUMULIN 70/30 VIAL | 2 | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|--------------------------------------|-----------|------------------------------|
| HUMULIN N KWIKPEN | 2 | QL |
| HUMULIN N VIAL | 2 | QL |
| HUMULIN R U-500 KWIKPEN | 2 | QL |
| HUMULIN R U-500 VIAL | 2 | QL |
| HUMULIN R VIAL | 2 | QL |
| INSULIN GLARGINE | NF | QL |
| INSULIN GLARGINE SOLOSTAR | NF | QL |
| INSULIN LISPRO | 2 | QL |
| INSULIN LISPRO (1 UNIT DIAL) | 2 | (Insulin Lispro Kwikpen), QL |
| INSULIN LISPRO JUNIOR KWIKPEN | 2 | QL |
| INSULIN LISPRO PROT & LISPRO | 2 | QL |
| LANTUS SOLOSTAR | 2 | QL |
| LANTUS U-100 VIAL | 2 | QL |
| LYUMJEV KWIKPEN | 2 | QL |
| LYUMJEV TEMPO PEN | NF | QL |
| LYUMJEV VIAL | 2 | QL |
| NOVOLIN 70/30 FLEXPEN | NF | ST, QL |
| NOVOLIN 70/30 FLEXPEN RELION | NF | ST, QL |
| NOVOLIN 70/30 RELION | NF | ST, QL |
| NOVOLIN 70/30 VIAL | NF | ST, QL |
| NOVOLIN N FLEXPEN | NF | ST, QL |
| NOVOLIN N FLEXPEN RELION | NF | ST, QL |
| NOVOLIN N RELION | NF | ST, QL |
| NOVOLIN N VIAL | NF | ST, QL |
| NOVOLIN R FLEXPEN | NF | ST, QL |
| NOVOLIN R FLEXPEN RELION | NF | ST, QL |
| NOVOLIN R RELION | NF | ST, QL |
| NOVOLIN R VIAL | NF | ST, QL |
| TOUJEO MAX SOLOSTAR | 3 | QL |
| TOUJEO SOLOSTAR | 3 | QL |
| Diabetes - Non-Insulin Agents | | |
| ACTOS | NF | QL |
| ADLYXIN | NF | ST |
| ADLYXIN STARTER PACK | NF | ST |
| ALOGLIPTIN BENZOATE | NF | QL |
| ALOGLIPTIN-METFORMIN HCL | NF | QL |

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



| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| ALOGLIPTIN-PIOGLITAZONE | NF | QL |
| BAQSIMI ONE PACK | 2 | QL |
| BAQSIMI TWO PACK | 2 | QL |
| BYDUREON | 3 | PA, ST, QL |
| BYETTA 10 MCG PEN | 3 | PA, ST, QL |
| BYETTA 5 MCG PEN | 3 | PA, ST, QL |
| glimepiride | 1 | |
| glipizide er | 1 | |
| glipizide oral tablet 10 mg, 5 mg | 1 | |
| glipizide oral tablet 2.5 mg | NF | |
| glipizide xl | 1 | |
| GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED | 2 | QL |
| GLUCOTROL XL | 4 | |
| GLUMETZA | NF | PA |
| glyburide oral | 1 | |
| GLYXAMBI | 2 | ST, QL |
| JARDIANCE | 2 | QL |
| JENTADUETO | 2 | QL |
| JENTADUETO XR | 2 | QL |
| KAZANO | 2 | QL |
| metformin hcl er | 1 | |
| metformin hcl er (mod) | NF | PA |
| metformin hcl er (osm) | NF | PA |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 1 | |
| metformin hcl oral tablet 625 mg | NF | |
| MOUNJARO | 3 | PA, ST, QL |
| NESINA | 2 | QL |
| ONGLYZA | NF | QL |
| OSENI | 2 | QL |
| OZEMPIC | 3 | PA, ST, QL |
| pioglitazone hcl | 1 | QL |
| RYBELSUS | 3 | PA, ST, QL |
| saxagliptin hcl | 2 | QL |
| SOLIQUA | 2 | QL |
| SYMLINPEN 120 | NF | QL |
| SYMLINPEN 60 | NF | QL |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| SYNJARDY | 2 | QL |
| SYNJARDY XR | 2 | QL |
| TRADJENTA | 2 | QL |
| TRIJARDY XR | 2 | QL |
| TRULICITY | 3 | PA, ST, QL |
| VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS | 3 | 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 | 3 | SP |
| ADYNOVATE | 4 | PA, SP |
| AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | 4 | PA, SP |
| AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT | 4 | PA, SP |
| ALPHANATE | 3 | SP |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | 4 | SP |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT | 3 | SP |
| ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | 4 | PA, SP |
| ARANESP (ALBUMIN FREE) | 3 | QL, SP |
| DOPTELET | 4 | PA, QL, SP |
| ELOCTATE | NF | PA, SP |
| HEMLIBRA | 3 | PA, SP |
| HEMOFIL M | 3 | SP |
| HUMATE-P | 3 | SP |
| JIVI | 4 | PA, SP |
| KOATE | 3 | SP |
| KOATE-DVI | 3 | SP |

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

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| DRISDOL | 4 | |
| ergocalciferol oral capsule | 1 | |
| folic acid oral tablet 1 mg | 1 | |
| klor-con 10 | 1 | |
| klor-con m10 | 1 | |
| klor-con m15 | 1 | |
| klor-con m20 | 1 | |
| klor-con oral tablet extended release | 1 | |
| K-TAB | 3 | |
| LOKELMA | 3 | PA, QL |
| NASCOBAL | 4 | |
| potassium chloride crys er | 1 | |
| potassium chloride er oral capsule extended release | 1 | |
| potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq | 1 | |
| potassium citrate er | 1 | |
| UROCIT-K 10 | 4 | |
| UROCIT-K 15 | 4 | |
| UROCIT-K 5 | 4 | |
| VELTASSA | 3 | PA, QL |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 1 | |
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer | | |
| ACIPHEX | NF | QL |
| bis subcit-metronid-tetracycl | NF | QL |
| bismuth/metronidaz/tetracyclin | NF | QL |
| CARAFATE ORAL TABLET | NF | |
| CYTOTEC | 4 | |
| famotidine oral suspension reconstituted | 1 | |
| misoprostol oral | 1 | |
| OMECLAMOX-PAK | 4 | QL |
| omeprazole oral capsule delayed release | 1 | |
| pantoprazole sodium oral tablet delayed release | 1 | |

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

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| DEPEN TITRATABS | 3 | SP |
| ORFADIN | 3 | PA, SP |
| PANCREAZE | NF | ST |
| PERTZYE | 4 | ST |
| STRENSIQ | 3 | PA, QL, SP |
| TEGSEDI | 3 | PA, QL, SP |
| ZENPEP | 2 | |
| Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions | | |
| oxybutynin chloride er | 2 | |
| oxybutynin chloride oral tablet 2.5 mg | 4 | |
| oxybutynin chloride oral tablet 5 mg | 1 | |
| phenazo oral tablet 200 mg | 1 | |
| phenazopyridine hcl oral | 1 | |
| PYRIDIUM | 3 | |
| solifenacin succinate | 2 | |
| THIOLA | 4 | SP |
| THIOLA EC | 4 | SP |
| VELPHORO | 2 | |
| VESICARE | NF | |
| Genitourinary Agents - Drugs for Prostate Conditions | | |
| alfuzosin hcl er | 1 | |
| finasteride oral tablet 5 mg | 1 | |
| FLOMAX | NF | |
| PROSCAR | NF | |
| tamsulosin hcl | 1 | |
| UROXATRAL | NF | |
| 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 |
| aurovela 1.5/30 | 1 | H |
| aurovela 1/20 | 1 | H |
| aurovela 24 fe | 1 | H |

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



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

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

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

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

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| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| syeda | NF | |
| tarina 24 fe | 1 | H |
| tarina fe 1/20 eq | 1 | H |
| tri-estarylla | 1 | H |
| tri-lynyah | 1 | H |
| tri-lo-estarylla | 2 | |
| tri-lo-marzia | 2 | |
| tri-lo-mili | 2 | |
| tri-lo-sprintec | 2 | |
| tri-mili | 1 | H |
| tri-nymyo | 1 | H |
| tri-sprintec | 1 | H |
| tri-vylibra | 1 | H |
| tri-vylibra lo | 2 | |
| VAGIFEM | NF | |
| VEOZAH | 4 | PA, QL |
| vestura | NF | |
| vienva | 1 | H |
| VIVELLE-DOT | NF | QL |
| vylibra | 1 | H |
| xulane | 3 | H |
| YASMIN 28 | 2 | |
| YAZ | 2 | |
| yuvafem | 2 | |
| zafemy | 3 | H |
| zumandimine | NF | |
| Hormonal Agents - Oral Steroids | | |
| CORTEF | 4 | |
| DEXABLISS | NF | |
| dexamethasone oral tablet | 1 | |
| dexamethasone oral tablet therapy pack | 3 | |
| HEMADY | NF | |
| HIDEX 6-DAY | NF | |
| hydrocortisone oral | 1 | |
| MEDROL ORAL TABLET THERAPY PACK | 4 | |
| methylprednisolone oral tablet therapy pack | 1 | |

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

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| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|--------------------------------------|
| testosterone cypionate intramuscular | 1 | |
| VOGELXO | NF | PA, QL |
| VOGELXO PUMP | NF | PA, QL |
| Hormonal Agents - Thyroid | | |
| ADTHYZA | NF | |
| ARMOUR THYROID | 3 | |
| CYTOMEL | NF | |
| ERMEZA | 3 | PA |
| euthyrox | 1 | |
| levo-t | 1 | |
| levothyroxine sodium oral tablet | 1 | |
| levoxyl | 2 | |
| liothyronine sodium oral | 2 | |
| methimazole oral | 1 | |
| NIVA THYROID | 3 | |
| np thyroid | 1 | |
| SYNTHROID | NF | |
| THYQUIDITY | NF | PA |
| thyroid oral | 1 | |
| TIROSINT-SOL | NF | PA |
| unithroid | 1 | |
| Immunological Agents - Drugs for Immune System Stimulation or Suppression | | |
| ACTEMRA ACTPEN | 4 | PA, ST, QL, SP |
| ACTEMRA SUBCUTANEOUS | 4 | PA, ST, QL, SP |
| ADALIMUMAB-ADAZ | 3 | (manufactured by Sandoz), PA, QL, SP |
| ADALIMUMAB-ADBM SUBCUTANEOUS AUTO-INJECTOR KIT | NF | PA, SP |
| ADALIMUMAB-ADBM SUBCUTANEOUS PREFILLED SYRINGE KIT | NF | PA, QL, SP |
| ADBRY | 3 | PA, QL, SP |
| AMJEVITA | 3 | PA, QL, SP |
| AZASAN | 4 | |
| azathioprine oral tablet 100 mg, 75 mg | 3 | |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| azathioprine oral tablet 50 mg | 1 | |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 3 | PA, QL, SP |
| CELLCEPT ORAL TABLET | NF | |
| CIMZIA STARTER KIT | 3 | PA, QL, SP |
| CIMZIA SUBCUTANEOUS KIT | NF | PA |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT | 3 | PA, QL, SP |
| CINRYZE | NF | PA, QL, SP |
| COSENTYX (300 MG DOSE) | 4 | PA, ST, QL, SP |
| COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | 4 | PA, ST, QL, SP |
| COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | 4 | PA, ST, QL |
| COSENTYX SENSOREADY (300 MG) | 4 | PA, ST, QL, SP |
| COSENTYX SENSOREADY PEN | 4 | PA, ST, QL, SP |
| COSENTYX UNOREADY | 4 | PA, ST, QL, SP |
| CYLTEZO | 3 | PA, QL, SP |
| CYLTEZO-CD/UC/HS STARTER | 3 | PA, QL, SP |
| CYLTEZO-PSORIASIS STARTER | 3 | PA, QL, SP |
| ENBREL | 3 | PA, QL, SP |
| ENBREL MINI | 3 | PA, QL, SP |
| ENBREL SURECLICK | 3 | PA, QL, SP |
| HADLIMA | 3 | PA, QL, SP |
| HADLIMA PUSHTOUCH | 3 | PA, QL, SP |
| HAEGARDA | 3 | PA, QL, SP |
| HUMIRA | 3 | PA, QL, SP |
| HUMIRA PEDIATRIC CROHNS START | 3 | PA, QL, SP |
| HUMIRA PEN | 3 | PA, QL, SP |
| HUMIRA PEN-CD/UC/HS STARTER | 3 | PA, QL, SP |
| HUMIRA PEN-PEDIATRIC UC START | 3 | PA, QL, SP |
| HUMIRA PEN-PS/UV/ADOL HS START | 3 | PA, QL, SP |

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| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| HUMIRA PEN-PSOR/UEVIT STARTER | 3 | PA, QL, SP |
| HYFTOR | 4 | PA, QL |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML | NF | PA, QL, SP |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML | NF | PA, SP |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML | NF | PA, QL, SP |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML | NF | PA, SP |
| HYRIMOZ-CROHNS/UC STARTER PACK | NF | PA, QL, SP |
| HYRIMOZ-PED CROHNS STARTER | NF | PA, QL, SP |
| HYRIMOZ-PLAQUE PSORIASIS START | NF | PA, QL, SP |
| IMURAN | NF | |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA, ST, QL, SP |
| KINERET | 4 | PA, ST, QL, SP |
| LITFULO | 4 | PA, QL, SP |
| LUPKYNIS | NF | PA, QL, SP |
| methotrexate sodium oral | 1 | |
| mycophenolate mofetil oral tablet | 1 | |
| OLUMIANT ORAL TABLET | 3 4 | PA, QL, SP |
| ORENCIA CLICKJECT | 4 | PA, ST, QL, SP |
| ORENCIA SUBCUTANEOUS | 4 | PA, ST, QL, SP |
| OTEZLA ORAL TABLET | 3 | PA, QL, SP |
| OTREXUP | NF | QL |
| PROGRAF ORAL CAPSULE | 4 | |
| RASUVO | 2 | QL |
| RINVOQ | 3 | PA, QL, SP |
| RUCONEST | 4 | PA, QL, SP |
| SIMPONI | 3 | PA, QL, SP |
| SKYRIZI PEN | 3 | PA, QL, SP |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA, QL, SP |

| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------------------|
| STELARA SUBCUTANEOUS SOLUTION | NF | PA, QL, SP |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA, QL, SP |
| tacrolimus oral | 1 | |
| TAKHZYRO | 3 | PA, QL, SP |
| TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | NF | PA, ST, QL, SP |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | NF | PA, ST, QL |
| TREMFYA | 3 | PA, QL, SP |
| TREXALL | 2 | |
| XELJANZ | 3 | PA, QL, SP |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG | 3 | PA, QL, SP |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG | 3 | PA, QL |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 3 | PA, QL, SP |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | NF | |
| Immunological Agents - Drugs for Vaccination | | |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 2 | H |
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | 3 | H |
| SHINGRIX | 3 | H |
| Infertility Agents | | |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR | 3 | SP |
| CLOMID | 2 | |
| ENDOMETRIN | 2 | |
| FOLLISTIM AQ | 2 | SP |
| fyremadel | 3 | QL, SP |
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 4 | (manufactured by Ferring), QL, SP |

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| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|--|
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 2 | (manufactured by Merck/ Organon), QL, SP |
| MENOPUR | 4 | QL, SP |
| NOVAREL | 3 | SP |
| OVIDREL | 4 | SP |
| PREGNYL | 3 | SP |
| Inflammatory Bowel Disease Agents | | |
| APRISO | 2 | |
| budesonide rectal | 2 | |
| CORTIFOAM | 2 | |
| DIPENTUM | NF | |
| LIALDA | NF | |
| mesalamine oral tablet delayed release 1.2 gm | 2 | |
| mesalamine oral tablet delayed release 800 mg | NF | |
| PROCTOFOAM HC | 2 | |
| UCERIS | NF | |
| Metabolic Bone Disease Agents - Drugs for Osteoporosis | | |
| alendronate sodium oral tablet | 1 | |
| FOSAMAX | 4 | |
| TERIPARATIDE (RECOMBINANT) | NF | PA, SP |
| teriparatide inj | NF | PA, ST, SP |
| TYMLOS | NF | PA, SP |
| Metabolic Bone Disease Agents - Other | | |
| calcitriol oral capsule | 1 | |
| ROCALTROL ORAL CAPSULE | NF | |
| 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 | NF | |

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

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| Drug Name | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| brimonidine tartrate ophthalmic solution 0.1 % | NF | QL |
| brimonidine tartrate ophthalmic solution 0.15 % | 2 | QL |
| brimonidine tartrate ophthalmic solution 0.2 % | 1 | |
| brimonidine tartrate-timolol | NF | QL |
| COMBIGAN | 2 | QL |
| COSOPT | 4 | |
| COSOPT PF | NF | QL |
| dorzolamide hcl-timolol mal | 2 | |
| dorzolamide hcl-timolol mal pf | NF | QL |
| ISTALOL | 4 | |
| IYUZEH | NF | QL |
| latanoprost ophthalmic | 1 | |
| LUMIGAN | 2 | |
| RHOPRESSA | 3 | QL |
| ROCKLATAN | 3 | QL |
| tafluprost (pf) | 3 | ST, QL |
| timolol maleate (once-daily) | 3 | |
| timolol maleate ophthalmic solution | 1 | |
| timolol maleate pf | 2 | |
| TIMOPTIC OCUDOSE | 4 | |
| XALATAN | NF | |
| ZIOPTAN | 3 | ST, QL |
| Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions | | |
| CYCLOSPORINE IN KLARITY | NF | PA |
| cyclosporine ophthalmic | NF | PA, QL |
| EMPAVELI | 3 | PA, QL, SP |
| RESTASIS | 4 | PA, QL |
| RESTASIS MULTIDOSE | NF | PA, QL |
| TYRVAYA | NF | PA, QL |
| VERKAZIA | 4 | PA |
| XIIDRA | 4 | PA, QL |
| Otic Agents - Drugs for Ear Conditions | | |
| ciprofloxacin-dexamethasone | 4 | |
| neomycin-polymyxin-hc otic suspension | 1 | |

| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|---|
| ofloxacin otic | 2 | |
| Respiratory - Drugs for Anaphylaxis | | |
| AUVI-Q | 2 | QL |
| epinephrine solution auto-injector 0.15 mg/0.15ml injection | 1 | (generic for Adrenaclick), QL |
| epinephrine solution auto-injector 0.15 mg/0.15ml injection | 1 | QL |
| epinephrine solution auto-injector 0.15 mg/0.3ml injection | 1 | (generic for EpiPen-JR-Single Pack), QL |
| epinephrine solution auto-injector 0.15 mg/0.3ml injection | 1 | (generic for EpiPen-JR), QL |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection | 1 | (generic for Adrenaclick), QL |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection | 1 | (generic for EpiPen-Single Pack), QL |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection | 1 | (generic for EpiPen), QL |
| EPIPEN JR 2-PAK | NF | QL |
| SYMJEPI | 2 | QL |
| Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold | | |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray | 3 | |
| azelastine hcl nasal solution 0.15 % | NF | |
| benzonatate oral capsule 100 mg, 200 mg | 1 | |
| benzonatate oral capsule 150 mg | NF | |
| BROMFED DM | 3 | |
| cyproheptadine hcl oral tablet | 1 | |
| fluticasone propionate nasal | 2 | QL |
| ipratropium bromide nasal | 1 | |
| LASTACAFT | 3 | QL |
| levocetirizine dihydrochloride oral tablet | 1 | |
| promethazine-dm | 1 | |
| pseudoephedrine-bromphen-dm | 1 | |
| ZETONNA | 3 | QL |

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| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|---|
| Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD | | |
| ADVAIR DISKUS | NF | QL |
| ADVAIR HFA | 3 | QL, RS |
| AIRDUO RESPICLICK 113/14 | NF | QL |
| AIRDUO RESPICLICK 232/14 | NF | QL |
| AIRDUO RESPICLICK 55/14 | NF | QL |
| AIRSUPRA | 3 | QL |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation | 2 | QL |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation | 2 | (generic for ProAir HFA or Proventil HFA), QL |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation | 2 | (generic ProAir HFA or Proventil HFA), QL |
| ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION | NF | (generic for Ventolin HFA), QL |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | 1 | |
| ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5% | 3 | |
| ANORO ELLIPTA | 3 | QL |
| ARNUITY ELLIPTA | 2 | QL |
| ATROVENT HFA | 3 | QL |
| BEVESPI AEROSPHERE | 2 | QL |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT | 3 | QL, RS |
| BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH | 3 | RS |
| breyndia | NF | QL, RS |
| BREZTRI AEROSPHERE | 3 | QL, RS |
| budesonide inhalation | 2 | QL |
| budesonide-formoterol fumarate | NF | QL, RS |
| COMBIVENT RESPIMAT | 4 | QL |

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

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| Drug Name | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| SYMBICORT | 3 | QL, RS |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 4 | PA |
| TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | NF | PA, QL |
| tiotropium bromide monohydrate | NF | QL |
| TRELEGY ELLIPTA | 3 | QL, RS |
| VENTOLIN HFA | NF | QL |
| wixela inhub | 3 | QL |
| XOPENEX HFA | 3 | QL |
| YUPELRI | 4 | PA, QL |

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

| | | |
|--|----|--------------------------------|
| BETHKIS | NF | PA, QL, SP |
| BRONCHITOL | NF | PA, ST, QL, SP |
| BRONCHITOL TOLERANCE TEST | NF | PA, ST, QL, SP |
| KITABIS PAK | NF | PA, QL, SP |
| PULMOZYME | 3 | PA, QL, SP |
| TOBI NEBULIZER | NF | PA, QL, SP |
| TOBI PODHALER | NF | PA, QL, SP |
| tobramycin inhalation nebulization solution 300 mg/4ml | 3 | PA, QL, SP |
| tobramycin nebulization solution 300 mg/5ml inhalation | NF | PA, (generic for Tobi), QL, SP |
| TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION | NF | PA, QL, SP |

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

| | | |
|------|----|------------|
| OFEV | NF | PA, QL, SP |
|------|----|------------|

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

| | | |
|--------------------------------------|----|------------|
| ADEMPAS | 3 | PA, QL, SP |
| OPSUMIT | 3 | PA, QL, SP |
| REMODULIN | NF | PA |
| REVATIO ORAL TABLET | NF | QL, SP |
| sildenafil citrate oral tablet 20 mg | 1 | QL |
| TADLIQ | 4 | PA, QL, SP |
| TRACLEER 62.5 MG, 125 MG | 3 | PA, QL, SP |
| treprostinil | NF | PA |
| TYVASO | 3 | PA |

| Drug Name | Drug Tier | Requirements & Limits |
|----------------------------|-----------|-----------------------|
| TYVASO DPI MAINTENANCE KIT | 3 | PA, QL, SP |
| TYVASO DPI TITRATION KIT | 3 | PA, QL, SP |
| TYVASO REFILL | 3 | PA |
| TYVASO STARTER | 3 | PA |

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

| | | |
|---|----|--|
| baclofen oral tablet | 1 | |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | 1 | |
| cyclobenzaprine hcl oral tablet 7.5 mg | NF | |
| FEXMID | NF | |
| methocarbamol oral tablet 1000 mg | NF | |
| methocarbamol oral tablet 500 mg, 750 mg | 1 | |
| tizanidine hcl oral tablet | 1 | |
| ZANAFLEX ORAL TABLET | 4 | |

Sleep Disorder Agents

| | | |
|-------------------------------|----|------------------------------------|
| AMBIEN | NF | |
| AMBIEN CR | NF | |
| BELSOMRA | NF | ST, QL |
| DAYVIGO | NF | ST, QL |
| eszopiclone | 2 | |
| LUMRYZ | NF | PA, QL, SP |
| LUNESTA | NF | |
| modafinil | 2 | QL |
| PROVIGIL | NF | QL |
| RESTORIL | 4 | |
| SODIUM OXYBATE | NF | (manufactured by Hikma) PA, QL, SP |
| SUNOSI | 2 | PA, QL |
| temazepam | 1 | |
| WAKIX | 4 | PA, QL, SP |
| XYWAV | NF | PA, QL, SP |
| zolpidem tartrate er | 2 | |
| zolpidem tartrate oral tablet | 1 | |

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| AIRSUPRA | 30 |
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| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | 30 |
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|--|----|---|----|-----------------------------------|----|
| butalbital-apap-caffeine oral tablet . . . | 8 | ciprofloxacin hcl ophthalmic | 28 | CONTOUR NEXT GEN MONITOR | |
| BYDUREON | 20 | ciprofloxacin hcl oral | 9 | KIT | 17 |
| BYETTA 10 MCG PEN. | 20 | ciprofloxacin-dexamethasone | 29 | CONTOUR NEXT GEN TEST | |
| BYETTA 5 MCG PEN. | 20 | citalopram hydrobromide oral tablet. 10 | | STRIPS | 17 |
| C | | | | | |
| cabergoline | 25 | CLENPIQ | 22 | CONTOUR NEXT LINK KIT | |
| calcitriol oral capsule | 28 | CLEOCIN ORAL CAPSULE | | W/DEVICE | 17 |
| CALQUENCE | 11 | 150 MG, 300 MG. | 9 | CONTOUR NEXT MONITOR KIT | |
| camila | 23 | CLEOCIN ORAL CAPSULE 75 MG . . . | 9 | W/DEVICE | 17 |
| CARAC | 16 | CLEOCIN-T. | 16 | CONTOUR NEXT ONE KIT. | 17 |
| CARAFATE ORAL TABLET. | 21 | CLIMARA | 23 | CONTOUR TEST STRIPS. | 17 |
| CARDIZEM CD | 13 | CLIMARA PRO | 23 | COPAXONE | 15 |
| CARDURA | 13 | clindacin etz external swab | 16 | COREG. | 13 |
| CARETOUCH MONITOR SYSTEM . . . | 17 | clindacin-p | 16 | CORLANOR. | 13 |
| CARETOUCH TEST | 17 | CLINDAGEL | 16 | CORTEF | 25 |
| cartia xt. | 13 | clindamycin hcl oral | 9 | CORTIFOAM | 28 |
| carvedilol | 13 | clindamycin phosphate external | | COSENTYX (300 MG DOSE). | 26 |
| cefdinir | 9 | lotion | 16 | COSENTYX 150 MG/ML | |
| cefuroxime axetil | 9 | clindamycin phosphate external | | SUBCUTANEOUS SOLUTION | |
| CELEBREX. | 8 | solution. | 16 | PREFILLED SYRINGE 150 MG/ML . . | 26 |
| celecoxib oral. | 8 | clindamycin phosphate external | | COSENTYX 150 MG/ML | |
| CELEXA | 10 | swab | 16 | SUBCUTANEOUS SOLUTION | |
| CELLCEPT ORAL TABLET. | 26 | clindamycin phosphate gel 1 % | | PREFILLED SYRINGE | |
| cephalexin oral capsule | 9 | external. | 16 | 75 MG/0.5ML. | 26 |
| cephalexin oral suspension | | CLINDESSE | 9 | COSENTYX SENSOREADY | |
| reconstituted | 9 | clobetasol propionate external | | (300 MG). | 26 |
| CERDELGA | 22 | cream | 16 | COSENTYX SENSOREADY PEN. . . . | 26 |
| chateal eq. | 23 | clobetasol propionate external | | COSENTYX UNOREADY | 26 |
| chlorhexidine gluconate mouth/ | | ointment | 16 | COSOPT. | 29 |
| throat. | 16 | clobetasol propionate external | | COSOPT PF. | 29 |
| chlorthalidone | 13 | solution. | 16 | COTELLIC | 11 |
| CHORIONIC GONADOTROPIN | | CLOMID | 27 | COZAAR | 13 |
| INTRAMUSCULAR | 27 | clonazepam oral tablet. | 13 | CREON. | 22 |
| CIALIS. | 21 | clonidine hcl oral. | 13 | CRESEMBA ORAL CAPSULE | |
| CIBINQO. | 16 | clopidogrel bisulfate oral | 12 | 186 MG. | 11 |
| ciclodan | 11 | clotrimazole-betamethasone | | CRESTOR. | 13 |
| ciclopirox external solution. | 11 | external cream. | 16 | CVS ADVANCED GLUCOSE TEST . . | 17 |
| CIMDUO. | 12 | COLCHICINE ORAL CAPSULE | 11 | CVS GLUCOSE METER TEST | |
| CIMZIA STARTER KIT. | 26 | colchicine oral tablet. | 11 | STRIPS. | 17 |
| CIMZIA SUBCUTANEOUS KIT. | 26 | COLCRYS. | 11 | cyanocobalamin injection solution | |
| CIMZIA SUBCUTANEOUS | | COMBIGAN | 29 | 1000 mcg/ml | 21 |
| PREFILLED SYRINGE KIT | 26 | COMBIVENT RESPIMAT | 30 | CYANOCOBALAMIN INJECTION | |
| CINRYZE | 26 | CONCERTA | 15 | SOLUTION 2000 MCG/ML. | 21 |
| CIPRO ORAL TABLET | 9 | CONTOUR MONITOR KIT | | cyclobenzaprine hcl oral tablet | |
| | | W/DEVICE | 17 | 10 mg, 5 mg | 31 |
| | | CONTOUR NEXT EZ KIT | | cyclobenzaprine hcl oral tablet | |
| | | W/DEVICE | 17 | 7.5 mg. | 31 |
| | | | | CYCLOSPORINE IN KLARITY | 29 |



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| cyclosporine ophthalmic. | 29 |
| CYLTEZO | 26 |
| CYLTEZO-CD/UC/HS STARTER | 26 |
| CYLTEZO-PSORIASIS STARTER | 26 |
| CYMBALTA. | 10 |
| cyproheptadine hcl oral tablet | 29 |
| cyred eq | 23 |
| CYTOMEL | 26 |
| CYTOTEC. | 21 |

D

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| D-CARE BLOOD GLUCOSE. | 17 |
| D-CARE GLUCOMETER. | 17 |
| dabigatran etexilate mesylate | 9 |
| DAYVIGO | 31 |
| DAZOMON. | 16 |
| deblitane. | 23 |
| delyla | 23 |
| DEPAKOTE. | 9 |
| DEPAKOTE ER. | 9 |
| DEPEN TITRATABS. | 22 |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION REFILLED SYRINGE | 23 |
| DEPO-SUBQ PROVERA 104 | 23 |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML | 25 |
| DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML | 25 |
| DESCOVY. | 12 |
| desvenlafaxine succinate er | 10 |
| DEXABLISS | 25 |
| dexamethasone oral tablet. | 25 |
| dexamethasone oral tablet therapy pack | 25 |
| DEXCOM G6 SENSOR | 17 |
| DEXCOM G6 TRANSMITTER | 17 |
| DEXCOM G7 RECEIVER. | 17 |
| DEXCOM G7 SENSOR | 17 |
| dexamethylphenidate hcl | 15 |
| dexamethylphenidate hcl er. | 15 |
| DIABETES MONITOR DIGIT ADD-ON | 17 |

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| DIABETES MONITOR DIGIT SOLN. | 17 |
| diazepam oral tablet | 13 |
| diclofenac sodium oral | 8 |
| dicyclomine hcl oral capsule | 22 |
| dicyclomine hcl oral tablet | 22 |
| DIFICID ORAL TABLET. | 9 |
| DIFLUCAN ORAL TABLET | 11 |
| DILAUDID ORAL TABLET | 8 |
| diltiazem hcl er coated beads | 13 |
| DIOVAN | 13 |
| DIOVAN HCT | 13 |
| DIPENTUM. | 28 |
| divalproex sodium er. | 9 |
| divalproex sodium oral tablet delayed release | 9 |
| DIVIGEL | 23 |
| DODEX | 21 |
| DOPTelet. | 20 |
| dorzolamide hcl-timolol mal | 29 |
| dorzolamide hcl-timolol mal pf. | 29 |
| dotti. | 23 |
| DOVATO | 12 |
| doxazosin mesylate oral | 13 |
| doxepin hcl oral capsule. | 10 |
| doxycycline hyclate oral capsule | 9 |
| doxycycline hyclate oral tablet 100 mg | 9 |
| doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg | 9 |
| doxycycline hyclate oral tablet 20 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 | 16 |

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| EASY TOUCH HEALTHPRO GLUCOSE | 17 |
| EASY TOUCH TEST | 17 |
| EASYGLUCO | 17 |
| EASYMAX 15 TEST. | 17 |
| EASYMAX NG BLOOD GLUCOSE KIT. | 17 |
| EFFEXOR XR | 10 |
| EFUDEX | 16 |
| ELESTRIN. | 23 |
| eletriptan hydrobromide | 11 |
| ELIQUIS | 9 |
| ELIQUIS DVT/PE STARTER PACK. | 9 |
| ELOCTATE | 20 |
| eluryng | 23 |
| EMBRACE BLOOD GLUCOSE TEST | 17 |
| EMBRACE WAVE BLOOD GLUCOSE IN VITRO | 17 |
| EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML | 11 |
| EMPAVELI | 29 |
| 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 | 26 |
| ENBREL MINI. | 26 |
| ENBREL SURECLICK. | 26 |
| endocet | 8 |
| ENDOMETRIN | 27 |
| enilloring. | 23 |
| ENLITE GLUCOSE SENSOR | 17 |
| enoxaparin sodium injection solution prefilled syringe. | 9 |
| enskyce | 23 |
| ENSTILAR | 16 |
| ENTRESTO. | 13 |
| EPCLUSA ORAL TABLET. | 12 |
| EPIDIOLEX | 10 |
| epinephrine solution auto-injector 0.15 mg/0.15ml injection | 29 |



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|--|----|--|----|---|--------|
| epinephrine solution auto-injector 0.15 mg/0.3ml injection. | 29 | F | | FOCALIN | 15 |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection | 29 | falmina | 23 | FOCALIN XR | 15 |
| EPIPEN JR 2-PAK | 29 | famotidine oral suspension reconstituted | 21 | folic acid oral tablet 1 mg | 21 |
| EQ BLOOD GLUCOSE TEST | 17 | FASENRA PEN. | 30 | FOLLISTIM AQ. | 27 |
| ergocalciferol oral capsule. | 21 | FEMARA. | 11 | FORA 6 CONNECT/GTEL TEST | 17 |
| ERIVEDGE | 11 | fenofibrate oral tablet 120 mg, 40 mg | 13 | FORFIVO XL. | 10 |
| ERLEADA ORAL TABLET 240 MG | 11 | fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 13 | FORTESTA | 25 |
| ERLEADA ORAL TABLET 60 MG | 11 | FENOGLIDE | 13 | FORTISCARE G1 TEST STRIP. | 18 |
| ERMEZA. | 26 | FEXMID. | 31 | FORTISCARE TEST | 18 |
| errin. | 23 | FINACEA EXTERNAL FOAM | 16 | FOSAMAX | 28 |
| erythromycin ophthalmic | 28 | finasteride oral tablet 5 mg. | 22 | FREESTYLE LIBRE 14 DAY SENSOR. | 18 |
| escitalopram oxalate oral tablet. | 10 | finolimid hcl | 15 | FREESTYLE LIBRE 2 SENSOR | 18 |
| ESGIC ORAL TABLET. | 8 | FLAREX | 28 | FREESTYLE LIBRE 3 SENSOR | 18 |
| estarylla | 23 | flecainide acetate | 13 | FREESTYLE PRECISION NEO SYSTEM | 18 |
| ESTRACE. | 23 | FLOMAX. | 22 | FREESTYLE PRECISION NEO TEST | 18 |
| estradiol oral | 23 | FLOVENT HFA. | 30 | FREESTYLE TEST. | 18 |
| estradiol patch twice weekly 0.025 mg/24hr transdermal | 23 | FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE. | 27 | FUROSCIX | 13 |
| estradiol patch twice weekly 0.0375 mg/24hr transdermal | 23 | fluconazole oral tablet. | 11 | furosemide oral tablet. | 13 |
| estradiol patch twice weekly 0.05 mg/24hr transdermal | 23 | FLUROPLEX | 16 | FYCOMPA SUSPENSION. | 10 |
| estradiol patch twice weekly 0.075 mg/24hr transdermal | 23 | FLUOROURACIL EXTERNAL CREAM 0.5 % | 16 | FYCOMPA TAB | 10 |
| estradiol patch twice weekly 0.1 mg/24hr transdermal | 23 | fluorouracil external cream 5 % | 16 | fyremadel | 27 |
| estradiol transdermal gel | 23 | fluoxetine hcl oral capsule | 10 | G | |
| estradiol transdermal patch weekly. | 23 | fluoxetine hcl oral tablet 10 mg | 10 | gabapentin oral capsule | 10 |
| estradiol vaginal cream. | 23 | fluoxetine hcl oral tablet 20 mg | 10 | gabapentin oral tablet 600 mg, 800 mg | 10 |
| estradiol vaginal tablet | 23 | fluoxetine hcl oral tablet 60 mg | 10 | ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 27, 28 |
| ESTRING | 23 | FLUTICASONE FUROATE- VILANTEROL | 30 | gavilyte-c | 22 |
| ESTROGEL | 23 | FLUTICASONE PROPIONATE HFA | 30 | gavilyte-g | 22 |
| eszopiclone | 31 | fluticasone propionate nasal | 29 | GAVRETO. | 11 |
| etonogestrel-ethinyl estradiol. | 23 | FLUTICASONE-SALMETEROL INHALATION AEROSOL. | 30 | gemfibrozil oral | 13 |
| EUCRISA | 16 | fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 30 | GEN7T EXTERNAL PATCH | 8 |
| euthyrox | 26 | FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | 30 | GILENYA. | 15 |
| EVAMIST | 23 | flvoxamine maleate | 10 | glatiramer acetate | 15 |
| EXFORGE. | 13 | | | glatopa | 15 |
| EXKIVITY | 11 | | | glimepiride | 20 |
| EXTAVIA | 15 | | | glipizide er | 20 |
| EYSUVIS. | 28 | | | glipizide oral tablet 10 mg, 5 mg | 20 |
| ezetimibe | 13 | | | glipizide oral tablet 2.5 mg | 20 |
| | | | | glipizide xl. | 20 |



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| LOPRESSOR | 14 | MAXITROL OPHTHALMIC SUSPENSION 0.1 % | 28 | methylphenidate hcl er oral tablet extended release | 15 |
| lorazepam oral tablet | 13 | MAXZIDE | 14 | methylphenidate hcl oral tablet | 15 |
| loryna | 24 | MAXZIDE-25 | 14 | methylprednisolone oral tablet therapy pack | 25 |
| losartan potassium oral | 14 | MAYZENT STARTER PACK | 15 | metoclopramide hcl oral tablet | 10 |
| losartan potassium-hctz | 14 | MEDROL ORAL TABLET THERAPY PACK | 25 | metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg | 14 |
| LOTEMAX OPHTHALMIC GEL | 28 | medroxyprogesterone acetate intramuscular suspension prefilled syringe | 24 | metoprolol succinate er oral tablet extended release 24 hour 25 mg | 14 |
| LOTEMAX OPHTHALMIC OINTMENT | 28 | medroxyprogesterone acetate oral | 24 | metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg | 14 |
| LOTEMAX OPHTHALMIC SUSPENSION | 28 | meloxicam oral tablet | 8 | metoprolol tartrate oral tablet 37.5 mg, 75 mg | 14 |
| LOTEMAX SM | 28 | MENOPUR | 28 | METROCREAM | 16 |
| LOTENSIN | 14 | MENOSTAR | 24 | metronidazole external cream | 16 |
| loteprednol etabonate ophthalmic gel | 28 | mesalamine oral tablet delayed release 1.2 gm | 28 | metronidazole oral tablet | 9 |
| loteprednol etabonate ophthalmic suspension | 28 | mesalamine oral tablet delayed release 800 mg | 28 | metronidazole vaginal | 9 |
| LOTREL | 14 | metformin hcl er | 20 | MICARDIS | 14 |
| lovastatin oral | 14 | metformin hcl er (mod) | 20 | MICRODOT TEST | 18 |
| LOVAZA | 14 | metformin hcl er (osm) | 20 | microgestin 1/20 | 24 |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE | 9 | metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | 20 | microgestin 1.5/30 | 24 |
| LUMAKRAS | 11 | metformin hcl oral tablet 625 mg | 20 | microgestin 24 fe | 24 |
| LUMIGAN | 29 | methimazole oral | 26 | microgestin fe 1/20 | 24 |
| LUMRYZ | 31 | methocarbamol oral tablet 1000 mg | 31 | microgestin fe 1.5/30 | 24 |
| LUNESTA | 31 | methocarbamol oral tablet 500 mg, 750 mg | 31 | mili | 24 |
| LUPKYNIS | 27 | methotrexate sodium oral | 27 | MINILINK REAL-TIME TRANSMITTER | 18 |
| lurasidone hcl | 12 | methylphenidate hcl er (cd) | 15 | MINIMED 630G GUARDIAN PRESS | 18 |
| lutera | 24 | methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg | 15 | MINIPRESS | 14 |
| lyleq | 24 | methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg | 15 | MINIVELLE | 23, 24 |
| lyllana | 24 | methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg | 15 | minocycline hcl oral capsule | 9 |
| LYNPARZA | 11 | METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG | 15 | minoxidil oral | 14 |
| LYRICA ORAL CAPSULE | 15 | METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG | 15 | mirtazapine oral tablet | 10 |
| LYUMJEV KWIKPEN | 19 | methylphenidate hcl er (osm) oral tablet extended release 72 mg | 15 | MIRVASO | 16 |
| LYUMJEV TEMPO PEN | 19 | methylphenidate hcl er (xr) | 15 | misoprostol oral | 21 |
| LYUMJEV VIAL | 19 | | | MITIGARE | 11 |
| lyza | 24 | | | MM EASY TOUCH GLUCOSE METER | 18 |
| | | | | modafinil | 31 |
| | | | | mondoxyne nl | 9 |
| | | | | mono-linyah | 24 |
| | | | | montelukast sodium oral tablet | 30 |
| | | | | montelukast sodium oral tablet chewable | 30 |

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



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|---|----|---|----|--|----|
| morphine sulfate er oral tablet extended release | 8 | nifedipine er | 14 | NOVOLIN R RELION | 19 |
| MOTTEGRITY | 22 | nifedipine er osmotic release | 14 | NOVOLIN R VIAL | 19 |
| MOUNJARO | 20 | nikki | 24 | NOVOTWIST PEN NEEDLE | 18 |
| MOVIPREP | 22 | nitrofurantoin macrocrystal | 9 | np thyroid | 26 |
| MOXEZA | 28 | nitrofurantoin monohydrate macrocrystals | 9 | NUBEQA | 11 |
| moxifloxacin hcl (2x day) | 28 | nitroglycerin sublingual | 14 | NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 30 |
| moxifloxacin hcl ophthalmic | 28 | NITROSTAT | 14 | NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | 30 |
| MS CONTIN | 8 | NIVA THYROID | 26 | NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | 30 |
| MULPLETA | 21 | NOCDURNA | 25 | NUCYNTA | 8 |
| MULTAQ | 14 | nora-be | 24 | NUCYNTA ER | 8 |
| mupirocin external | 9 | NORDITROPIN FLEXPEN | 25 | NURTEC ODT | 11 |
| mycophenolate mofetil oral tablet | 27 | norethin ace-eth estrad-fe oral tablet | 24 | NUTROPIN AQ NUSPIN 10 | 25 |
| MYFEMBREE | 24 | norethindrone acet-ethinyl est | 24 | NUTROPIN AQ NUSPIN 20 | 25 |
| N | | | | | |
| na sulfate-k sulfate-mg sulf. | 22 | norethindrone acetate oral | 24 | NUTROPIN AQ NUSPIN 5 | 25 |
| nabumetone oral | 8 | norethindrone oral | 24 | NUVARING | 24 |
| NALOCET | 8 | norgestimate-eth estradiol | 24 | NUVESSA | 9 |
| naloxone hcl injection solution prefilled syringe | 8 | norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg | 24 | NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT | 21 |
| naloxone hcl nasal | 8 | norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg | 24 | NUWIQ INTRAVENOUS KIT 1500 UNIT | 21 |
| naltrexone hcl oral | 8 | NORITATE | 16 | NUZYRA ORAL | 9 |
| NAPROSYN ORAL TABLET | 8 | NORLIQVA | 14 | nymyo | 24 |
| naproxen oral tablet | 8 | norlyroc | 24 | nystatin external cream | 11 |
| NARCAN | 8 | nortriptyline hcl oral capsule | 10 | nystatin mouth/throat | 11 |
| NASCOBAL | 21 | NORVASC | 14 | O | |
| NATAZIA | 24 | NOURIANZ | 12 | ocella | 24 |
| NATESTO | 25 | NOVAREL | 28 | OCUFLOX | 28 |
| NAYZILAM | 10 | NOVOEIGHT | 21 | ODOMZO | 11 |
| neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 | 28 | NOVOFINE AUTOCOVER PEN NEEDLE | 18 | OFEV | 31 |
| neomycin-polymyxin-hc otic suspension | 29 | NOVOFINE PEN NEEDLE | 18 | ofloxacin ophthalmic | 28 |
| NESINA | 20 | NOVOFINE PLUS PEN NEEDLE | 18 | ofloxacin otic | 29 |
| NEULASTA | 21 | NOVOLIN 70/30 FLEXPEN | 19 | olanzapine oral tablet | 12 |
| NEUPRO | 12 | NOVOLIN 70/30 FLEXPEN RELION | 19 | olmesartan medoxomil oral | 14 |
| NEURONTIN ORAL CAPSULE | 10 | NOVOLIN 70/30 RELION | 19 | olmesartan medoxomil-hctz | 14 |
| NEURONTIN ORAL TABLET | 10 | NOVOLIN 70/30 VIAL | 19 | OLUMIANT ORAL TABLET | 27 |
| NEUTEK 2TEK TEST | 18 | NOVOLIN N FLEXPEN | 19 | OMECLAMOX-PAK | 21 |
| NEVANAC | 28 | NOVOLIN N FLEXPEN RELION | 19 | omega-3-acid ethyl esters | 14 |
| NEXLETOL | 14 | NOVOLIN N RELION | 19 | | |
| NEXLIZET | 14 | NOVOLIN N VIAL | 19 | | |
| NGENLA | 25 | NOVOLIN R FLEXPEN | 19 | | |
| | | NOVOLIN R FLEXPEN RELION | 19 | | |



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| PROCARDIA XL | 14 | RELAFEN DS | 8 | ROCKLATAN | 29 |
| prochlorperazine maleate oral | 10 | RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG | 15 | ropinirole hcl | 12 |
| PROCTOFOAM HC | 28 | RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG | 15 | rosuvastatin calcium | 14 |
| progesterone oral | 24 | RELION TRUE MET AIR GLUC METER | 18 | roweepra | 10 |
| PROGRAF ORAL CAPSULE | 27 | RELION TRUE METRIX TEST STRIPS | 18 | ROXICODONE | 8 |
| PROLATE ORAL TABLET | 8 | RELION ULTIMA GLUCOSE SYSTEM | 19 | RUCONEST | 27 |
| promethazine hcl oral tablet | 11 | RELION ULTIMA TEST | 19 | RUKOBIA | 12 |
| promethazine-dm | 29 | RELPAK | 11 | RYBELSUS | 20 |
| PROMETRIUM | 24 | REMERON | 10 | | |
| propranolol hcl er | 14 | REMODULIN | 31 | S | |
| propranolol hcl oral tablet | 14 | REPATHA | 14 | SANTYL | 16 |
| PROSCAR | 22 | REPATHA PUSHTRONEX SYSTEM | 14 | saxagliptin hcl | 20 |
| PROTONIX ORAL TABLET DELAYED RELEASE | 22 | REPATHA SURECLICK | 14 | scopolamine | 11 |
| PROVENTIL HFA | 30 | RESTASIS | 29 | SEREVENT DISKUS | 30 |
| PROVERA | 23, 24 | RESTASIS MULTIDOSE | 29 | SEROQUEL | 12 |
| PROVIGIL | 31 | RESTORIL | 31 | sertraline hcl oral tablet | 10 |
| PROZAC | 10 | RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML | 21 | sharobel | 24 |
| pseudoephedrine-bromphen-dm | 29 | RETACRIT INJECTION SOLUTION 20000 UNIT/ML | 21 | SHINGRIX | 27 |
| PTS PANELS EGLU TEST | 18 | RETEVMO ORAL CAPSULE 40 MG | 12 | sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg | 21 |
| PULMICORT SUSPENSION | 30 | RETEVMO ORAL CAPSULE 80 MG | 12 | sildenafil citrate oral tablet 20 mg | 31 |
| PULMOZYME | 31 | RETIN-A EXTERNAL CREAM | 16 | SIMPONI | 27 |
| PYLERA | 22 | REVATIO ORAL TABLET | 31 | simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | 14 |
| PYRIDIUM | 22 | REVLIMID | 12 | simvastatin oral tablet 80 mg | 14 |
| | | REXULTI | 12 | SINGULAIR ORAL TABLET | 30 |
| Q | | RHOFADE | 16 | SINGULAIR ORAL TABLET CHEWABLE | 30 |
| quetiapine fumarate | 12 | RHOPRESSA | 29 | SITAVIG | 12 |
| QUINTET AC BLOOD GLUCOSE TEST | 18 | RIGHTEST GT333 GLUCOSE TEST | 19 | SKYRIZI PEN | 27 |
| QUINTET BLOOD GLUCOSE TEST | 18 | RINVOQ | 27 | SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 27 |
| QVAR REDIHALER | 30 | RISPERDAL ORAL TABLET | 12 | SKYTROFA | 25 |
| | | risperidone oral tablet | 12 | SOANZ | 14 |
| R | | RITALIN | 15 | SODIUM OXYBATE | 31 |
| rabeprazole sodium oral tablet delayed release | 22 | RITALIN LA | 15 | SOFOSBUVIR-VELPATASVIR | 12 |
| RADICAVA ORS | 16 | rizatriptan benzoate | 11 | solifenacin succinate | 22 |
| RADICAVA ORS STARTER KIT | 16 | ROBINUL | 22 | SOLIQUA | 20 |
| ramipril | 14 | ROBINUL-FORTE | 22 | SOMATULINE DEPOT | 25 |
| RASUVO | 27 | ROCALTROL ORAL CAPSULE | 28 | SOOLANTRA | 16 |
| REBIF | 15 | | | SPIRIVA HANDIHALER | 30 |
| REBIF TITRATION PACK | 15 | | | SPIRIVA RESPIMAT | 30 |
| reclipsen | 24 | | | spironolactone oral tablet | 14 |
| RECOMBINATE | 21 | | | | |
| REGLAN | 11 | | | | |

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| sprintec 28 | 24 | TAKHZYRO | 27 | TIMOPTIC OCUDOSE | 29 |
| sronyx | 24 | TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 27 | tiotropium bromide monohydrate | 31 |
| STELARA SUBCUTANEOUS SOLUTION | 27 | TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 27 | TIROSINT-SOL | 26 |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 27 | TAMIFLU ORAL CAPSULE | 12 | TIVICAY | 12 |
| STENDRA | 21 | tamoxifen citrate oral tablet 10 mg | 12 | tizanidine hcl oral tablet | 31 |
| STIOLTO RESPIMAT | 30 | tamoxifen citrate oral tablet 20 mg | 12 | TOBI NEBULIZER | 31 |
| STIVARGA | 12 | tamsulosin hcl | 22 | TOBI PODHALER | 31 |
| STRATTERA | 15 | TAPERDEX 12-DAY | 25 | TOBRADEX ST | 28 |
| STRENSIQ | 22 | TAPERDEX 6-DAY | 25 | tobramycin inhalation nebulization solution 300 mg/4ml | 31 |
| STRIVERDI RESPIMAT | 30 | TAPERDEX 7-DAY | 25 | tobramycin nebulization solution 300 mg/5ml inhalation | 31 |
| SUBOXONE | 8 | TARGADOX | 9 | tobramycin ophthalmic | 28 |
| subvenite | 10 | tarina 24 fe | 25 | tobramycin-dexamethasone | 28 |
| sucralfate oral tablet | 22 | tarina fe 1/20 eq. | 25 | TOLAK | 16 |
| SUFLAVE | 22 | TASIGNA | 12 | TOPAMAX | 10 |
| sulfamethoxazole-trimethoprim oral tablet | 9 | TAVALISSE | 21 | TOPAMAX SPRINKLES | 10 |
| sumatriptan succinate oral | 11 | TECHLITE INSULIN SYRINGES | 19 | topiramate oral tablet | 10 |
| SUNOSI | 31 | TECHLITE PEN NEEDLES | 19 | TOPROL XL | 14 |
| SUPREP BOWEL PREP KIT | 22 | TEGSEDI | 22 | torse mide | 14 |
| SUTAB | 22 | TEKTURNA | 14 | TOUJEO MAX SOLOSTAR | 19 |
| syeda | 25 | telmisartan | 14 | TOUJEO SOLOSTAR | 19 |
| SYMBICORT | 31 | temazepam | 31 | TRACLEER 62.5 MG, 125 MG | 31 |
| SYMFI | 12 | TEMPO REFILL | 19 | TRADJENTA | 20 |
| SYMFI LO | 12 | TEMPO WELCOME | 19 | tramadol hcl oral tablet 100 mg | 8 |
| SYMJEPI | 29 | TENORMIN | 14 | tramadol hcl oral tablet 50 mg | 8 |
| SYMLINPEN 120 | 20 | terbinafine hcl oral | 11 | TRANSDERM-SCOP | 11 |
| SYMLINPEN 60 | 20 | TERIPARATIDE (RECOMBINANT) | 28 | trazodone hcl oral | 10 |
| SYMPAZAN | 10 | teriparatide inj | 28 | TRELEGY ELLIPTA | 31 |
| SYMPROIC | 22 | TESTIM | 25 | TREMFYA | 27 |
| SYNJARDY | 20 | testosterone cypionate intramuscular | 26 | treprostinil | 31 |
| SYNJARDY XR | 20 | TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 31 | tretinoin external cream | 16 |
| SYNTHROID | 26 | TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | 31 | TREXALL | 27 |
| T | | | | | |
| TABRECTA | 12 | THALITONE | 14 | TREZIX | 8 |
| TACLONEX EXTERNAL OINTMENT | 16 | THIOLA | 22 | tri-estarylla | 25 |
| tacrolimus external | 16 | THIOLA EC | 22 | tri-lynyah | 25 |
| tacrolimus oral | 27 | THYQUIDITY | 26 | tri-lo-estarylla | 25 |
| tadalafil oral | 21 | thyroid oral | 26 | tri-lo-marzia | 25 |
| TADLIQ | 31 | TIGLUTIK | 16 | tri-lo-mili | 25 |
| tafluprost (pf) | 29 | timolol maleate (once-daily) | 29 | tri-lo-sprintec | 25 |
| TAGRISSO | 12 | timolol maleate ophthalmic solution | 29 | tri-mili | 25 |
| | | timolol maleate pf | 29 | tri-nymyo | 25 |
| | | | | tri-sprintec | 25 |
| | | | | tri-vylibra | 25 |
| | | | | tri-vylibra lo | 25 |



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|---|----|--|--------|--|----------------------|----|
| triamcinolone acetonide external cream 0.025 %, 0.1 % | 16 | UDENYCA | 21 | VISTARIL | 13 | |
| triamcinolone acetonide external cream 0.5 % | 16 | UNISTRIP1 GENERIC | 19 | vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | 21 | |
| triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % | 16 | unithroid | 26 | VITRAKVI | 12 | |
| triamcinolone acetonide external ointment 0.05 % | 17 | UROCIT-K 10 | 21 | VIVELLE-DOT | 23, 25 | |
| triamcinolone in absorbbase | 17 | UROCIT-K 15 | 21 | VIVJOA | 11 | |
| triamterene-hctz | 14 | UROCIT-K 5 | 21 | VOGELXO | 26 | |
| triazolam | 13 | UROXATRAL | 22 | VOGELXO PUMP | 26 | |
| TRICOR | 14 | UZEDY | 12 | VOSEVI | 13 | |
| triderm | 17 | V | | | VRAYLAR ORAL CAPSULE | 12 |
| TRIJARDY XR | 20 | VAGIFEM | 25 | VTAMA | 17 | |
| TRILEPTAL ORAL TABLET | 10 | valacyclovir hcl oral | 13 | VYLEESI | 21 | |
| TRINTELLIX | 10 | VALIUM | 13 | vylibra | 25 | |
| TRIUMEQ | 12 | valsartan oral tablet | 14 | VYVANSE | 15 | |
| TRUE FOCUS BLOOD GLUCOSE STRIP | 19 | valsartan-hydrochlorothiazide | 14 | W | | |
| TRUE METRIX AIR GLUCOSE METER KIT | 19 | VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML | 10 | WAKIX | 31 | |
| TRUE METRIX BLOOD GLUCOSE TEST | 19 | VALTRESX | 13 | warfarin sodium oral | 9 | |
| TRUE METRIX GO GLUCOSE METER | 19 | VANDAZOLE | 9 | WELLBUTRIN SR | 10 | |
| TRUE METRIX METER KIT | 19 | VASOTEC | 14 | WELLBUTRIN XL | 10 | |
| TRUE METRIX PRO BLOOD GLUCOSE | 19 | VELPHORO | 22 | WILATE | 21 | |
| TRUETRACK TEST | 19 | VELTASSA | 21 | wixela inhub | 31 | |
| TRULICITY | 20 | venlafaxine hcl | 10 | X | | |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG | 12 | venlafaxine hcl er oral capsule extended release 24 hour | 10 | XACIATO | 9 | |
| TRUVADA ORAL TABLET 200-300 MG | 13 | VENTOLIN HFA | 30, 31 | XALATAN | 29 | |
| TYMLOS | 28 | VEOZAH | 25 | XANAX | 13 | |
| TYRVAYA | 29 | verapamil hcl er oral tablet extended release | 14 | XARELTO | 9 | |
| TYVASO | 31 | VERKAZIA | 29 | XARELTO STARTER PACK | 9 | |
| TYVASO DPI MAINTENANCE KIT | 31 | VERQUVO | 14 | XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 10 | |
| TYVASO DPI TITRATION KIT | 31 | VERZENIO | 12 | XELJANZ | 27 | |
| TYVASO REFILL | 31 | VESICARE | 22 | XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG | 27 | |
| TYVASO STARTER | 31 | vestura | 25 | XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG | 27 | |
| U | | VIAGRA | 21 | XENLETA ORAL | 9 | |
| UBRELVY | 11 | VIBERZI | 22 | XEPI | 17 | |
| UCERIS | 28 | VIBRAMYCIN ORAL CAPSULE | 9 | XIIDRA | 29 | |
| | | VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS | 20 | XOFLUZA (40 MG DOSE) | 13 | |
| | | vienva | 25 | XOFLUZA (80 MG DOSE) | 13 | |
| | | VIGAMOX | 28 | | | |
| | | VIIBRYD | 10 | | | |
| | | VIIBRYD STARTER PACK | 10 | | | |
| | | vilazodone hcl | 10 | | | |



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| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . . | 27 |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | 27 |
| XOPENEX HFA | 31 |
| XTAMPZA ER | 8 |
| XTANDI | 12 |
| xulane | 25 |
| XYWAV | 31 |

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

Z

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| zafemy | 25 |
| ZANAFLEX ORAL TABLET | 31 |
| ZARXIO | 21 |
| ZAVZPRET | 11 |
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | 20 |
| ZEJULA | 12 |
| ZELBORAF | 12 |
| ZELNORM | 22 |
| ZENPEP | 22 |
| ZEPOSIA | 16 |
| ZEPOSIA 7-DAY STARTER PACK . . . | 16 |
| ZEPOSIA STARTER KIT | 16 |
| ZESTORETIC | 14 |
| ZESTRIL | 15 |
| ZETIA | 15 |
| ZETONNA | 29 |
| 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 |
| ZOLOFT ORAL TABLET | 10 |

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| zolpidem tartrate er | 31 |
| zolpidem tartrate oral tablet | 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 | 28 |
| ZYPREXA ORAL | 12 |



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Salt Lake City, UT 84130

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

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200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

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Multi-language interpreter services

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

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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។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែកម្រិតតម្កល់ ដើម្បីមាននូវលិខិតអនុញ្ញាតិចំណាប់អារម្មណ៍របស់អ្នក។

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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