



# Your 2024 Prescription Drug List

## Essential 4-Tier

Effective September 1, 2024



**United  
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2024 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, 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        | <b>\$ Lower-cost</b><br>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 | <b>\$\$ Mid-range cost</b><br>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        | <b>\$\$\$ Highest-cost</b><br>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.

|             |  |
|-------------|--|
| <b>H</b>    | <b>Health Care Reform Preventive</b> —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.  |
| <b>H-PA</b> | <b>Health Care Reform Preventive with Prior Authorization</b> —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.                 |
| <b>NF</b>   | <b>Non-Formulary</b><br>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.   |
| <b>PA</b>   | <b>Prior Authorization</b> —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.   |
| <b>QL</b>   | <b>Quantity Limits</b> —Specifies the largest quantity of medication covered per copayment or in a defined period of time.   |
| <b>SP</b>   | <b>Specialty Medication</b> —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.   |
| <b>ST</b>   | <b>Step Therapy (referred to as First Start in New Jersey)</b> —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 |
|---|-----------|-----------------------|
| <b>Analgesics - Drugs for Pain</b>  |           |                       |
| acetaminophen-codeine oral tablet   | 1         | QL                    |
| apap-caff-dihydrocodeine oral capsule   | E         | QL                    |
| apap-caff-dihydrocodeine oral tablet 325-30-16 mg                               | 1         | QL                    |
| bac   | 1         | QL                    |
| BELBUCA   | 3         | PA, QL                |
| butalbital-apap-caffeine oral tablet  | 1         | QL                    |
| DILAUDID ORAL TABLET  | E         | QL                    |
| endocet   | 1         | QL                    |
| ESGIC ORAL TABLET   | 4         | QL                    |
| hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg           | E         | QL                    |
| hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg           | 1         | QL                    |
| hydromorphone hcl oral tablet   | 1         | QL                    |
| morphine sulfate er oral tablet extended release                                | 1         | PA, QL                |
| MS CONTIN   | E         | PA, QL                |
| NALOCET   | E         | QL                    |
| NUCYNTA   | 4         | QL                    |
| NUCYNTA ER  | 3         | PA, QL                |
| OXAYDO ORAL TABLET 5 MG, 7.5 MG   | E         | QL                    |
| oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg                            | 1         | QL                    |
| oxycodone hcl oral tablet 5 mg  | 1         | QL                    |
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG             | E         | QL                    |
| oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg | 1         | QL                    |
| OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG                                  | E         | QL                    |
| PERCOCET  | E         | QL                    |
| PROLATE ORAL TABLET   | E         | QL                    |
| ROXICODONE ORAL TABLET 15 MG, 30 MG   | E         | QL                    |
| ROXICODONE ORAL TABLET 5 MG   | E         | QL                    |

| Drug Name  | Drug Tier | Requirements & Limits    |
|--|-----------|--------------------------|
| tramadol hcl oral tablet 100 mg, 25 mg                   | E         | QL                       |
| tramadol hcl oral tablet 50 mg                           | 1         | QL                       |
| TREZIX   | E         | QL                       |
| ULTRAM ORAL TABLET 50 MG                                 | E         | QL                       |
| XTAMPZA ER   | 4         | PA, QL                   |
| ZTLIDO   | 3         | PA, QL                   |
| <b>Analgesics - Drugs for Pain and Inflammation</b>      |           |                          |
| CELEBREX   | E         | QL                       |
| celecoxib oral   | 2         | QL                       |
| diclofenac sodium oral                                   | 1         |                          |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg             | 1         |                          |
| INDOMETHACIN ORAL CAPSULE 20 MG                          | E         |                          |
| indomethacin oral capsule 25 mg, 50 mg                   | 1         |                          |
| ketorolac tromethamine oral                              | 1         |                          |
| meloxicam oral tablet                                    | 1         |                          |
| MOBIC ORAL TABLET 15 MG, 7.5 MG                          | E         |                          |
| nabumetone oral  | 1         |                          |
| NAPROSYN ORAL TABLET                                     | E         |                          |
| naproxen oral tablet                                     | 1         |                          |
| RELAFEN DS   | E         |                          |
| RELAFEN ORAL TABLET 500 MG, 750 MG                       | E         |                          |
| TIVORBEX ORAL CAPSULE 20 MG                              | E         |                          |
| <b>Anti-Addiction / Substance Abuse Treatment Agents</b> |           |                          |
| 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         | QL (includes Narcan OTC) |
| SUBOXONE   | E         | PA, QL                   |
| ZIMHI  | 2         | QL                       |
| ZUBSOLV  | 2         | 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 |
|---|-----------|-----------------------|
| <b>Antibacterials - Drugs for Infections</b>                    |           |                       |
| ACTICLATE ORAL TABLET 150 MG, 75 MG                             | E         |                       |
| amoxicillin oral capsule  | 1         |                       |
| amoxicillin oral suspension reconstituted                       | 1         |                       |
| amoxicillin oral tablet   | 1         |                       |
| amoxicillin-potassium clavulanate oral suspension reconstituted | 1         |                       |
| amoxicillin-potassium clavulanate oral tablet                   | 1         |                       |
| AUGMENTIN   | E         |                       |
| AUGMENTIN ES-600  | E         |                       |
| avidoxy   | 1         |                       |
| azithromycin oral suspension reconstituted                      | 1         |                       |
| azithromycin oral tablet  | 1         |                       |
| BACTRIM   | 4         |                       |
| BACTRIM DS  | 4         |                       |
| cefдинир  | 1         |                       |
| cefuroxime axetil   | 1         |                       |
| CENTANY EXTERNAL OINTMENT 2 %                                   | 4         | QL                    |
| cephalexin oral capsule   | 1         |                       |
| cephalexin oral suspension reconstituted                        | 1         |                       |
| CIPRO ORAL TABLET   | 4         |                       |
| ciprofloxacin hcl oral  | 1         |                       |
| CLEOCIN ORAL CAPSULE 150 MG, 300 MG                             | 4         |                       |
| CLEOCIN ORAL CAPSULE 75 MG                                      | 2         |                       |
| clindamycin hcl oral  | 1         |                       |
| CLINDESSE   | 2         |                       |
| DIFICID ORAL TABLET   | 4         | QL                    |
| doxycycline hyclate oral capsule                                | 2         |                       |
| doxycycline hyclate oral tablet 100 mg                          | 2         |                       |
| doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg            | E         |                       |
| doxycycline hyclate oral tablet 20 mg                           | 1         |                       |

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

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| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| jantoven   | 1         |                       |
| LOVENOX INJECTION SOLUTION PREFILLED SYRINGE     | E         | QL                    |
| PRADAXA ORAL CAPSULE                             | 2         | QL                    |
| warfarin sodium oral                             | 1         |                       |
| XARELTO  | 2         | QL                    |
| XARELTO STARTER PACK                             | 2         | QL                    |
| <b>Anticonvulsants - Drugs for Seizures</b>      |           |                       |
| APTIOM   | E         | PA                    |
| BRIVIACT ORAL TABLET                             | E         | PA                    |
| DEPAKOTE   | 4         | PA                    |
| DEPAKOTE ER                                      | 4         | PA                    |
| divalproex sodium er                             | 2         |                       |
| divalproex sodium oral tablet delayed release    | 1         |                       |
| EPIDIOLEX  | 4         | PA, SP                |
| FYCOMPA ORAL SUSPENSION                          | 4         | PA                    |
| FYCOMPA ORAL TABLET                              | E         | PA                    |
| gabapentin oral capsule                          | 1         |                       |
| gabapentin oral tablet 600 mg, 800 mg            | 1         |                       |
| KEPPRA ORAL TABLET                               | E         | PA                    |
| LAMICTAL ORAL TABLET                             | E         | PA                    |
| lamotrigine oral tablet                          | 1         |                       |
| levetiracetam oral tablet                        | 1         |                       |
| MOTPOLY XR                                       | 4         |                       |
| NAYZILAM   | 3         | PA, QL                |
| NEURONTIN ORAL CAPSULE                           | E         | PA                    |
| NEURONTIN ORAL TABLET                            | E         | PA                    |
| oxcarbazepine oral tablet                        | 1         |                       |
| roweepra   | 1         |                       |
| subvenite  | 1         |                       |
| SYMPAZAN   | 4         | PA                    |
| TOPAMAX  | E         | PA                    |
| TOPAMAX SPRINKLE                                 | E         | PA                    |
| topiramate oral                                  | 1         |                       |
| TRILEPTAL ORAL TABLET                            | E         | 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 | E         | PA                    |

| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| ZONEGRAN  | E         | PA                    |
| zonisamide oral   | 1         |                       |
| <b>Antidepressants - Drugs for Depression</b>                             |           |                       |
| amitriptyline hcl oral  | 1         |                       |
| bupropion hcl er (sr)   | 1         |                       |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | 1         |                       |
| BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG         | E         | QL                    |
| bupropion hcl oral  | 1         |                       |
| CELEXA  | E         |                       |
| citalopram hydrobromide oral tablet                                       | 1         |                       |
| CYMBALTA  | E         |                       |
| desvenlafaxine succinate er   | 3         | QL                    |
| 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               | E         |                       |
| EFFEXOR XR  | E         |                       |
| escitalopram oxalate oral tablet  | 1         |                       |
| fluoxetine hcl oral capsule   | 1         |                       |
| fluoxetine hcl oral tablet 10 mg  | 3         | QL                    |
| fluoxetine hcl oral tablet 20 mg, 60 mg                                   | 3         |                       |
| fluvoxamine maleate   | 1         |                       |
| FORFIVO XL  | E         | QL                    |
| LEXAPRO   | E         |                       |
| mirtazapine oral tablet   | 1         |                       |
| nortriptyline hcl oral capsule  | 1         |                       |
| PAMELOR   | E         |                       |
| paroxetine hcl oral tablet  | 1         |                       |
| PAXIL ORAL TABLET   | E         |                       |
| PRISTIQ   | E         | QL                    |
| PROZAC  | E         |                       |
| REMERON   | E         |                       |
| sertraline hcl oral tablet  | 1         |                       |
| trazodone hcl oral  | 1         |                       |

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| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| TRINTELLIX   | E         | ST, QL                |
| venlafaxine hcl  | 1         |                       |
| venlafaxine hcl er oral capsule extended release 24 hour | 1         |                       |
| VIIBRYD  | E         | QL                    |
| VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG                 | 4         |                       |
| vilazodone hcl   | 3         | QL                    |
| WELLBUTRIN SR  | E         |                       |
| WELLBUTRIN XL  | E         |                       |
| ZOLOFT ORAL TABLET                                       | E         |                       |

#### Antiemetics - Drugs for Nausea and Vomiting

|                                |   |  |
|--------------------------------|---|--|
| metoclopramide hcl oral tablet | 1 |  |
| ondansetron hcl oral tablet    | 1 |  |
| ondansetron odt                | 1 |  |
| prochlorperazine maleate oral  | 1 |  |
| promethazine hcl oral tablet   | 1 |  |
| REGLAN                         | 4 |  |
| scopolamine                    | 3 |  |
| TRANSDERM-SCOP                 | E |  |

#### Antifungals - Drugs for Fungal Infections

|                               |   |        |
|-------------------------------|---|--------|
| ciclodan                      | 1 |        |
| ciclopirox external solution  | 1 |        |
| CRESEMBA ORAL CAPSULE 186 MG  | 3 |        |
| DIFLUCAN ORAL TABLET          | E |        |
| fluconazole oral tablet       | 1 |        |
| GYNAZOLE-1                    | 3 |        |
| ketoconazole external cream   | 1 | QL     |
| ketoconazole external shampoo | 1 |        |
| nystatin external cream       | 1 | QL     |
| nystatin mouth/throat         | 1 |        |
| terbinafine hcl oral          | 1 |        |
| VIVJOA                        | 3 | PA, QL |

#### Antigout Agents - Drugs for Gout

|  |   |  |
|--|---|--|
| allopurinol oral tablet 100 mg, 300 mg | 1 |  |
| ALLOPURINOL ORAL TABLET 200 MG         | E |  |
| colchicine oral                        | 2 |  |

| Drug Name                           | Drug Tier | Requirements & Limits |
|-------------------------------------|-----------|-----------------------|
| COLCRYS ORAL TABLET 0.6 MG          | E         |                       |
| MITIGARE                            | 2         |                       |
| ZYLOPRIM ORAL TABLET 100 MG, 300 MG | 4         |                       |

#### Antimigraine Agents - Drugs for Migraines

|  |   |            |
|--|---|------------|
| AIMOVIQ  | 3 | PA, ST     |
| AIMOVIQ 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  | E | QL         |
| MAXALT   | E | QL         |
| MAXALT-MLT   | E | QL         |
| NURTEC   | 3 | PA, ST, QL |
| RELPAK   | E | QL         |
| rizatriptan benzoate                                   | 1 | QL         |
| sumatriptan succinate oral                             | 1 | QL         |
| UBRELVY  | 3 | PA, ST, QL |
| ZAVZPRET   | 4 | PA, ST, QL |
| ZOLMITRIPTAN NASAL SOLUTION 2.5 MG                     | E | QL         |
| ZOMIG NASAL SOLUTION 2.5 MG                            | 3 | QL         |
| ZOMIG NASAL SOLUTION 5 MG                              | 2 | QL         |

#### Antineoplastics - Drugs for Cancer

|                               |   |            |
|-------------------------------|---|------------|
| ALECENSA                      | 3 | PA, QL     |
| ALUNBRIG                      | 3 | PA, QL, SP |
| anastrozole oral              | 1 | H-PA       |
| ARIMIDEX                      | E |            |
| CALQUENCE ORAL CAPSULE 100 MG | 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                        | E |            |
| GAVRETO                       | 4 | PA, QL, SP |
| IBRANCE ORAL CAPSULE          | 3 | PA, QL, SP |

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| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| 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 CAPSULE                                 | 3         | PA, QL, SP            |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG                   | E         | PA, QL, SP            |
| IMBRUVICA ORAL TABLET 420 MG                           | 3         | PA, QL, SP            |
| IMBRUVICA ORAL TABLET 560 MG                           | 3         | PA, SP                |
| KOSELUGO   | 3         | PA, QL, SP            |
| lenalidomide   | 3         | 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            |
| 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            |
| TAGRISO  | 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 ORAL CAPSULE 100 MG                             | 3         | PA, QL, SP            |
| ZEJULA ORAL CAPSULE 100 MG                             | 2         | PA, QL, SP            |
| ZELBORAF   | 3         | PA, QL, SP            |
| <b>Antiparasitics - Drugs for Parasitic Infections</b> |           |                       |
| ARAKODA  | 4         | QL                    |
| hydroxychloroquine sulfate oral                        | 1         |                       |
| KRINTAFEL  | 1         | QL                    |
| PLAQUENIL  | E         |                       |

| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| <b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>               |           |                       |
| INBRIJA   | 3         | PA, QL, SP            |
| KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG                 | 4         | SP                    |
| NEUPRO  | E         |                       |
| NOURIANZ  | E         | PA, QL                |
| pramipexole dihydrochloride   | 1         |                       |
| ropinirole hcl  | 1         |                       |
| <b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>       |           |                       |
| BRILINTA  | 4         | QL                    |
| clopidogrel bisulfate oral  | 1         |                       |
| PLAVIX  | E         |                       |
| <b>Antipsychotics - Drugs for Mood Disorders</b>                          |           |                       |
| ABILIFY   | E         |                       |
| aripiprazole oral tablet  | 2         |                       |
| LATUDA  | E         | QL                    |
| lurasidone hcl  | 3         | QL                    |
| olanzapine oral tablet  | 1         |                       |
| quetiapine fumarate   | 1         |                       |
| REXULTI   | E         | PA, ST, QL            |
| RISPERDAL ORAL TABLET   | E         |                       |
| risperidone oral tablet   | 1         |                       |
| SEROQUEL  | E         |                       |
| UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML             | E         |                       |
| VRAYLAR ORAL CAPSULE  | 4         | QL                    |
| ZYPREXA ORAL  | E         |                       |
| <b>Antivirals - Drugs for Viral Infections</b>                            |           |                       |
| acyclovir oral tablet   | 1         |                       |
| BIKTARVY  | 4         | QL                    |
| CIMDUO  | 2         | QL                    |
| DESCOVY   | E         | PA, ST, QL            |
| DOVATO  | 2         | QL                    |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | 1         | QL                    |
| emtricitabine-tenofovir df oral tablet 200-300 mg                         | 1         | QL, H                 |

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| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| EPCLUSA ORAL TABLET  | 3         | PA, QL, SP            |
| HARVONI ORAL TABLET  | 3         | PA, ST, QL, SP        |
| JULUCA   | 2         | QL                    |
| LAGEVRIO   | 3         | 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  | E         | QL                    |
| SOFOSBUVIR-VELPATASVIR                                       | 3         | PA, QL, SP            |
| SYMFI  | 2         | QL                    |
| SYMFI LO   | 2         | QL                    |
| TAMIFLU ORAL CAPSULE   | E         |                       |
| TIVICAY  | 3         |                       |
| TRIUMEQ  | 2         | QL                    |
| TRUVADA ORAL TABLET<br>100-150 MG, 133-200 MG,<br>167-250 MG | 4         | QL                    |
| TRUVADA ORAL TABLET<br>200-300 MG                            | E         | QL                    |
| valacyclovir hcl oral  | 1         | QL                    |
| VALTREX  | E         | QL                    |
| VOSEVI   | 3         | PA, QL, SP            |
| XOFLUZA (40 MG DOSE)   | 3         | QL                    |
| XOFLUZA (80 MG DOSE)   | 3         | QL                    |
| <b>Anxiolytics - Drugs for Anxiety</b>                       |           |                       |
| alprazolam oral tablet                                       | 1         |                       |
| ATIVAN ORAL  | E         |                       |
| bupirone hcl oral  | 1         |                       |
| clonazepam oral tablet                                       | 1         |                       |
| diazepam oral tablet   | 1         |                       |
| HALCION  | 4         |                       |
| hydroxyzine hcl oral tablet                                  | 1         |                       |
| hydroxyzine pamoate oral                                     | 1         |                       |
| KLONOPIN   | E         |                       |
| lorazepam oral tablet  | 1         |                       |
| triazolam  | 1         |                       |

| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| VALIUM  | E         |                       |
| VISTARIL  | 4         |                       |
| XANAX   | E         |                       |
| <b>Bipolar Agents - Drugs for Mood Disorders</b>                          |           |                       |
| lithium carbonate er  | 1         |                       |
| lithium carbonate oral capsule  | 1         |                       |
| LITHOBID  | 4         | PA                    |
| <b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b> |           |                       |
| ALDACTONE   | E         |                       |
| aliskiren fumarate  | E         |                       |
| ALTACE  | E         |                       |
| 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<br>10 mg, 20 mg                          | 1         | H-PA                  |
| atorvastatin calcium oral tablet<br>40 mg, 80 mg                          | 1         |                       |
| AVALIDE   | E         |                       |
| AVAPRO  | E         |                       |
| benazepril hcl oral   | 1         |                       |
| BENICAR   | E         |                       |
| BENICAR HCT   | E         |                       |
| bisoprolol fumarate oral  | 1         |                       |
| bisoprolol-hydrochlorothiazide  | 1         |                       |
| CALAN SR ORAL TABLET<br>EXTENDED RELEASE 120 MG,<br>180 MG, 240 MG        | 4         |                       |
| CARDIZEM CD   | E         |                       |
| CARDURA   | 4         |                       |
| cartia xt   | 2         |                       |
| carvedilol  | 1         |                       |
| chlorthalidone  | 1         |                       |
| clonidine hcl oral  | 1         |                       |
| COREG   | E         |                       |
| CORLANOR  | 3         | PA, QL                |

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| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| COZAAR   | E         |                       |
| CRESTOR  | E         |                       |
| diltiazem hcl er coated beads                        | 2         |                       |
| DIOVAN   | E         |                       |
| DIOVAN HCT   | E         |                       |
| doxazosin mesylate oral                              | 1         |                       |
| enalapril maleate oral tablet                        | 1         |                       |
| ENTRESTO   | 4         | PA, QL                |
| EXFORGE  | E         |                       |
| ezetimibe  | 2         |                       |
| fenofibrate oral tablet 120 mg, 40 mg                | E         |                       |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | 2         |                       |
| FENOGLIDE  | E         |                       |
| flecainide acetate                                   | 1         |                       |
| FUROSCIX   | E         | PA, QL                |
| furosemide oral tablet                               | 1         |                       |
| gemfibrozil oral                                     | 1         |                       |
| guanfacine hcl                                       | 1         |                       |
| HEMANGEOL  | E         |                       |
| hydralazine hcl oral                                 | 1         |                       |
| hydrochlorothiazide oral                             | 1         |                       |
| HYZAAR   | E         |                       |
| INDERAL LA   | E         |                       |
| irbesartan   | 1         |                       |
| irbesartan-hydrochlorothiazide                       | 1         |                       |
| isosorbide mononitrate er                            | 1         |                       |
| labetalol hcl oral                                   | 1         |                       |
| LASIX  | 4         |                       |
| LIPITOR  | E         |                       |
| lisinopril oral                                      | 1         |                       |
| lisinopril-hydrochlorothiazide                       | 1         |                       |
| LOPID  | 4         |                       |
| LOPRESSOR  | 4         |                       |
| losartan potassium oral                              | 1         |                       |
| losartan potassium-hctz                              | 1         |                       |
| LOTENSIN   | 4         |                       |
| LOTREL   | E         |                       |
| lovastatin oral                                      | 1         | H                     |

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| LOVAZA   | E         |                       |
| 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                                     | E         |                       |
| MICARDIS   | E         |                       |
| MINIPRESS  | 4         |                       |
| minoxidil oral   | 1         |                       |
| MULTAQ   | E         | PA                    |
| NEXLETOL   | 2         | PA, ST, QL            |
| NEXLIZET   | 2         | PA, ST, QL            |
| nifedipine er  | 1         |                       |
| nifedipine er osmotic release  | 1         |                       |
| nitroglycerin sublingual   | 1         |                       |
| NITROSTAT  | 4         |                       |
| NORLIQVA   | 4         | PA                    |
| NORVASC  | E         |                       |
| 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   | E         |                       |
| 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         |                       |

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| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg  | 1         | H-PA                  |
| simvastatin oral tablet 80 mg  | 1         |                       |
| SOAANZ   | E         | QL                    |
| spironolactone oral tablet   | 1         |                       |
| TEKTURNA   | E         |                       |
| TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG                    | E         |                       |
| telmisartan  | 2         |                       |
| TENORMIN   | E         |                       |
| THALITONE  | E         |                       |
| TOPROL XL  | E         |                       |
| toremide   | 1         |                       |
| triamterene-hctz   | 1         |                       |
| TRICOR   | E         |                       |
| valsartan oral tablet  | 2         |                       |
| valsartan-hydrochlorothiazide  | 1         |                       |
| VASOTEC  | E         |                       |
| verapamil hcl er oral tablet extended release  | 1         |                       |
| VERQUVO  | E         | PA, QL                |
| ZESTORETIC   | E         |                       |
| ZESTRIL  | E         |                       |
| ZETIA  | E         |                       |
| ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG   | 3         |                       |
| ZIAC ORAL TABLET 5-6.25 MG   | 4         |                       |
| ZOCOR  | E         |                       |
| <b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>                |           |                       |
| ADDERALL   | E         |                       |
| ADDERALL XR  | E         | QL                    |
| ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG | E         | QL                    |
| amphetamine-dextroamphetamine  | 1         |                       |
| amphetamine-dextroamphetamine er   | 2         | QL                    |
| amphet-dextroamphet 3-bead er  | E         | QL                    |
| APTENSIO XR  | E         | QL                    |

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| atomoxetine hcl  | 4         | QL                    |
| AZSTARYS   | 3         | ST, QL                |
| CONCERTA   | E         | QL                    |
| dexmethylphenidate hcl   | 1         |                       |
| dexmethylphenidate hcl er  | 2         | QL                    |
| FOCALIN  | E         |                       |
| FOCALIN XR   | E         | QL                    |
| guanfacine hcl er  | 2         |                       |
| INTUNIV  | E         |                       |
| 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, 63 MG                       | E         | QL                    |
| methylphenidate hcl er (osm) oral tablet extended release 72 mg                              | E         | QL                    |
| methylphenidate hcl er (xr)  | E         | QL                    |
| methylphenidate hcl er oral tablet extended release  | 2         | QL                    |
| methylphenidate hcl oral tablet  | 1         |                       |
| MYDAYIS  | E         | QL                    |
| RELEXXII   | E         | QL                    |
| RITALIN  | E         |                       |
| RITALIN LA   | E         | QL                    |
| STRATTERA  | E         | QL                    |
| VYVANSE  | E         | QL                    |
| <b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>                          |           |                       |
| AVONEX PEN   | 3         | PA, QL, SP            |
| AVONEX PREFILLED   | 3         | PA, QL, SP            |
| BAFIERTAM  | 3         | PA, QL, SP            |
| BETASERON  | 3         | PA, QL, SP            |

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| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| COPAXONE   | E         | PA, QL, SP            |
| EXTAVIA  | E         | PA, ST, QL, SP        |
| fingolimod hcl   | 1         | PA, QL, SP            |
| GILENYA  | E         | 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  | E         | PA, QL, SP            |
| REBIF TITRATION PACK   | E         | PA, QL, SP            |
| <b>Central Nervous System Agents - Miscellaneous</b>                     |           |                       |
| AUSTEDO  | 3         | PA, QL, SP            |
| AUSTEDO XR   | 3         | QL, SP                |
| AUSTEDO XR PATIENT TITRATION   | 3         | QL, SP                |
| LYRICA ORAL CAPSULE  | E         | PA                    |
| pregabalin oral capsule  | 2         |                       |
| RADICAVA ORS   | 4         | PA, QL, SP            |
| RADICAVA ORS STARTER KIT   | 4         | PA, QL, SP            |
| TEGLUTIK   | 4         | PA                    |
| TIGLUTIK ORAL SUSPENSION 50 MG/10ML                                      | 4         | PA                    |
| ZEPOSIA  | 4         | PA, ST, QL, SP        |
| ZEPOSIA 7-DAY STARTER PACK   | 4         | PA, ST, QL, SP        |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG   | 4         | PA, ST, QL, SP        |
| ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) | 4         | PA, ST, SP            |
| <b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>    |           |                       |
| chlorhexidine gluconate mouth/throat                                     | 1         |                       |
| lidocaine hcl mouth/throat   | 1         |                       |
| lidocaine viscous hcl  | 1         |                       |
| PERIDEX  | 4         |                       |
| periogard  | 1         |                       |

| Drug Name  | Drug Tier | Requirements & Limits       |
|--|-----------|-----------------------------|
| <b>Dermatological Agents - Drugs for Skin Conditions</b>                   |           |                             |
| AKLIEF   | 4         | PA, QL                      |
| ala-cort   | E         |                             |
| AMZEEQ   | E         | QL                          |
| AVITA EXTERNAL CREAM 0.025 %   | E         | PA, QL                      |
| CARAC  | E         |                             |
| CIBINQO  | 3         | PA, QL, SP                  |
| CLEOCIN-T  | E         |                             |
| clindacin etz external swab  | 1         |                             |
| clindacin-p  | 1         |                             |
| CLINDAGEL  | E         | QL                          |
| clindamycin phosphate external lotion                                      | 3         |                             |
| clindamycin phosphate external solution                                    | 1         |                             |
| clindamycin phosphate external swab  | 1         |                             |
| clindamycin phosphate gel 1 % external                                     | E         | (generic for Clindagel), QL |
| clindamycin phosphate gel 1 % external                                     | 2         | (generic for Cleocin-T), QL |
| clobetasol propionate external cream                                       | 2         | QL                          |
| clobetasol propionate external ointment                                    | 2         | QL                          |
| clobetasol propionate external solution                                    | 1         | QL                          |
| clotrimazole-betamethasone external cream                                  | 1         |                             |
| DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR                                | 3         | PA, QL, SP                  |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML             | 3         | PA, QL                      |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML | 3         | PA, QL, SP                  |
| EFUDEX   | 4         |                             |
| ENSTILAR   | 4         | QL                          |
| EUCRISA  | 3         | ST, QL                      |
| FINACEA EXTERNAL FOAM  | 4         |                             |
| FLUOROURACIL EXTERNAL CREAM 0.5 %  | E         |                             |

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| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| fluorouracil external cream 5 %                                 | 1         |                       |
| hydrocortisone external cream 1 %                               | E         |                       |
| hydrocortisone external cream 2.5 %                             | 1         |                       |
| hydrocortisone external ointment 1 %, 2.5 %                     | 1         |                       |
| IMPOYZ  | E         | QL                    |
| KLISYRI   | 4         | ST, QL                |
| METROCREAM  | 4         |                       |
| metronidazole external cream                                    | 1         |                       |
| MIRVASO   | 4         | PA, QL                |
| NORITATE  | E         |                       |
| OPZELURA  | E         | PA, QL, SP            |
| PANRETIN  | 3         |                       |
| PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %                        | E         | QL                    |
| RETIN-A EXTERNAL CREAM  | E         | PA, QL                |
| RHOFADE   | 4         | PA, QL                |
| rosadan external cream 0.75 %                                   | 1         |                       |
| SANTYL  | 4         | QL                    |
| SOOLANTRA   | 4         | QL                    |
| TACLONEX SUSPENSION   | E         | QL                    |
| tacrolimus external   | 2         | QL                    |
| TEMOVATE EXTERNAL CREAM 0.05 %                                  | 4         | QL                    |
| TEMOVATE EXTERNAL OINTMENT 0.05 %                               | 4         | QL                    |
| TOLAK   | E         |                       |
| 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         |                       |
| triamcinolone acetonide external ointment 0.05 %                | E         |                       |
| triamcinolone in absorbase                                      | E         |                       |
| TRIANEX EXTERNAL OINTMENT 0.05 %                                | E         |                       |
| triderm   | 1         | QL                    |
| tritocin external ointment 0.05 %                               | E         |                       |

| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| VTAMA   | 4         | PA, QL                |
| XEPI  | 3         | QL                    |
| ZILXI   | E         | PA, ST, QL            |
| ZORYVE EXTERNAL CREAM                             | 4         | PA, QL                |
| <b>Diabetes - Glucose Monitoring and Supplies</b> |           |                       |
| ACCU-CHEK AVIVA PLUS TEST STRIPS                  | E         | QL                    |
| ACCU-CHEK FASTCLIX LANCET KIT                     | 1         |                       |
| ACCU-CHEK FASTCLIX LANCETS                        | 1         |                       |
| ACCU-CHEK GUIDE KIT W/DEVICE                      | 3         |                       |
| ACCU-CHEK GUIDE ME METER                          | 3         |                       |
| ACCU-CHEK GUIDE TEST STRIPS                       | 3         |                       |
| ACCU-CHEK GUIDE TEST STRIPS                       | 3         | QL                    |
| ACCU-CHEK MULTICLIX LANCET KIT                    | 1         |                       |
| ACCU-CHEK MULTICLIX LANCETS                       | 1         |                       |
| ACCU-CHEK SMARTVIEW TEST STRIPS                   | E         | QL                    |
| ACCU-CHEK SOFT TOUCH LANCETS                      | 1         |                       |
| ACCU-CHEK SOFTCLIX LANCET                         | 1         |                       |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT              | 1         |                       |
| ACCUTREND GLUCOSE                                 | E         | QL                    |
| AQINJECT PEN NEEDLE                               | 2         | QL                    |
| BD AUTOSHIELD DUO PEN NEEDLES                     | 2         | QL                    |
| BD ULTRA-FINE insulin syringes                    | 2         | QL                    |
| BD ULTRA-FINE PEN NEEDLES                         | 2         | QL                    |
| BD ULTRA-FINE U-500 insulin syringes              | 2         | QL                    |
| BD ULTRA-FINE VEO insulin syringes                | 2         | QL                    |
| BIOTEL CARE TEST STRIPS                           | E         | QL                    |
| BLOOD GLUCOSE TEST STRIPS                         | E         | QL                    |
| BLOOD GLUCOSE TEST STRIPS 333                     | E         | QL                    |
| CARETOUCH MONITOR SYSTEM                          | E         |                       |
| CARETOUCH TEST                                    | E         | QL                    |
| CONTOUR MONITOR KIT W/ DEVICE                     | E         |                       |

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| Drug Name                             | Drug Tier | Requirements & Limits   | Drug Name  | Drug Tier | Requirements & Limits |
|---------------------------------------|-----------|-------------------------|--|-----------|-----------------------|
| CONTOUR NEXT BLOOD GLUCOSE TEST STRIP | 2         | QL                      | FREESTYLE LIBRE 14 DAY SENSOR  | 3         | PA, QL                |
| CONTOUR NEXT EZ KIT W/ DEVICE         | E         |                         | FREESTYLE LIBRE 2 SENSOR   | 3         | PA, QL                |
| CONTOUR NEXT GEN MONITOR KIT          | E         |                         | FREESTYLE LIBRE 3 SENSOR   | 3         | PA, QL                |
| CONTOUR NEXT GEN TEST STRIPS          | 2         | QL                      | FREESTYLE PRECISION NEO SYSTEM   | E         |                       |
| CONTOUR NEXT LINK KIT W/ DEVICE       | E         |                         | FREESTYLE PRECISION NEO TEST   | E         | QL                    |
| CONTOUR NEXT LINK KIT W/ DEVICE       | E         | (Contour Next Link 24 ) | FREESTYLE TEST   | E         | QL                    |
| CONTOUR NEXT MONITOR KIT W/ DEVICE    | 2         |                         | GLUCOCARD EXPRESSION TEST  | E         | QL                    |
| CONTOUR NEXT ONE DEVICE               | E         |                         | GLUCOCARD SHINE TEST   | E         | QL                    |
| CONTOUR NEXT ONE KIT                  | 2         |                         | GLUCOCARD VITAL TEST   | E         | QL                    |
| CONTOUR TEST STRIPS                   | E         | QL                      | GUARDIAN 4 GLUCOSE SENSOR  | 3         | PA                    |
| CVS ADVANCED GLUCOSE TEST             | E         | QL                      | GUARDIAN 4 TRANSMITTER   | 3         | PA                    |
| CVS GLUCOSE METER TEST STRIPS         | E         | QL                      | GUARDIAN CONNECT TRANSMITTER   | 3         | PA, QL                |
| D-CARE BLOOD GLUCOSE                  | E         | QL                      | GUARDIAN LINK 3 TRANSMITTER  | 3         | PA, QL                |
| D-CARE GLUCOMETER                     | E         |                         | GUARDIAN SENSOR (3)  | 3         | PA, QL                |
| DEXCOM G6 RECEIVER                    | 3         | PA, QL                  | GUARDIAN SENSOR 3  | 3         | PA, QL                |
| DEXCOM G6 SENSOR                      | 3         | PA, QL                  | GVOKE HYPOPEN 1-PACK   | 2         | QL                    |
| DEXCOM G6 TRANSMITTER                 | 3         | PA, QL                  | GVOKE HYPOPEN 2-PACK   | 2         | QL                    |
| DEXCOM G7 RECEIVER                    | 3         | PA, QL                  | GVOKE KIT  | 2         |                       |
| DEXCOM G7 SENSOR                      | 3         | PA, QL                  | GVOKE PFS  | 2         | QL                    |
| EASY TOUCH HEALTHPRO GLUCOSE          | E         |                         | HEALTHPRO BLOOD GLUCOSE MONITO   | E         |                       |
| EASY TOUCH TEST                       | E         | QL                      | INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM | 2         | QL                    |
| EASYGLUCO                             | E         |                         | LANCETS  | 1         |                       |
| EASYMAX 15 TEST                       | E         | QL                      | MICRODOT TEST  | E         | QL                    |
| EASYMAX NG BLOOD GLUCOSE KIT          | E         |                         | MINILINK REAL-TIME TRANSMITTER   | 3         | PA                    |
| EMBRACE BLOOD GLUCOSE TEST            | E         | QL                      | MINIMED 630G GUARDIAN PRESS  | 3         | PA                    |
| EMBRACE WAVE BLOOD GLUCOSE IN VITRO   | E         | QL                      | MM BLULINK GLUCOSE TEST  | E         | QL                    |
| ENLITE GLUCOSE SENSOR                 | 3         | PA                      | MM EASY TOUCH GLUCOSE METER  | E         |                       |
| EQ BLOOD GLUCOSE TEST                 | E         | QL                      | NEUTEK 2TEK TEST   | E         | QL                    |
| FORA 6 CONNECT/GTEL TEST              | E         | QL                      | NOVOFINE AUTOCOVER PEN NEEDLE  | 2         | QL                    |
| FORTISCARE G1 TEST STRIP              | E         | QL                      | NOVOFINE PEN NEEDLE  | 2         | QL                    |
| FORTISCARE TEST                       | E         | QL                      | NOVOFINE PLUS PEN NEEDLE   | 2         | QL                    |
|                                       |           |                         | NOVOTWIST PEN NEEDLE   | 2         | QL                    |

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| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| OMNIPOD 5 G6 INTRO (GEN 5)                        | 2         | PA, QL                |
| OMNIPOD 5 G6 PODS (GEN 5)                         | 2         | PA, QL                |
| ON CALL EXPRESS BLOOD GLUCOSE                     | E         | QL                    |
| ON CALL EXPRESS MONITORING SYS                    | E         |                       |
| ONETOUCH DELICA PLUS LANCETS                      | 1         |                       |
| ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE | 1         |                       |
| ONETOUCH ULTRA 2 KIT W/ DEVICE                    | 1         |                       |
| ONETOUCH ULTRA IN VITRO STRIP                     | 1         | QL                    |
| ONETOUCH ULTRASOFT LANCETS                        | 1         |                       |
| ONETOUCH VERIO FLEX SYSTEM KIT                    | 1         |                       |
| ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE             | 1         |                       |
| ONETOUCH VERIO KIT W/DEVICE                       | 1         |                       |
| ONETOUCH VERIO REFLECT KIT W/DEVICE               | 1         |                       |
| ONETOUCH VERIO TEST STRIPS                        | 1         | QL                    |
| OPTIUMEZ TEST                                     | E         | QL                    |
| PARADIGM REAL-TIME TRANSMITTER                    | 3         | PA                    |
| PIP BLOOD GLUCOSE TEST STRIP                      | E         | QL                    |
| PRECISION XTRA                                    | E         |                       |
| PRECISION XTRA BLOOD GLUCOSE                      | E         | QL                    |
| PREMIUM BLOOD GLUCOSE TEST                        | E         | QL                    |
| PTS PANELS EGLU TEST                              | E         | QL                    |
| QUINTET AC BLOOD GLUCOSE TEST                     | E         | QL                    |
| QUINTET BLOOD GLUCOSE TEST                        | E         | QL                    |
| RELION TRUE MET AIR GLUC METER                    | E         |                       |
| RELION TRUE METRIX TEST STRIPS                    | E         | QL                    |
| RELION ULTIMA GLUCOSE SYSTEM                      | E         |                       |
| RELION ULTIMA TEST                                | E         | QL                    |

| Drug Name                                | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| RIGHTEST GT333 GLUCOSE TEST              | E         | QL                    |
| TECHLITE INSULIN SYRINGES                | 2         | (ARKRAY), QL          |
| TECHLITE PEN NEEDLES                     | 2         | (ARKRAY), QL          |
| TEMPO REFILL                             | E         |                       |
| TEMPO WELCOME                            | E         |                       |
| TRUE FOCUS BLOOD GLUCOSE STRIP           | E         | QL                    |
| TRUE METRIX AIR GLUCOSE METER KIT        | E         |                       |
| TRUE METRIX BLOOD GLUCOSE TEST           | E         | QL                    |
| TRUE METRIX GO GLUCOSE METER             | E         |                       |
| TRUE METRIX METER KIT                    | E         |                       |
| TRUE METRIX PRO BLOOD GLUCOSE            | E         | QL                    |
| TRUETRACK TEST                           | E         | QL                    |
| UNISTRIP1 GENERIC                        | E         | QL                    |
| <b>Diabetes - Insulin</b>                |           |                       |
| ADMELOG                                  | E         | QL                    |
| ADMELOG SOLOSTAR                         | E         | QL                    |
| BASAGLAR KWIKPEN                         | E         | QL                    |
| BASAGLAR TEMPO PEN                       | E         |                       |
| HUMALOG INJECTION                        | E         | QL                    |
| HUMALOG KWIKPEN                          | 2         | QL                    |
| HUMALOG MIX 50/50 KWIKPEN                | 2         | QL                    |
| HUMALOG MIX 50/50 VIAL                   | 2         | QL                    |
| HUMALOG MIX 75/25 KWIKPEN                | 2         | QL                    |
| HUMALOG MIX 75/25 VIAL                   | 2         | QL                    |
| HUMALOG SUBCUTANEOUS                     | 2         | QL                    |
| HUMALOG TEMPO PEN                        | E         | QL                    |
| HUMALOG U-100 JUNIOR KWIKPEN             | 2         | QL                    |
| HUMULIN 70/30 KWIKPEN                    | 2         | QL                    |
| HUMULIN 70/30 VIAL                       | 2         | QL                    |
| HUMULIN N KWIKPEN                        | 2         | QL                    |
| HUMULIN N VIAL                           | 2         | QL                    |
| HUMULIN R SOLUTION 100 UNIT/ML INJECTION | 1         | QL                    |
| HUMULIN R SOLUTION 100 UNIT/ML INJECTION | 2         | QL                    |

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| Drug Name  | Drug Tier | Requirements & Limits        |
|--|-----------|------------------------------|
| HUMULIN R U-500 KWIKPEN  | 2         | QL                           |
| HUMULIN R U-500 VIAL   | 2         | QL                           |
| INSULIN GLARGINE   | E         | QL                           |
| INSULIN GLARGINE MAX SOLOSTAR  | E         | QL                           |
| INSULIN GLARGINE SOLOSTAR  | E         | 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  | E         | QL                           |
| LYUMJEV VIAL   | 2         | QL                           |
| NOVOLIN 70/30 FLEXPEN  | E         | ST, QL                       |
| NOVOLIN 70/30 FLEXPEN RELION   | E         | ST, QL                       |
| NOVOLIN 70/30 RELION   | E         | ST, QL                       |
| NOVOLIN 70/30 VIAL   | E         | ST, QL                       |
| NOVOLIN N FLEXPEN  | E         | ST, QL                       |
| NOVOLIN N FLEXPEN RELION   | E         | ST, QL                       |
| NOVOLIN N RELION   | E         | ST, QL                       |
| NOVOLIN N VIAL   | E         | ST, QL                       |
| NOVOLIN R FLEXPEN  | E         | ST, QL                       |
| NOVOLIN R FLEXPEN RELION   | E         | ST, QL                       |
| NOVOLIN R RELION   | E         | ST, QL                       |
| NOVOLIN R VIAL   | E         | ST, QL                       |
| SEMGLEE  | E         | QL                           |
| SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML               | E         | QL                           |
| TOUJEO MAX SOLOSTAR  | 3         | QL                           |
| TOUJEO SOLOSTAR  | 3         | QL                           |
| <b>Diabetes - Non-Insulin Agents</b>                                 |           |                              |
| ACTOS  | E         | QL                           |
| ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML | E         |                              |
| ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML              | E         |                              |

| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG                     | E         |                       |
| BAQSIMI ONE PACK  | 2         | QL                    |
| BAQSIMI TWO PACK  | 2         | QL                    |
| BYDUREON BCISE AUTOINJECTOR                             | 3         | PA, QL                |
| BYETTA 10 MCG PEN                                       | 3         | PA, QL                |
| BYETTA 5 MCG PEN  | 3         | PA, QL                |
| glimepiride   | 1         |                       |
| glipizide er  | 1         |                       |
| glipizide oral tablet 10 mg, 5 mg                       | 1         |                       |
| glipizide oral tablet 2.5 mg                            | E         |                       |
| glipizide xl  | 1         |                       |
| GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED | 2         | QL                    |
| GLUCOTROL XL  | 4         |                       |
| GLUMETZA  | E         | PA                    |
| glyburide oral  | 1         |                       |
| GLYXAMBI  | 2         | ST, QL                |
| JARDIANCE   | 2         | QL                    |
| JENTADUETO  | 2         | QL                    |
| JENTADUETO XR   | 2         | QL                    |
| metformin hcl er  | 1         |                       |
| metformin hcl er (mod)                                  | E         | PA                    |
| metformin hcl er (osm)                                  | E         | PA                    |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg       | 1         |                       |
| metformin hcl oral tablet 625 mg                        | E         |                       |
| MOUNJARO  | 3         | PA, QL                |
| ONGLYZA   | E         | QL                    |
| OZEMPIC   | 3         | PA, QL                |
| pioglitazone hcl  | 1         | QL                    |
| RYBELSUS  | 3         | PA, QL                |
| saxagliptin hcl   | 2         | QL                    |
| SOLQUA  | 2         | QL                    |
| SYMLINPEN 120   | E         | QL                    |
| SYMLINPEN 60  | E         | QL                    |
| SYNJARDY  | 2         | QL                    |
| SYNJARDY XR   | 2         | QL                    |
| TRADJENTA   | 2         | QL                    |

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

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| NUVIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT    | 3         | SP                    |
| NUVIQ 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  | 3         |                       |
| WILATE   | 3         |                       |
| ZARXIO   | 3         |                       |
| <b>Drugs for Sexual Dysfunction</b>  |           |                       |
| ADDYI  | 4         | PA, QL                |
| CIALIS   | E         | QL                    |
| IMVEXXY MAINTENANCE PACK   | 2         | QL                    |
| IMVEXXY STARTER PACK   | 2         | QL                    |
| OSPHENA  | 3         | PA, QL                |
| sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg  | 2         | QL                    |
| STENDRA  | 4         | PA, QL                |
| tadalafil oral   | 2         | QL                    |
| VIAGRA   | E         | QL                    |
| VYLEESI  | 4         | PA, QL                |
| <b>Electrolytes / Vitamins</b>   |           |                       |
| cyanocobalamin injection solution 1000 mcg/ml  | 1         |                       |
| CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML  | 3         |                       |
| cyanocobalamin nasal   | 3         |                       |
| DODEX  | 4         |                       |
| DRISDOL  | 4         |                       |
| ERGOAL ORAL CAPSULE 62.5 MCG (2500 UT)   | 3         |                       |
| ergocalciferol oral capsule  | 1         |                       |
| folic acid oral tablet 1 mg  | 1         |                       |
| klor-con 10  | 1         |                       |

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| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| 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  | 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         |                       |
| <b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>       |           |                       |
| ACIPHEX  | E         | QL                    |
| bis subcit-metronid-tetracyc   | E         | QL                    |
| bismuth/metronidaz/tetracyclin   | E         | QL                    |
| CARAFATE ORAL TABLET   | E         |                       |
| 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         |                       |
| PROTONIX ORAL TABLET DELAYED RELEASE                                   | E         |                       |
| PYLERA   | E         | QL                    |
| rabeprazole sodium oral tablet delayed release                         | 2         | QL                    |
| sucralfate oral tablet   | 1         |                       |
| VOQUEZNA   | E         | QL                    |
| VOQUEZNA DUAL PAK  | E         | ST, QL                |
| VOQUEZNA TRIPLE PAK  | E         | ST, QL                |

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| <b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b> |           |                       |
| CLENPIQ  | 3         | QL                    |
| dicyclomine hcl oral capsule   | 1         |                       |
| dicyclomine hcl oral tablet  | 1         |                       |
| gavilyte-c   | 1         | H                     |
| gavilyte-g   | 1         | QL, H                 |
| GLYCATE  | E         |                       |
| glycopyrrolate oral tablet 1 mg, 2 mg  | 1         |                       |
| GLYCOPYRROLATE ORAL TABLET 1.5 MG  | E         |                       |
| GOLYTELY   | 4         | QL                    |
| LINZESS  | 2         | PA, QL                |
| MOTEGRITY  | 3         | PA, QL                |
| MOVIPREP   | 3         | QL                    |
| na sulfate-k sulfate-mg sulf   | 3         | QL                    |
| NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM                             | 4         | QL                    |
| peg 3350-kcl-na bicarb-nacl  | 1         | QL, H                 |
| peg-3350/electrolytes  | 1         | QL, H                 |
| peg-3350/electrolytes/ascorbat   | 3         | QL                    |
| peg-kcl-nacl-nasulf-na asc-c   | 3         | QL                    |
| PLENVU   | 3         | QL                    |
| ROBINUL  | E         |                       |
| ROBINUL-FORTE  | E         |                       |
| SUFLAVE  | 3         | QL                    |
| SUPREP BOWEL PREP KIT  | 3         | QL                    |
| SUTAB  | 3         |                       |
| SYMPROIC   | 2         | PA, QL                |
| VIBERZI  | 4         | PA, QL                |
| <b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b> |           |                       |
| CERDELGA   | 3         | PA, SP                |
| CREON  | 2         |                       |
| DEPEN TITRATABS  | 3         | SP                    |
| ORFADIN  | 3         | PA, SP                |
| PANCREAZE  | E         | ST                    |
| PERTZYE  | 4         | ST                    |

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| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| STRENSIQ   | 3         | PA, QL, SP            |
| TEGSEDI  | 3         | PA, QL, SP            |
| ZENPEP ORAL CAPSULE<br>DELAYED RELEASE PARTICLES<br>10000-32000 UNIT, 15000-47000<br>UNIT, 20000-63000 UNIT, 25000-<br>79000 UNIT, 3000-10000 UNIT,<br>40000-126000 UNIT, 5000-24000<br>UNIT | 2         |                       |
| ZENPEP ORAL CAPSULE<br>DELAYED RELEASE PARTICLES<br>60000-189600 UNIT  | E         |                       |

#### Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

|  |   |    |
|--|---|----|
| DITROPAN XL ORAL TABLET<br>EXTENDED RELEASE 24 HOUR<br>10 MG, 5 MG | E |    |
| oxybutynin chloride er   | 2 |    |
| oxybutynin chloride oral tablet<br>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 |
| tiopronin  | 4 | SP |
| VELPHORO   | 2 |    |
| VESICARE   | E |    |

#### Genitourinary Agents - Drugs for Prostate Conditions

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

#### Hormonal Agents - Hormone Replacement and Birth Control

|           |   |    |
|-----------|---|----|
| afirmelle | 1 | H  |
| ALORA     | 3 | QL |
| altavera  | 1 | H  |

| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| ANNOVERA  | 3         | QL                    |
| apri  | 1         | H                     |
| aubra eq  | 1         | H                     |
| aubra oral tablet 0.1-20 mg-mcg                               | 1         | H                     |
| aurovela 1.5/30   | 1         | H                     |
| aurovela 1/20   | 1         | H                     |
| aurovela 24 fe  | 1         | H                     |
| aurovela fe 1.5/30  | 1         | H                     |
| aurovela fe 1/20  | 1         | H                     |
| aviane  | 1         | H                     |
| AYGESTIN ORAL TABLET 5 MG                                     | 4         |                       |
| ayuna   | 1         | H                     |
| BIJUVA  | 3         |                       |
| blisovi 24 fe   | 1         | H                     |
| blisovi fe 1.5/30   | 1         | H                     |
| blisovi fe 1/20   | 1         | H                     |
| camila  | 1         | H                     |
| chateal eq  | 1         | H                     |
| chateal oral tablet 0.15-30 mg-mcg                            | 1         | H                     |
| CLIMARA   | E         | QL                    |
| CLIMARA PRO   | 3         | QL                    |
| cyred eq  | 1         | H                     |
| cyred oral tablet 0.15-30 mg-mcg                              | 1         | H                     |
| deblitane   | 1         | H                     |
| delyla  | 1         | H                     |
| DEPO-PROVERA<br>INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE | 4         | QL                    |
| DEPO-SUBQ PROVERA 104   | 2         | QL                    |
| desogestrel-ethinyl estradiol oral<br>tablet 0.15-30 mg-mcg   | 1         | H                     |
| DIVIGEL   | 3         |                       |
| dotti   | 2         | QL                    |
| drosiprenone-ethinyl estradiol                                | E         |                       |
| DUAVEE  | 4         | QL                    |
| ELESTRIN  | 3         |                       |
| eluryng   | 1         | H                     |
| emoquette oral tablet<br>0.15-30 mg-mcg                       | 1         | H                     |
| enilloring  | 1         | H                     |

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| Drug Name   | Drug Tier | Requirements & Limits         |
|---|-----------|-------------------------------|
| enskyce   | 1         | H                             |
| errin   | 1         | H                             |
| estarylla   | 1         | H                             |
| ESTRACE   | E         |                               |
| estradiol oral  | 1         |                               |
| estradiol patch twice weekly 0.025 mg/24hr transdermal  | 2         | (generic for Minivelle), QL   |
| estradiol patch twice weekly 0.025 mg/24hr transdermal  | 2         | (generic for Vivelle-Dot), QL |
| estradiol patch twice weekly 0.025 mg/24hr transdermal  | 4         | QL                            |
| estradiol patch twice weekly 0.0375 mg/24hr transdermal | 2         | (generic for Minivelle), QL   |
| estradiol patch twice weekly 0.0375 mg/24hr transdermal | 2         | (generic for Vivelle-Dot), QL |
| estradiol patch twice weekly 0.0375 mg/24hr transdermal | 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         | (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                             |

| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| EVAMIST   | 2         |                       |
| falmina   | 1         | H                     |
| femynor oral tablet 0.25-35 mg-mcg                                      | 1         | H                     |
| hailey 1.5/30   | 1         | H                     |
| hailey 24 fe  | 1         | H                     |
| hailey fe 1.5/30  | 1         | H                     |
| hailey fe 1/20  | 1         | H                     |
| haloette  | 1         | H                     |
| heather   | 1         | H                     |
| incassia  | 1         | H                     |
| isibloom  | 1         | H                     |
| jasmiel   | E         |                       |
| 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                     |
| larissia oral tablet 0.1-20 mg-mcg                                      | 1         | H                     |
| lessina   | 1         | H                     |
| levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg | 1         | H                     |
| levora 0.15/30 (28)   | 1         | H                     |
| lillow oral tablet 0.15-30 mg-mcg                                       | 1         | H                     |
| LO LOESTRIN FE  | 1         | H                     |
| LOESTRIN 1.5/30 (21)  | E         |                       |
| LOESTRIN 1/20 (21)  | E         |                       |
| LOESTRIN FE 1.5/30  | E         |                       |
| LOESTRIN FE 1/20  | E         |                       |
| loryna  | E         |                       |
| lo-zumandimine  | E         |                       |

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| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| luteru   | 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                     |
| microgestin 1/20   | 1         | H                     |
| microgestin 24 fe  | 1         | H                     |
| microgestin fe 1.5/30  | 1         | H                     |
| microgestin fe 1/20  | 1         | H                     |
| mili   | 1         | H                     |
| MINIVELLE  | E         | QL                    |
| mono-linyah  | 1         | H                     |
| MYFEMBREE  | 2         | PA, QL                |
| NATAZIA  | 1         |                       |
| nikki  | E         |                       |
| nora-be  | 1         | H                     |
| norelgestromin-eth estradiol   | 3         | 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                     |
| norlyda  | 1         | H                     |
| norlyroc   | 1         | H                     |
| NUVARING   | E         |                       |
| nymyo  | 1         | H                     |
| ocella   | E         |                       |
| orsythia   | 1         | H                     |

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| portia-28  | 1         | H                     |
| PREMARIN ORAL                                      | 4         |                       |
| PREMARIN VAGINAL                                   | 3         |                       |
| PREMPHASE  | 3         |                       |
| PREMPRO  | 4         |                       |
| previfem oral tablet 0.25-35 mg-mcg                | 1         | H                     |
| progesterone oral                                  | 2         |                       |
| PROMETRIUM   | E         |                       |
| PROVERA  | 4         |                       |
| reclipsen  | 1         | H                     |
| sharobel   | 1         | H                     |
| sprintec 28  | 1         | H                     |
| sronyx   | 1         | H                     |
| syeda  | E         |                       |
| tarina 24 fe                                       | 1         | H                     |
| tarina fe 1/20 eq                                  | 1         | H                     |
| tarina fe 1/20 oral tablet 1-20 mg-mcg             | 1         | H                     |
| tri femynor  | 1         | H                     |
| tri-estarylla                                      | 1         | H                     |
| tri-linyah   | 1         | H                     |
| tri-lo-estarylla                                   | 2         |                       |
| tri-lo-marzia                                      | 2         |                       |
| tri-lo-mili  | 2         |                       |
| tri-lo-sprintec                                    | 2         |                       |
| tri-mili   | 1         | H                     |
| tri-nymyo  | 1         | H                     |
| tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg | 1         | H                     |
| tri-sprintec                                       | 1         | H                     |
| tri-vylibra  | 1         | H                     |
| tri-vylibra lo                                     | 2         |                       |
| tulana oral tablet 0.35 mg                         | 1         | H                     |
| VAGIFEM  | E         |                       |
| VEOZAH   | 4         | PA, QL                |
| vestura  | E         |                       |
| vienva   | 1         | H                     |
| VIVELLE-DOT  | E         | QL                    |
| vylibra  | 1         | H                     |

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| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| xulane  | 3         | H                     |
| YASMIN 28   | 2         |                       |
| YAZ   | 2         |                       |
| yuvaferm  | 2         |                       |
| zafemy  | 3         | H                     |
| zumandimine   | E         |                       |
| <b>Hormonal Agents - Oral Steroids</b>  |           |                       |
| CORTEF  | 4         |                       |
| DECADRON ORAL TABLET<br>0.5 MG, 0.75 MG, 4 MG, 6 MG   | E         |                       |
| DEXABLISS   | E         |                       |
| dexamethasone oral tablet   | 1         |                       |
| dexamethasone oral tablet therapy pack  | 3         |                       |
| DXEVO 11-DAY ORAL TABLET<br>THERAPY PACK 1.5 MG   | E         |                       |
| HEMADY  | E         |                       |
| HIDEX 6-DAY   | E         |                       |
| hydrocortisone oral   | 1         |                       |
| MEDROL ORAL TABLET THERAPY<br>PACK  | 4         |                       |
| methylprednisolone oral tablet<br>therapy pack  | 1         |                       |
| PEDIAPRED   | 2         |                       |
| prednisolone oral solution  | 1         |                       |
| prednisolone sodium phosphate<br>oral solution 10 mg/5ml,<br>25 mg/5ml, 6.7 (5 base) mg/5ml | E         |                       |
| prednisolone sodium phosphate<br>oral solution 15 mg/5ml                                    | 1         |                       |
| prednisolone sodium phosphate<br>oral solution 20 mg/5ml                                    | E         | QL                    |
| prednisone oral tablet  | 1         |                       |
| prednisone oral tablet therapy pack   | 1         |                       |
| TAPERDEX 12-DAY   | 3         |                       |
| TAPERDEX 6-DAY  | 4         |                       |
| TAPERDEX 7-DAY  | 3         |                       |
| ZCORT 7-DAY ORAL TABLET<br>THERAPY PACK 1.5 MG (25)   | E         |                       |
| <b>Hormonal Agents - Other</b>  |           |                       |
| cabergoline   | 2         |                       |
| LANREOTIDE ACETATE  | E         | SP                    |

| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| NGENLA  | 4         | PA, QL, SP            |
| NOC DURNA   | 3         | PA, QL                |
| NORDITROPIN FLEXPPO   | 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            |
| OMNITROPE   | 3         | PA, QL, SP            |
| ORIAHNN   | 2         | PA, QL                |
| ORILISSA  | 2         | PA, QL                |
| SKYTROFA  | 4         | PA, QL, SP            |
| SOMATULINE DEPOT  | E         | SP                    |
| <b>Hormonal Agents - Testosterone Replacement</b>   |           |                       |
| ANDRODERM   | 2         | PA, QL                |
| ANDROGEL PUMP   | E         | PA, QL                |
| ANDROGEL TRANSDERMAL GEL<br>20.25 MG/1.25GM (1.62%),<br>25 MG/2.5GM (1%),<br>40.5 MG/2.5GM (1.62%),<br>50 MG/5GM (1%) | E         | PA, QL                |
| DEPO-TESTOSTERONE<br>INTRAMUSCULAR SOLUTION<br>100 MG/ML  | 3         |                       |
| DEPO-TESTOSTERONE<br>INTRAMUSCULAR SOLUTION<br>200 MG/ML  | 4         |                       |
| FORTESTA  | E         | PA, QL                |
| NATESTO   | E         | PA, QL                |
| TESTIM  | 2         | PA, QL                |
| testosterone cypionate<br>intramuscular   | 1         |                       |
| VOGELXO   | E         | PA, QL                |
| VOGELXO PUMP  | E         | PA, QL                |
| <b>Hormonal Agents - Thyroid</b>  |           |                       |
| ADTHYZA   | E         |                       |
| ARMOUR THYROID  | 3         |                       |
| CYTOMEL   | E         |                       |
| ERMEZA  | 3         | PA                    |
| euthyrox  | 1         |                       |
| levo-t  | 1         |                       |
| levothyroxine sodium oral tablet  | 1         |                       |
| levoxyl   | 2         |                       |

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| Drug Name                | Drug Tier | Requirements & Limits |
|--------------------------|-----------|-----------------------|
| liothyronine sodium oral | 2         |                       |
| methimazole oral         | 1         |                       |
| NIVA THYROID             | 3         |                       |
| np thyroid               | 1         |                       |
| SYNTHROID                | E         |                       |
| THYQUIDITY               | E         | PA                    |
| thyroid oral             | 1         |                       |
| TIROSINT-SOL             | E         | 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-AACF (2 PEN)   | E | PA, SP   |
| ADALIMUMAB-ADAZ   | 3 | PA,<br>(manufactured by Sandoz), QL, SP              |
| ADALIMUMAB-ADB (2 PEN)  | 3 | PA, SP<br>(manufactured by Boehringer Ingelheim)     |
| ADALIMUMAB-ADB (2 SYRINGE)  | 3 | PA, QL, SP<br>(manufactured by Boehringer Ingelheim) |
| ADALIMUMAB-ADB(CD/UC/HS STRT)   | 3 | PA, SP<br>(manufactured by Boehringer Ingelheim)     |
| ADALIMUMAB-ADB(PS/UV STARTER)   | 3 | PA, SP<br>(manufactured by Boehringer Ingelheim)     |
| ADALIMUMAB-FKJP   | E | PA, QL, SP   |
| ADBRY   | 3 | PA, QL, SP   |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML     | 3 | PA, (AMJEVITA - HIGH CONCENTRATION), SP              |
| AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML              | 3 | PA, (AMJEVITA - HIGH CONCENTRATION), SP              |

| Drug Name  | Drug Tier | Requirements & Limits                   |
|--|-----------|---|
| AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML | 3         | PA, (AMJEVITA - HIGH CONCENTRATION), SP |
| AZASAN   | 4         |   |
| azathioprine oral tablet 100 mg, 75 mg   | 3         |   |
| azathioprine oral tablet 50 mg   | 1         |   |
| BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR                                   | 3         | PA, QL, SP                              |
| CELLCEPT ORAL TABLET   | E         |   |
| CIMZIA STARTER KIT   | 3         | PA, QL, SP                              |
| CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT                                      | 3         | PA, QL, SP                              |
| CINRYZE  | E         | 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                          |
| ENBREL   | 3         | PA, QL, SP                              |
| ENBREL MINI  | 3         | PA, QL, SP                              |
| ENBREL SURECLICK   | 3         | PA, QL, SP                              |
| HADLIMA  | 3         | PA, QL, SP                              |
| HADLIMA PUSH TOUCH   | 3         | PA, QL, SP                              |
| HAEGARDA   | 3         | PA, QL, SP                              |
| HUMIRA (2 PEN)   | 3         | PA, QL, SP                              |
| HUMIRA (2 SYRINGE)   | 3         | PA, QL, SP                              |
| HUMIRA-CD/UC/HS STARTER  | 3         | PA, QL, SP                              |
| HUMIRA-PED<40KG CROHNS STARTER   | 3         | PA, QL, SP                              |
| HUMIRA-PED>=40KG CROHNS START  | 3         | PA, QL, SP                              |
| HUMIRA-PED>=40KG UC STARTER  | 3         | PA, QL, SP                              |

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| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML                 | 3         | PA, QL, SP            |
| HUMIRA-PSORIASIS/UVEIT STARTER   | 3         | PA, QL, SP            |
| HYFTOR   | 4         | PA, QL                |
| HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS                                | E         | PA, SP                |
| HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS                                | E         | PA, QL, SP            |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML                                | E         | PA, QL, SP            |
| HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML                                | E         | PA, SP                |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML | E         | PA, QL, SP            |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML                            | E         | PA, SP                |
| HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS              | E         | PA, SP                |
| HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS              | E         | PA, QL, SP            |
| HYRIMOZ-PED<40KG CROHN STARTER   | E         | PA, QL, SP            |
| HYRIMOZ-PED>=40KG CROHN START  | E         | PA, QL, SP            |
| HYRIMOZ-PLAQUE PSORIASIS START   | E         | PA, QL, SP            |
| IMURAN   | E         |                       |
| KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR  | 4         | PA, ST, QL, SP        |
| KINERET  | 4         | PA, ST, QL, SP        |
| LITFULO  | 4         | PA, QL, SP            |
| LUPKYNIS   | E         | PA, QL, SP            |
| methotrexate sodium oral   | 1         |                       |
| mycophenolate mofetil oral tablet  | 1         |                       |

| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| OLUMIANT ORAL TABLET 1 MG, 4 MG                       | 4         | PA, QL                |
| OLUMIANT ORAL TABLET 2 MG                             | 4         | PA, QL, SP            |
| OMVOH   | 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   | E         | 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            |
| STELARA SUBCUTANEOUS SOLUTION                         | E         | 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             | E         | PA, ST, QL, SP        |
| TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE         | E         | 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            |
| YUFLYMA (2 SYRINGE)                                   | E         | PA, QL, SP            |
| <b>Immunological Agents - Drugs for Vaccination</b>   |           |                       |
| BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE   | 2         | 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                   |
|---|-----------|---|
| FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE       | 3         | H                                       |
| SHINGRIX  | 3         | H                                       |
| <b>Infertility Agents</b>   |           |   |
| cetorelix acetate   | 3         | PA, ST, QL, SP                          |
| CETROTIDE   | 4         | PA, ST, QL, SP                          |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR                                    | 3         | SP                                      |
| CLOMID  | 2         |   |
| clomiphene citrate oral tablet 50 mg                                    | 1         |   |
| ENDOMETRIN  | 2         |   |
| FOLLISTIM AQ  | 2         | SP                                      |
| fyremadel   | 3         | QL, SP                                  |
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 2         | (manufactured by Merck/Organon), QL, SP |
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 3         | QL, SP                                  |
| ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous | 4         | (manufactured by Ferring), QL, SP       |
| GONAL-F   | 4         | ST, SP                                  |
| GONAL-F RFF   | 4         | ST, SP                                  |
| GONAL-F RFF REDIJECT  | 4         | ST, SP                                  |
| MENOPUR   | 4         | QL, SP                                  |
| NOVAREL   | 3         | SP                                      |
| OVIDREL   | 4         | SP                                      |
| PREGNYL   | 3         | SP                                      |
| <b>Inflammatory Bowel Disease Agents</b>                                |           |   |
| APRISO  | 1         |   |
| ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG                            | E         |   |
| CORTIFOAM   | 2         |   |
| DIPENTUM  | E         |   |
| LIALDA  | E         |   |
| mesalamine oral tablet delayed release 1.2 gm                           | 2         |   |
| mesalamine oral tablet delayed release 800 mg                           | E         |   |

| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| PROCTOFOAM HC  | 2         |                       |
| UCERIS ORAL  | E         |                       |
| <b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>                |           |                       |
| alendronate sodium oral tablet   | 1         |                       |
| FORTEO   | E         | PA, ST, SP            |
| FOSAMAX  | 4         |                       |
| teriparatide   | E         | PA, ST, SP            |
| teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml  | E         | PA, ST, SP            |
| TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML | E         | PA, SP                |
| TYMLOS   | E         | PA, SP                |
| <b>Metabolic Bone Disease Agents - Other</b>                                 |           |                       |
| calcitriol oral capsule  | 1         |                       |
| ROCALTRON ORAL CAPSULE   | E         |                       |
| <b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b> |           |                       |
| ALREX  | 4         | QL                    |
| AZASITE  | 3         |                       |
| BESIVANCE  | 3         |                       |
| CILOXAN OPHTHALMIC SOLUTION 0.3 %  | 4         |                       |
| ciprofloxacin hcl ophthalmic   | 1         |                       |
| erythromycin ophthalmic  | 1         | H-PA                  |
| EYSUVIS  | 4         | QL                    |
| FLAREX   | 2         |                       |
| ILEVRO   | E         |                       |
| INVELTYS   | 3         |                       |
| LOTEMAX OPHTHALMIC GEL   | E         |                       |
| LOTEMAX OPHTHALMIC OINTMENT  | 3         |                       |
| LOTEMAX OPHTHALMIC SUSPENSION  | E         | QL                    |
| LOTEMAX SM   | 3         | QL                    |
| loteprednol etabonate ophthalmic gel   | E         |                       |
| loteprednol etabonate ophthalmic suspension 0.2 %                            | 3         | QL                    |
| loteprednol etabonate ophthalmic suspension 0.5 %                            | 3         | QL                    |

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| Drug Name   | Drug Tier | Requirements & Limits |
|---|-----------|-----------------------|
| MAXITROL OPHTHALMIC SUSPENSION                                  | 4         |                       |
| MOXEZA OPHTHALMIC SOLUTION 0.5 %                                | 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         |                       |
| POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%                | 4         |                       |
| PRED FORTE  | E         |                       |
| PRED MILD   | 3         |                       |
| prednisolone acetate ophthalmic                                 | 1         |                       |
| PREDNISOLONE ACETATE P-F  | E         |                       |
| TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %                        | 4         |                       |
| TOBRADEX ST   | E         |                       |
| tobramycin ophthalmic   | 1         | QL                    |
| tobramycin-dexamethasone  | 2         |                       |
| VIGAMOX   | E         |                       |
| XDEMVIY   | 4         | PA, QL                |
| ZYLET   | 3         |                       |
| <b>Ophthalmic Agents - Drugs for Glaucoma</b>                   |           |                       |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %                            | 2         | QL                    |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %                           | 4         | QL                    |
| BETIMOL   | 2         | QL                    |
| bimatoprost ophthalmic  | 2         | QL                    |
| brimonidine tartrate ophthalmic solution 0.1 %                  | E         | QL                    |
| brimonidine tartrate ophthalmic solution 0.15 %                 | 2         | QL                    |
| brimonidine tartrate ophthalmic solution 0.2 %                  | 1         |                       |
| brimonidine tartrate-timolol                                    | E         | QL                    |
| COMBIGAN  | 2         | QL                    |

| Drug Name   | Drug Tier | Requirements & Limits         |
|---|-----------|-------------------------------|
| COSOPT  | 4         |                               |
| COSOPT PF   | E         | QL                            |
| dorzolamide hcl-timolol mal                                       | 2         |                               |
| dorzolamide hcl-timolol mal pf                                    | E         | QL                            |
| ISTALOL   | 4         |                               |
| IYUZEH  | E         | QL                            |
| latanoprost ophthalmic  | 1         |                               |
| LUMIGAN   | 2         |                               |
| RHOPRESSA   | 3         | QL                            |
| ROCKLATAN   | 3         | QL                            |
| tafluprost (pf)   | 3         | ST, QL                        |
| timolol maleate (once-daily)                                      | 3         |                               |
| timolol maleate ocudose   | 2         |                               |
| timolol maleate ophthalmic solution                               | 1         |                               |
| timolol maleate pf  | 2         |                               |
| TIMOPTIC OCUDOSE  | 4         |                               |
| TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %                        | 4         |                               |
| XALATAN   | E         |                               |
| ZIOPTAN   | 3         | ST, QL                        |
| <b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b> |           |                               |
| CYCLOSPORINE IN KLARITY   | E         | PA                            |
| cyclosporine ophthalmic   | E         | PA, QL                        |
| RESTASIS  | 4         | PA, QL                        |
| RESTASIS MULTIDOSE  | E         | PA, QL                        |
| TYRVAYA   | E         | PA, QL                        |
| VERKAZIA  | 4         | PA                            |
| XIIDRA  | 4         | PA, QL                        |
| <b>Otic Agents - Drugs for Ear Conditions</b>                     |           |                               |
| CIPRODEX OTIC SUSPENSION 0.3-0.1 %                                | E         |                               |
| ciprofloxacin-dexamethasone                                       | 4         |                               |
| neomycin-polymyxin-hc otic suspension                             | 1         |                               |
| ofloxacin otic  | 2         |                               |
| <b>Respiratory - Drugs for Anaphylaxis</b>                        |           |                               |
| AUVI-Q  | 2         | QL                            |
| epinephrine solution auto-injector 0.15 mg/0.15ml injection       | 1         | (generic for Adrenaclick), QL |

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| Drug Name  | Drug Tier | Requirements & Limits                   |
|--|-----------|---|
| epinephrine solution auto-injector 0.15 mg/0.15ml injection                    | 1         | QL                                      |
| epinephrine solution auto-injector 0.15 mg/0.3ml injection                     | 1         | (generic for EpiPen-JR-Single Pack), QL |
| epinephrine solution auto-injector 0.15 mg/0.3ml injection                     | 1         | (generic for EpiPen-JR), QL             |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection                      | 1         | (generic for Adrenaclick), QL           |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection                      | 1         | (generic for EpiPen-Single Pack), QL    |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection                      | 1         | QL                                      |
| epinephrine solution auto-injector 0.3 mg/0.3ml injection                      | 1         | (generic for EpiPen), QL                |
| EPIPEN 2-PAK   | E         | QL                                      |
| EPIPEN JR 2-PAK  | E         | QL                                      |
| SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML       | 2         | QL                                      |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b> |           |   |
| azelastine hcl nasal solution 0.1 %, 137 mcg/spray                             | 3         |   |
| azelastine hcl nasal solution 0.15 %   | E         |   |
| benzonatate oral capsule 100 mg, 200 mg  | 1         |   |
| benzonatate oral capsule 150 mg  | E         |   |
| BROMFED DM   | 3         |   |
| cyproheptadine hcl oral tablet   | 1         |   |
| fluticasone propionate nasal   | 2         | QL                                      |
| ipratropium bromide nasal  | 1         |   |
| levocetirizine dihydrochloride oral tablet                                     | 1         |   |
| promethazine-dm  | 1         |   |
| pseudoephedrine-bromphen-dm  | 1         |   |
| ZETONNA  | 3         | QL                                      |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>        |           |   |
| ADVAIR DISKUS  | E         | QL                                      |
| ADVAIR HFA   | 3         | QL, RS                                  |
| AIRDUO RESPICLICK 113/14   | E         | QL                                      |

| Drug Name  | Drug Tier | Requirements & Limits                         |
|--|-----------|---|
| AIRDUO RESPICLICK 232/14   | E         | QL  |
| AIRDUO RESPICLICK 55/14  | E         | QL  |
| AIRSUPRA   | 3         | QL  |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation  | 2         | QL  |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation  | 2         | (generic for ProAir HFA or Proventil HFA), QL |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation  | 2         | (generic ProAir HFA or Proventil HFA), QL     |
| ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION  | E         | (generic for Ventolin HFA), QL                |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml | 1         |   |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION  | 3         |   |
| albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation  | 1         |   |
| ANORO ELLIPTA  | 3         | QL  |
| ARNUIITY ELLIPTA   | 1         | QL  |
| ATROVENT HFA   | 3         | QL  |
| BEVESPI AEROSPHERE   | 2         | QL  |
| BREO ELLIPTA   | 3         | QL, RS  |
| breynga  | E         | QL, RS  |
| BREZTRI AEROSPHERE   | 3         | QL, RS  |
| budesonide inhalation  | 2         | QL  |
| budesonide-formoterol fumarate   | E         | QL, RS  |
| COMBIVENT RESPIMAT   | 4         | QL  |
| FASENRA PEN  | 4         | PA, QL  |
| FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT  | E         | QL  |
| FLUTICASONE FUROATE-VILANTEROL   | E         | QL, RS  |
| FLUTICASONE PROPIONATE HFA   | E         | QL  |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL  | E         | QL, RS  |

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| Drug Name  | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act | 3         | QL, RS                |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT  | 3         | QL                    |
| 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  | E         | QL                    |
| PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT   | E         | QL                    |
| PROVENTIL HFA  | E         | QL                    |
| PULMICORT SUSPENSION   | E         | QL                    |
| QVAR REDIBALER   | 2         | QL                    |
| SEREVENT DISKUS  | 2         | QL                    |
| SINGULAIR ORAL TABLET  | E         |                       |
| SINGULAIR ORAL TABLET CHEWABLE   | E         |                       |
| SPIRIVA HANDIBALER   | 2         | QL                    |
| SPIRIVA RESPIMAT   | 2         | QL                    |
| STIOLTO RESPIMAT   | 2         | QL                    |
| STRIVERDI RESPIMAT   | 2         | QL                    |
| SYMBICORT  | 3         | QL, RS                |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR   | 4         | PA, QL                |
| tiotropium bromide monohydrate   | E         | QL                    |
| TRELEGY ELLIPTA  | 3         | QL, RS                |

| Drug Name  | Drug Tier | Requirements & Limits         |
|--|-----------|-------------------------------|
| VENTOLIN HFA   | E         | QL                            |
| wixela inhub   | 3         | QL, RS                        |
| XOPENEX HFA  | 3         | QL                            |
| YUPELRI  | 4         | PA, QL                        |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>        |           |                               |
| BETHKIS  | E         | PA, QL, SP                    |
| BRONCHITOL   | E         | PA, ST, QL, SP                |
| BRONCHITOL TOLERANCE TEST  | E         | PA, ST, QL, SP                |
| KITABIS PAK  | E         | PA, QL, SP                    |
| PULMOZYME  | 3         | PA, QL, SP                    |
| TOBI NEBULIZER   | E         | PA, QL, SP                    |
| TOBI PODHALER  | E         | PA, QL, SP                    |
| tobramycin inhalation nebulization solution 300 mg/4ml                         | 3         | PA, QL, SP                    |
| tobramycin nebulization solution 300 mg/5ml inhalation                         | E         | PA, (generic for Tob), QL, SP |
| TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION                         | E         | PA, QL, SP                    |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis</b>     |           |                               |
| OFEV   | E         | PA, QL, SP                    |
| <b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b> |           |                               |
| ADEMPAS  | 3         | PA, QL, SP                    |
| OPSUMIT  | 3         | PA, QL, SP                    |
| REVATIO ORAL TABLET  | E         | 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                    |
| TYVASO   | 3         | PA                            |
| TYVASO DPI MAINTENANCE KIT   | 3         | PA, QL, SP                    |
| TYVASO DPI TITRATION KIT   | 3         | PA, QL, SP                    |
| TYVASO REFILL  | 3         | PA                            |
| TYVASO STARTER   | 3         | PA                            |
| <b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>             |           |                               |
| baclofen oral tablet   | 1         |                               |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg                                    | 1         |                               |

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| Drug Name                                | Drug Tier | Requirements & Limits |
|--|-----------|-----------------------|
| cyclobenzaprine hcl oral tablet 7.5 mg   | E         |                       |
| FEXMID                                   | E         |                       |
| methocarbamol oral tablet 1000 mg        | E         |                       |
| methocarbamol oral tablet 500 mg, 750 mg | 1         |                       |
| tizanidine hcl oral tablet               | 1         |                       |
| ZANAFLEX ORAL TABLET                     | 4         |                       |
| <b>Sleep Disorder Agents</b>             |           |                       |
| AMBIEN                                   | E         |                       |
| AMBIEN CR                                | E         |                       |
| BELSOMRA                                 | E         | ST, QL                |
| DAYVIGO                                  | E         | ST, QL                |
| eszopiclone                              | 2         |                       |
| LUMRYZ                                   | E         | PA, QL, SP            |
| LUNESTA                                  | E         |                       |
| modafinil oral                           | 2         | QL                    |
| PROVIGIL                                 | E         | QL                    |
| RESTORIL                                 | 4         |                       |
| SODIUM OXYBATE                           | E         | PA, QL, SP            |
| SUNOSI                                   | 2         | PA, QL                |
| temazepam                                | 1         |                       |
| WAKIX                                    | 4         | PA, QL, SP            |
| XYWAV                                    | E         | PA, QL, SP            |
| zolpidem tartrate er                     | 2         |                       |
| zolpidem tartrate oral tablet            | 1         |                       |

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| AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT . . . . .   | 21 |
| AIMOVIG . . . . .  | 11 |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML . . . . .  | 11 |
| AIRDUO RESPICLICK 113/14 . . . . .   | 31 |
| AIRDUO RESPICLICK 232/14 . . . . .   | 31 |
| AIRDUO RESPICLICK 55/14 . . . . .  | 31 |
| AIRSUPRA . . . . .   | 31 |
| AKLIEF . . . . .   | 16 |
| ala-cort . . . . .   | 16 |
| albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation . . . . .  | 31 |
| albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml . . . . . | 31 |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION . . . . .  | 31 |
| ALDACTONE . . . . .  | 13 |
| ALECENSA . . . . .   | 11 |
| alendronate sodium oral tablet . . . . .   | 29 |
| alfuzosin hcl er . . . . .   | 23 |
| aliskiren fumarate . . . . .   | 13 |
| allopurinol oral tablet 100 mg, 300 mg . . . . .   | 11 |
| ALLOPURINOL ORAL TABLET 200 MG . . . . .   | 11 |
| ALORA . . . . .  | 23 |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % . . . . .   | 30 |
| ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % . . . . .  | 30 |
| ALPHANATE . . . . .  | 21 |
| alprazolam oral tablet . . . . .   | 13 |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT . . . . .               | 21 |
| ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT . . . . .   | 21 |
| ALREX . . . . .  | 29 |
| ALTACE . . . . .   | 13 |
| altavera . . . . .   | 23 |
| ALTUVIIIIO . . . . .   | 21 |
| ALUNBRIG . . . . .   | 11 |
| AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG . . . . .  | 20 |
| AMBIEN . . . . .   | 33 |
| AMBIEN CR . . . . .  | 33 |
| amiodarone hcl oral . . . . .  | 13 |
| amitriptyline hcl oral . . . . .   | 10 |
| AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML . . . . .  | 27 |





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| BIKTARVY . . . . .  | 12 | buspirone hcl oral . . . . .   | 13 | CHORIONIC GONADOTROPIN<br>INTRAMUSCULAR . . . . .      | 29     |
| bimatoprost ophthalmic . . . . .  | 30 | butalbital-apap-caffeine oral tablet . . .                                   | 8  | CIALIS . . . . .                                       | 21     |
| BIOTEL CARE TEST STRIPS . . . . .   | 17 | BYDUREON BCISE<br>AUTOINJECTOR . . . . .                                     | 20 | CIBINQO . . . . .                                      | 16     |
| bis subcit-metronid-tetracycl. . . . .  | 22 | BYETTA 10 MCG PEN. . . . .   | 20 | ciclodan . . . . .                                     | 11     |
| bismuth/metronidaz/tetracyclin. . . . .   | 22 | BYETTA 5 MCG PEN. . . . .  | 20 | ciclopirox external solution. . . . .                  | 11     |
| bisoprolol fumarate oral . . . . .  | 13 |  |    | CILOXAN OPHTHALMIC<br>SOLUTION 0.3 % . . . . .         | 29     |
| bisoprolol-hydrochlorothiazide . . . . .  | 13 | <b>C</b>   |    | CIMDUO . . . . .                                       | 12     |
| blisovi 24 fe . . . . .   | 23 | cabergoline . . . . .  | 26 | CIMZIA STARTER KIT . . . . .                           | 27     |
| blisovi fe 1/20 . . . . .   | 23 | CALAN SR ORAL TABLET<br>EXTENDED RELEASE 120 MG,<br>180 MG, 240 MG . . . . . | 13 | CIMZIA SUBCUTANEOUS<br>PREFILLED SYRINGE KIT . . . . . | 27     |
| blisovi fe 1.5/30 . . . . .   | 23 | calcitriol oral capsule . . . . .  | 29 | CINRYZE . . . . .                                      | 27     |
| BLOOD GLUCOSE TEST STRIPS . . . . .   | 17 | CALQUENCE ORAL CAPSULE<br>100 MG . . . . .                                   | 11 | CIPRO ORAL TABLET . . . . .                            | 9      |
| BLOOD GLUCOSE TEST STRIPS<br>333 . . . . .  | 17 | camila . . . . .   | 23 | CIPRODEX OTIC SUSPENSION<br>0.3-0.1 % . . . . .        | 30     |
| BOOSTRIX INTRAMUSCULAR<br>SUSPENSION PREFILLED<br>SYRINGE . . . . .                       | 28 | CARAC . . . . .  | 16 | ciprofloxacin hcl ophthalmic . . . . .                 | 29     |
| BREO ELLIPTA . . . . .  | 31 | CARAFATE ORAL TABLET . . . . .   | 22 | ciprofloxacin hcl oral . . . . .                       | 9      |
| breyana . . . . .   | 31 | CARDIZEM CD . . . . .  | 13 | ciprofloxacin-dexamethasone . . . . .                  | 30     |
| BREZTRI AEROSPHERE . . . . .  | 31 | CARDURA . . . . .  | 13 | citalopram hydrobromide oral tablet. . .               | 10     |
| BRILINTA . . . . .  | 12 | CARETOUCH MONITOR SYSTEM . . . . .   | 17 | CLENPIQ . . . . .                                      | 22     |
| brimonidine tartrate ophthalmic<br>solution 0.1 % . . . . .                               | 30 | CARETOUCH TEST . . . . .   | 17 | CLEOCIN ORAL CAPSULE<br>150 MG, 300 MG . . . . .       | 9      |
| brimonidine tartrate ophthalmic<br>solution 0.15 % . . . . .                              | 30 | cartia xt . . . . .  | 13 | CLEOCIN ORAL CAPSULE 75 MG . . . . .                   | 9      |
| brimonidine tartrate ophthalmic<br>solution 0.2 % . . . . .                               | 30 | carvedilol . . . . .   | 13 | CLEOCIN-T . . . . .                                    | 16     |
| brimonidine tartrate-timolol . . . . .  | 30 | cefdinir . . . . .   | 9  | CLIMARA . . . . .                                      | 23, 24 |
| BRIVIACT ORAL TABLET . . . . .  | 10 | cefuroxime axetil . . . . .  | 9  | CLIMARA PRO . . . . .                                  | 23     |
| BROMFED DM . . . . .  | 31 | CELEBREX . . . . .   | 8  | clindacin etz external swab . . . . .                  | 16     |
| BRONCHITOL . . . . .  | 32 | celecoxib oral . . . . .   | 8  | clindacin-p . . . . .                                  | 16     |
| BRONCHITOL TOLERANCE TEST . . . . .   | 32 | CELEXA . . . . .   | 10 | CLINDAGEL . . . . .                                    | 16     |
| budesonide inhalation. . . . .  | 31 | CELLCEPT ORAL TABLET . . . . .   | 27 | clindamycin hcl oral . . . . .                         | 9      |
| budesonide-formoterol fumarate . . . . .  | 31 | CENTANY EXTERNAL OINTMENT<br>2 % . . . . .                                   | 9  | clindamycin phosphate external<br>lotion . . . . .     | 16     |
| buprenorphine hcl sublingual . . . . .  | 8  | cephalexin oral capsule . . . . .  | 9  | clindamycin phosphate external<br>solution . . . . .   | 16     |
| buprenorphine hcl-naloxone hcl . . . . .  | 8  | cephalexin oral suspension<br>reconstituted . . . . .                        | 9  | clindamycin phosphate external<br>swab . . . . .       | 16     |
| bupropion hcl er (sr) . . . . .   | 10 | CERDELGA . . . . .   | 22 | clindamycin phosphate gel 1 %<br>external . . . . .    | 16     |
| bupropion hcl er (xl) oral tablet<br>extended release 24 hour 150 mg,<br>300 mg . . . . . | 10 | cetorelix acetate . . . . .  | 29 | CLINDESSE . . . . .                                    | 9      |
| BUPROPION HCL ER (XL) ORAL<br>TABLET EXTENDED RELEASE 24<br>HOUR 450 MG . . . . .         | 10 | CETROTIDE . . . . .  | 29 | clobetasol propionate external<br>cream . . . . .      | 16     |
| bupropion hcl oral . . . . .  | 10 | chateal eq . . . . .   | 23 |  |        |
|   |    | chateal oral tablet 0.15-30 mg-mcg . . .                                     | 23 |  |        |
|   |    | chlorhexidine gluconate mouth/<br>throat . . . . .                           | 16 |  |        |
|   |    | chlorthalidone . . . . .   | 13 |  |        |



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| clobetasol propionate external ointment . . . . .                              | 16 | PREFILLED SYRINGE 75 MG/0.5ML. . . . .                            | 27 | DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG. . . . .          | 26 |
| clobetasol propionate external solution. . . . .                               | 16 | COSENTYX SENSOREADY (300 MG). . . . .                             | 27 | delyla . . . . .   | 23 |
| CLOMID . . . . .   | 29 | COSENTYX SENSOREADY PEN. . . . .                                  | 27 | DEPAKOTE. . . . .  | 10 |
| clomiphene citrate oral tablet 50 mg. . . . .                                  | 29 | COSENTYX UNOREADY . . . . .                                       | 27 | DEPAKOTE ER. . . . .   | 10 |
| clonazepam oral tablet . . . . .   | 13 | COSOPT. . . . .   | 30 | DEPEN TITRATABS. . . . .   | 22 |
| clonidine hcl oral . . . . .   | 13 | COSOPT PF. . . . .  | 30 | DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE. . . . .   | 23 |
| clopidogrel bisulfate oral . . . . .   | 12 | COTELLIC . . . . .  | 11 | DEPO-SUBQ PROVERA 104 . . . . .                                    | 23 |
| clotrimazole-betamethasone external cream. . . . .                             | 16 | COZAAR . . . . .  | 14 | DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML . . . . .       | 26 |
| colchicine oral . . . . .  | 11 | CREON . . . . .   | 22 | DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML . . . . .       | 26 |
| COLCRYS ORAL TABLET 0.6 MG. . . . .  | 11 | CRESEMBA ORAL CAPSULE 186 MG. . . . .                             | 11 | DESCOVY. . . . .   | 12 |
| COMBIGAN . . . . .   | 30 | CRESTOR. . . . .  | 14 | desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg . . . . . | 23 |
| COMBIVENT RESPIMAT . . . . .   | 31 | CVS ADVANCED GLUCOSE TEST . . . . .                               | 18 | desvenlafaxine succinate er. . . . .                               | 10 |
| CONCERTA . . . . .   | 15 | CVS GLUCOSE METER TEST STRIPS . . . . .                           | 18 | DEXABLISS . . . . .  | 26 |
| CONTOUR MONITOR KIT W/DEVICE . . . . .   | 17 | cyanocobalamin injection solution 1000 mcg/ml . . . . .           | 21 | dexamethasone oral tablet. . . . .                                 | 26 |
| CONTOUR NEXT BLOOD GLUCOSE TEST STRIP . . . . .                                | 18 | CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML. . . . .            | 21 | dexamethasone oral tablet therapy pack . . . . .                   | 26 |
| CONTOUR NEXT EZ KIT W/DEVICE . . . . .   | 18 | cyanocobalamin nasal . . . . .                                    | 21 | DEXCOM G6 RECEIVER. . . . .  | 18 |
| CONTOUR NEXT GEN MONITOR KIT. . . . .  | 18 | cyclobenzaprine hcl oral tablet 10 mg, 5 mg . . . . .             | 32 | DEXCOM G6 SENSOR . . . . .   | 18 |
| CONTOUR NEXT GEN TEST STRIPS . . . . .   | 18 | cyclobenzaprine hcl oral tablet 7.5 mg . . . . .                  | 33 | DEXCOM G6 TRANSMITTER . . . . .                                    | 18 |
| CONTOUR NEXT LINK KIT W/DEVICE. . . . .  | 18 | CYCLOSPORINE IN KLARITY . . . . .                                 | 30 | DEXCOM G7 RECEIVER. . . . .  | 18 |
| CONTOUR NEXT MONITOR KIT W/DEVICE . . . . .                                    | 18 | cyclosporine ophthalmic. . . . .                                  | 30 | DEXCOM G7 SENSOR . . . . .   | 18 |
| CONTOUR NEXT ONE DEVICE. . . . .   | 18 | CYMBALTA. . . . .   | 10 | dexmethylphenidate hcl . . . . .                                   | 15 |
| CONTOUR NEXT ONE KIT. . . . .  | 18 | cyproheptadine hcl oral tablet . . . . .                          | 31 | dexmethylphenidate hcl er. . . . .                                 | 15 |
| CONTOUR TEST STRIPS. . . . .   | 18 | cyred eq . . . . .  | 23 | diazepam oral tablet . . . . .                                     | 13 |
| COPAXONE . . . . .   | 16 | cyred oral tablet 0.15-30 mg-mcg . . . . .                        | 23 | diclofenac sodium oral . . . . .                                   | 8  |
| COREG . . . . .  | 13 | CYTOMEL . . . . .   | 26 | dicyclomine hcl oral capsule . . . . .                             | 22 |
| CORLANOR. . . . .  | 13 | CYTOTEC. . . . .  | 22 | dicyclomine hcl oral tablet . . . . .                              | 22 |
| CORTEF . . . . .   | 26 | <b>D</b>  |    | DIFICID ORAL TABLET. . . . .                                       | 9  |
| CORTIFOAM . . . . .  | 29 | D-CARE BLOOD GLUCOSE. . . . .                                     | 18 | DIFLUCAN ORAL TABLET . . . . .                                     | 11 |
| COSENTYX (300 MG DOSE) . . . . .   | 27 | D-CARE GLUCOMETER. . . . .  | 18 | DILAUDID ORAL TABLET . . . . .                                     | 8  |
| COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML . . . . . | 27 | dabigatran etexilate mesylate oral capsule 150 mg, 75 mg. . . . . | 9  | diltiazem hcl er coated beads . . . . .                            | 14 |
| COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION                                       |    | DAYVIGO . . . . .   | 33 | DIOVAN . . . . .   | 14 |
|  |    | deblitane. . . . .  | 23 | DIOVAN HCT . . . . .   | 14 |
|  |    |   |    | DIPENTUM. . . . .  | 29 |



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| DITROPAN XL ORAL TABLET<br>EXTENDED RELEASE 24 HOUR<br>10 MG, 5 MG               | 23 |
| divalproex sodium er.  | 10 |
| divalproex sodium oral tablet<br>delayed release                                 | 10 |
| DIVIGEL  | 23 |
| DODEX  | 21 |
| DOPTELET   | 21 |
| dorzolamide hcl-timolol mal  | 30 |
| dorzolamide hcl-timolol mal pf.  | 30 |
| dotti  | 23 |
| DOVATO   | 12 |
| doxazosin mesylate oral  | 14 |
| doxepin hcl oral capsule   | 10 |
| doxycycline hyclate oral capsule   | 9  |
| doxycycline hyclate oral tablet<br>100 mg  | 9  |
| doxycycline hyclate oral tablet<br>150 mg, 50 mg, 75 mg                          | 9  |
| doxycycline hyclate oral tablet 20 mg  | 9  |
| doxycycline monohydrate oral<br>capsule 100 mg, 50 mg                            | 9  |
| doxycycline monohydrate oral<br>capsule 150 mg, 75 mg                            | 9  |
| doxycycline monohydrate oral tablet  | 9  |
| DRISDOL  | 21 |
| drospirenone-ethinyl estradiol   | 23 |
| DUAVEE   | 23 |
| duloxetine hcl oral capsule delayed<br>release particles 20 mg, 30 mg,<br>60 mg  | 10 |
| duloxetine hcl oral capsule delayed<br>release particles 40 mg                   | 10 |
| DUPIXENT SUBCUTANEOUS<br>SOLUTION PEN-INJECTOR                                   | 16 |
| DUPIXENT SUBCUTANEOUS<br>SOLUTION PREFILLED SYRINGE<br>100 MG/0.67ML             | 16 |
| DUPIXENT SUBCUTANEOUS<br>SOLUTION PREFILLED SYRINGE<br>200 MG/1.14ML, 300 MG/2ML | 16 |
| DXEVO 11-DAY ORAL TABLET<br>THERAPY PACK 1.5 MG                                  | 26 |

## E

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|---|----|
| EASY TOUCH HEALTHPRO<br>GLUCOSE   | 18 |
| EASY TOUCH TEST   | 18 |
| EASYGLUCO   | 18 |
| EASYMAX 15 TEST   | 18 |
| EASYMAX NG BLOOD GLUCOSE<br>KIT   | 18 |
| EFFEXOR XR  | 10 |
| EFUDEX  | 16 |
| ELESTRIN  | 23 |
| eletriptan hydrobromide   | 11 |
| ELIQUIS   | 9  |
| ELIQUIS DVT/PE STARTER PACK   | 9  |
| ELOCTATE  | 21 |
| eluryng   | 23 |
| EMBRACE BLOOD GLUCOSE<br>TEST   | 18 |
| EMBRACE WAVE BLOOD<br>GLUCOSE IN VITRO  | 18 |
| EMGALITY SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR<br>120 MG/ML                    | 11 |
| emoquette oral tablet<br>0.15-30 mg-mcg   | 23 |
| EMPAVELI  | 21 |
| emtricitabine-tenofovir df oral tablet<br>100-150 mg, 133-200 mg,<br>167-250 mg | 12 |
| emtricitabine-tenofovir df oral tablet<br>200-300 mg                            | 12 |
| enalapril maleate oral tablet   | 14 |
| ENBREL  | 27 |
| ENBREL MINI   | 27 |
| ENBREL SURECLICK  | 27 |
| endocet   | 8  |
| ENDOMETRIN  | 29 |
| enilloring  | 23 |
| ENLITE GLUCOSE SENSOR   | 18 |
| enoxaparin sodium injection<br>solution prefilled syringe                       | 9  |
| enskyce   | 24 |
| ENSTILAR  | 16 |

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| ENTRESTO   | 14     |
| EPCLUSA ORAL TABLET  | 13     |
| EPIDIOLEX  | 10     |
| epinephrine solution auto-injector<br>0.15 mg/0.15ml injection | 30, 31 |
| epinephrine solution auto-injector<br>0.15 mg/0.3ml injection  | 31     |
| epinephrine solution auto-injector<br>0.3 mg/0.3ml injection   | 31     |
| EPIPEN 2-PAK   | 31     |
| EPIPEN JR 2-PAK  | 31     |
| EQ BLOOD GLUCOSE TEST  | 18     |
| ERGOCAL ORAL CAPSULE<br>62.5 MCG (2500 UT)                     | 21     |
| ergocalciferol oral capsule                                    | 21, 22 |
| ERIVEDGE   | 11     |
| ERLEADA ORAL TABLET 240 MG                                     | 11     |
| ERLEADA ORAL TABLET 60 MG                                      | 11     |
| ERMEZA   | 26     |
| errin  | 24     |
| erythromycin ophthalmic  | 29     |
| escitalopram oxalate oral tablet                               | 10     |
| ESGIC ORAL TABLET  | 8      |
| estarylla  | 24     |
| ESTRACE  | 24     |
| estradiol oral   | 23, 24 |
| estradiol patch twice weekly<br>0.025 mg/24hr transdermal      | 24     |
| estradiol patch twice weekly<br>0.0375 mg/24hr transdermal     | 24     |
| estradiol patch twice weekly<br>0.05 mg/24hr transdermal       | 24     |
| estradiol patch twice weekly<br>0.075 mg/24hr transdermal      | 24     |
| estradiol patch twice weekly<br>0.1 mg/24hr transdermal        | 24     |
| estradiol transdermal gel                                      | 24     |
| estradiol transdermal patch weekly                             | 24     |
| estradiol vaginal cream  | 24     |
| estradiol vaginal tablet                                       | 24     |
| ESTRING  | 24     |
| ESTROGEL   | 24     |
| eszopiclone  | 33     |



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| etonogestrel-ethinyl estradiol . . . . . | 24 |
| EUCRISA . . . . .                        | 16 |
| euthyrox . . . . .                       | 26 |
| EVAMIST . . . . .                        | 24 |
| EXFORGE . . . . .                        | 14 |
| EXKIVITY . . . . .                       | 11 |
| EXTAVIA . . . . .                        | 16 |
| EYSUVIS . . . . .                        | 29 |
| ezetimibe . . . . .                      | 14 |

## F

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|---|----|
| falmina . . . . .   | 24 |
| famotidine oral suspension<br>reconstituted . . . . .                               | 22 |
| FASENRA PEN . . . . .   | 31 |
| FEMARA . . . . .  | 11 |
| femynor oral tablet 0.25-35 mg-mcg .  | 24 |
| fenofibrate oral tablet 120 mg,<br>40 mg . . . . .                                  | 14 |
| fenofibrate oral tablet 145 mg,<br>160 mg, 48 mg, 54 mg . . . . .                   | 14 |
| FENOGLIDE . . . . .   | 14 |
| FEXMID . . . . .  | 33 |
| FINACEA EXTERNAL FOAM . . . . .   | 16 |
| finasteride oral tablet 5 mg . . . . .  | 23 |
| fingolimod hcl . . . . .  | 16 |
| FLAREX . . . . .  | 29 |
| flecainide acetate . . . . .  | 14 |
| FLOMAX . . . . .  | 23 |
| FLOVENT HFA INHALATION<br>AEROSOL 110 MCG/ACT,<br>220 MCG/ACT, 44 MCG/ACT . . . . . | 31 |
| FLUCELVAX QUADRIVALENT<br>INTRAMUSCULAR SUSPENSION<br>PREFILLED SYRINGE . . . . .   | 29 |
| fluconazole oral tablet . . . . .   | 11 |
| FLUOROURACIL EXTERNAL<br>CREAM 0.5 % . . . . .                                      | 16 |
| fluorouracil external cream 5 % . . . . .   | 17 |
| fluoxetine hcl oral capsule . . . . .   | 10 |
| fluoxetine hcl oral tablet 10 mg . . . . .  | 10 |

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| fluoxetine hcl oral tablet 20 mg,<br>60 mg . . . . .   | 10     |
| FLUTICASONE FUROATE-<br>VILANTEROL . . . . .   | 31     |
| FLUTICASONE PROPIONATE HFA . . . . .   | 31     |
| fluticasone propionate nasal . . . . .   | 31     |
| FLUTICASONE-SALMETEROL<br>INHALATION AEROSOL . . . . .   | 31, 32 |
| fluticasone-salmeterol inhalation<br>aerosol powder breath activated<br>100-50 mcg/act, 250-50 mcg/act,<br>500-50 mcg/act . . . . .    | 32     |
| FLUTICASONE-SALMETEROL<br>INHALATION AEROSOL POWDER<br>BREATH ACTIVATED 113-14 MCG/<br>ACT, 232-14 MCG/ACT,<br>55-14 MCG/ACT . . . . . | 32     |
| fluvoxamine maleate . . . . .  | 10     |
| FOCALIN . . . . .  | 15     |
| FOCALIN XR . . . . .   | 15     |
| folic acid oral tablet 1 mg . . . . .  | 21     |
| FOLLISTIM AQ . . . . .   | 29     |
| FORA 6 CONNECT/GTEL TEST . . . . .   | 18     |
| FORFIVO XL . . . . .   | 10     |
| FORTEO . . . . .   | 29     |
| FORTESTA . . . . .   | 26     |
| FORTISCARE G1 TEST STRIP . . . . .   | 18     |
| FORTISCARE TEST . . . . .  | 18     |
| FOSAMAX . . . . .  | 29     |
| FREESTYLE LIBRE 14 DAY<br>SENSOR . . . . .   | 18     |
| FREESTYLE LIBRE 2 SENSOR . . . . .   | 18     |
| FREESTYLE LIBRE 3 SENSOR . . . . .   | 18     |
| FREESTYLE PRECISION NEO<br>SYSTEM . . . . .  | 18     |
| FREESTYLE PRECISION NEO TEST . . . . .   | 18     |
| FREESTYLE TEST . . . . .   | 18     |
| FUROSCIX . . . . .   | 14     |
| furosemide oral tablet . . . . .   | 14     |
| FYCOMPA ORAL SUSPENSION . . . . .  | 10     |
| FYCOMPA ORAL TABLET . . . . .  | 10     |
| fyremadel . . . . .  | 29     |

## G

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|---|--------|
| gabapentin oral capsule . . . . .   | 10     |
| gabapentin oral tablet 600 mg,<br>800 mg . . . . .                                      | 10     |
| ganirelix acetate solution<br>prefilled syringe 250 mcg/0.5ml<br>subcutaneous . . . . . | 29     |
| gavilyte-c . . . . .  | 22     |
| gavilyte-g . . . . .  | 22     |
| GAVRETO . . . . .   | 11     |
| gemfibrozil oral . . . . .  | 14     |
| GILENYA . . . . .   | 16     |
| glatiramer acetate . . . . .  | 16     |
| glatopa . . . . .   | 16     |
| glimepiride . . . . .   | 20     |
| glipizide er . . . . .  | 20     |
| glipizide oral tablet 10 mg, 5 mg . . . . .   | 20     |
| glipizide oral tablet 2.5 mg . . . . .  | 20     |
| glipizide xl . . . . .  | 20     |
| GLUCAGON EMERGENCY<br>KIT INJECTION SOLUTION<br>RECONSTITUTED . . . . .                 | 20     |
| GLUCOCARD EXPRESSION TEST . . . . .   | 18     |
| GLUCOCARD SHINE TEST . . . . .  | 18     |
| GLUCOCARD VITAL TEST . . . . .  | 18     |
| GLUCOTROL XL . . . . .  | 20     |
| GLUMETZA . . . . .  | 20     |
| glyburide oral . . . . .  | 20     |
| GLYCATE . . . . .   | 22     |
| glycopyrrolate oral tablet 1 mg,<br>2 mg . . . . .                                      | 22     |
| GLYCOPYRROLATE ORAL<br>TABLET 1.5 MG . . . . .  | 22     |
| GLYXAMBI . . . . .  | 20     |
| GOLYTELY . . . . .  | 22     |
| GONAL-F . . . . .   | 29     |
| GONAL-F RFF . . . . .   | 29     |
| GONAL-F RFF REDJECT . . . . .   | 29     |
| guanfacine hcl . . . . .  | 14, 15 |
| guanfacine hcl er . . . . .   | 15     |
| GUARDIAN 4 GLUCOSE SENSOR . . . . .   | 18     |
| GUARDIAN 4 TRANSMITTER . . . . .  | 18     |



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| GUARDIAN CONNECT TRANSMITTER . . . . .   | 18 | HUMIRA (2 PEN) . . . . .   | 27 | HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML . . . . .                                | 28 |
| GUARDIAN LINK 3 TRANSMITTER . . . . .    | 18 | HUMIRA (2 SYRINGE) . . . . .   | 27 | HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML . . . . .                                | 28 |
| GUARDIAN SENSOR (3) . . . . .            | 18 | HUMIRA-CD/UC/HS STARTER . . . . .  | 27 | HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML . . . . . | 28 |
| GUARDIAN SENSOR 3 . . . . .              | 18 | HUMIRA-PED<40KG CROHNS STARTER . . . . .   | 27 | HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML . . . . .                            | 28 |
| GVOKE HYPOPEN 1-PACK . . . . .           | 18 | HUMIRA-PED>/=40KG CROHNS START . . . . .   | 27 | HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS . . . . .              | 28 |
| GVOKE HYPOPEN 2-PACK . . . . .           | 18 | HUMIRA-PED>/=40KG UC STARTER . . . . .   | 27 | HYRIMOZ-PED<40KG CROHN STARTER . . . . .   | 28 |
| GVOKE KIT . . . . .                      | 18 | HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML . . . . . | 28 | HYRIMOZ-PED>/=40KG CROHN START . . . . .   | 28 |
| GVOKE PFS . . . . .                      | 18 | HUMIRA-PSORIASIS/UVEIT STARTER . . . . .   | 28 | HYRIMOZ-PLAQUE PSORIASIS START . . . . .   | 28 |
| GNAZOLE-1 . . . . .                      | 11 | HUMULIN 70/30 KWIKPEN . . . . .  | 19 | HYZAAR . . . . .   | 14 |
| <b>H</b>                                 |    |  |    |  |    |
| HADLIMA . . . . .                        | 27 | HUMULIN 70/30 VIAL . . . . .   | 19 | <b>I</b>   |    |
| HADLIMA PUSH TOUCH . . . . .             | 27 | HUMULIN N KWIKPEN . . . . .  | 19 | IBRANCE ORAL CAPSULE . . . . .   | 11 |
| HAEGARDA . . . . .                       | 27 | HUMULIN N VIAL . . . . .   | 19 | ibuprofen oral tablet 400 mg, 600 mg, 800 mg . . . . .   | 8  |
| hailey 1.5/30 . . . . .                  | 24 | HUMULIN R SOLUTION 100 UNIT/ML INJECTION . . . . .                               | 19 | ICLUSIG ORAL TABLET 10 MG, 30 MG . . . . .   | 12 |
| hailey 24 fe . . . . .                   | 24 | HUMULIN R U-500 KWIKPEN . . . . .  | 20 | ICLUSIG ORAL TABLET 15 MG, 45 MG . . . . .   | 12 |
| hailey fe 1/20 . . . . .                 | 24 | HUMULIN R U-500 VIAL . . . . .   | 20 | IDELVION . . . . .   | 21 |
| hailey fe 1.5/30 . . . . .               | 24 | hydralazine hcl oral . . . . .   | 14 | IDHIFA . . . . .   | 12 |
| HALCION . . . . .                        | 13 | hydrochlorothiazide oral . . . . .   | 14 | ILEVRO . . . . .   | 29 |
| haloette . . . . .                       | 24 | hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg . . . . .  | 8  | IMBRUVICA ORAL CAPSULE . . . . .   | 12 |
| HARVONI ORAL TABLET . . . . .            | 13 | hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg . . . . .  | 8  | IMBRUVICA ORAL TABLET 140 MG, 280 MG . . . . .   | 12 |
| HEALTHPRO BLOOD GLUCOSE MONITO . . . . . | 18 | hydrocortisone external cream 1 % . . . . .                                      | 17 | IMBRUVICA ORAL TABLET 420 MG . . . . .   | 12 |
| heather . . . . .                        | 24 | hydrocortisone external cream 2.5 % . . . . .                                    | 17 | IMBRUVICA ORAL TABLET 560 MG . . . . .   | 12 |
| HEMADY . . . . .                         | 26 | hydrocortisone external ointment 1 %, 2.5 % . . . . .                            | 17 | IMITREX . . . . .  | 11 |
| HEMANGEOL . . . . .                      | 14 | hydrocortisone oral . . . . .  | 26 | IMPOYZ . . . . .   | 17 |
| HEMLIBRA . . . . .                       | 21 | hydromorphone hcl oral tablet . . . . .  | 8  | IMURAN . . . . .   | 28 |
| HEMOPIL M . . . . .                      | 21 | hydroxychloroquine sulfate oral . . . . .  | 12 |  |    |
| HIDEX 6-DAY . . . . .                    | 26 | hydroxyzine hcl oral tablet . . . . .  | 13 |  |    |
| HUMALOG INJECTION . . . . .              | 19 | hydroxyzine pamoate oral . . . . .   | 13 |  |    |
| HUMALOG KWIKPEN . . . . .                | 19 | HYFTOR . . . . .   | 28 |  |    |
| HUMALOG MIX 50/50 KWIKPEN . . . . .      | 19 | HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS . . . . .                | 28 |  |    |
| HUMALOG MIX 50/50 VIAL . . . . .         | 19 |  |    |  |    |
| HUMALOG MIX 75/25 KWIKPEN . . . . .      | 19 |  |    |  |    |
| HUMALOG MIX 75/25 VIAL . . . . .         | 19 |  |    |  |    |
| HUMALOG SUBCUTANEOUS . . . . .           | 19 |  |    |  |    |
| HUMALOG TEMPO PEN . . . . .              | 19 |  |    |  |    |
| HUMALOG U-100 JUNIOR KWIKPEN . . . . .   | 19 |  |    |  |    |
| HUMATE-P . . . . .                       | 21 |  |    |  |    |





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| IMVEXXY MAINTENANCE PACK . . .   | 21 | JULUCA . . . . .  | 13 | LAGEVRIO . . . . .   | 13    |
| IMVEXXY STARTER PACK. . . . .  | 21 | junel 1/20 . . . . .  | 24 | LAMICTAL ORAL TABLET . . . . .   | 10    |
| INBRIJA . . . . .  | 12 | junel 1.5/30 . . . . .  | 24 | lamotrigine oral tablet . . . . .  | 10    |
| incassia. . . . .  | 24 | junel fe 1/20 . . . . .   | 24 | LANCETS. . . . .   | 17-19 |
| INDERAL LA . . . . .   | 14 | junel fe 1.5/30 . . . . .   | 24 | LANREOTIDE ACETATE. . . . .  | 26    |
| INDOMETHACIN ORAL CAPSULE<br>20 MG. . . . .  | 8  | junel fe 24. . . . .  | 24 | LANTUS SOLOSTAR . . . . .  | 20    |
| indomethacin oral capsule 25 mg,<br>50 mg . . . . .  | 8  |   |    | LANTUS U-100 VIAL . . . . .  | 20    |
| INSULIN GLARGINE . . . . .   | 20 | <b>K</b>  |    | larin 1/20 . . . . .   | 24    |
| INSULIN GLARGINE MAX<br>SOLOSTAR . . . . .   | 20 | K-TAB . . . . .   | 22 | larin 1.5/30 . . . . .   | 24    |
| INSULIN GLARGINE SOLOSTAR . . .  | 20 | kalliga . . . . .   | 24 | larin 24 fe . . . . .  | 24    |
| INSULIN LISPRO. . . . .  | 20 | KEPPRA ORAL TABLET. . . . .   | 10 | larin fe 1/20 . . . . .  | 24    |
| INSULIN LISPRO (1 UNIT DIAL). . . .  | 20 | KESIMPTA . . . . .  | 16 | larin fe 1.5/30. . . . .   | 24    |
| INSULIN LISPRO JUNIOR  |    | ketoconazole external cream. . . . .                                      | 11 | larissia oral tablet 0.1-20 mg-mcg . . .   | 24    |
| KWIKPEN . . . . .  | 20 | ketoconazole external shampoo . . . .                                     | 11 | LASIX . . . . .  | 14    |
| INSULIN LISPRO PROT & LISPRO . .   | 20 | ketorolac tromethamine oral . . . . .                                     | 8  | latanoprost ophthalmic. . . . .  | 30    |
| INSULIN PEN NEEDLES 29G X<br>12MM , 30G X 5 MM , 31G X 5 MM ,<br>31G X 8 MM , 32G X 4 MM . . . . . | 18 | KEVZARA SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR . . . . .                  | 28 | LATUDA . . . . .   | 12    |
| INTUNIV . . . . .  | 15 | KINERET . . . . .   | 28 | LEDIPASVIR-SOFOSBUVIR . . . . .  | 13    |
| INVELTYS. . . . .  | 29 | KITABIS PAK . . . . .   | 32 | lenalidomide. . . . .  | 12    |
| ipratropium bromide nasal . . . . .  | 31 | KLISYRI . . . . .   | 17 | lessina. . . . .   | 24    |
| ipratropium-albuterol . . . . .  | 32 | KLONOPIN. . . . .   | 13 | letrozole oral . . . . .   | 12    |
| irbesartan. . . . .  | 14 | klor-con 10 . . . . .   | 21 | LEVALBUTEROL HFA INHALATION<br>AEROSOL 45 MCG/ACT . . . . .                            | 32    |
| irbesartan-hydrochlorothiazide . . . .   | 14 | klor-con m10 . . . . .  | 22 | levetiracetam oral tablet . . . . .  | 10    |
| isibloom . . . . .   | 24 | klor-con m15. . . . .   | 22 | levo-t . . . . .   | 26    |
| isosorbide mononitrate er . . . . .  | 14 | klor-con m20 . . . . .  | 22 | levocetirizine dihydrochloride oral<br>tablet. . . . .                                 | 31    |
| ISTALOL . . . . .  | 30 | klor-con oral tablet extended<br>release . . . . .                        | 22 | levofloxacin oral tablet . . . . .   | 9     |
| IYUZEH . . . . .   | 30 | KLOXXADO . . . . .  | 8  | levonorgestrel-ethinyl estrad oral<br>tablet 0.1-20 mg-mcg,<br>0.15-30 mg-mcg. . . . . | 24    |
|  |    | KOATE . . . . .   | 21 | levora 0.15/30 (28). . . . .   | 24    |
| <b>J</b>   |    | KOATE-DVI. . . . .  | 21 | levothyroxine sodium oral tablet . . . .   | 26    |
| jantoven . . . . .   | 10 | KOGENATE FS. . . . .  | 21 | levoxyl. . . . .   | 26    |
| JARDIANCE. . . . .   | 20 | KOSELUGO . . . . .  | 12 | LEXAPRO. . . . .   | 10    |
| jasmiel. . . . .   | 24 | KOVALTRY . . . . .  | 21 | LIALDA . . . . .   | 29    |
| jencycla. . . . .  | 24 | KRINTAFEL . . . . .   | 12 | lidocaine hcl mouth/throat . . . . .   | 16    |
| JENTADUETO . . . . .   | 20 | kurvelo . . . . .   | 24 | lidocaine viscous hcl. . . . .   | 16    |
| JENTADUETO XR . . . . .  | 20 | KYNMOBI SUBLINGUAL FILM<br>10 MG, 15 MG, 20 MG, 25 MG,<br>30 MG . . . . . | 12 | LIKMEZ. . . . .  | 9     |
| JIVI . . . . .   | 21 |   |    | lillow oral tablet 0.15-30 mg-mcg . . . .  | 24    |
| JORNAY PM. . . . .   | 15 | <b>L</b>  |    | LINZESS. . . . .   | 22    |
| juleber. . . . .   | 24 | labetalol hcl oral . . . . .  | 14 | liothyronine sodium oral . . . . .   | 27    |



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| LIPITOR . . . . .  | 14 | LUNESTA . . . . .  | 33 | metformin hcl er (osm) . . . . .   | 20 |
| lisdexamfetamine dimesylate . . . . .                          | 15 | LUPKYNIS . . . . .   | 28 | metformin hcl oral tablet 1000 mg,<br>500 mg, 850 mg. . . . .  | 20 |
| lisinopril oral . . . . .                                      | 14 | lurasidone hcl . . . . .   | 12 | metformin hcl oral tablet 625 mg. . . . .  | 20 |
| lisinopril-hydrochlorothiazide . . . . .                       | 14 | luta . . . . .   | 25 | methimazole oral . . . . .   | 27 |
| LITFULO . . . . .  | 28 | lyleq . . . . .  | 25 | methocarbamol oral tablet 1000 mg . . . . .  | 33 |
| lithium carbonate er . . . . .                                 | 13 | lyllana . . . . .  | 25 | methocarbamol oral tablet 500 mg,<br>750 mg . . . . .  | 33 |
| lithium carbonate oral capsule . . . . .                       | 13 | LYMEPAK ORAL TABLET 100 MG . . . . .   | 9  | methotrexate sodium oral . . . . .   | 28 |
| LITHOBID . . . . .   | 13 | LYNPARZA . . . . .   | 12 | methylphenidate hcl er (cd) . . . . .  | 15 |
| LO LOESTRIN FE . . . . .                                       | 24 | LYRICA ORAL CAPSULE . . . . .  | 16 | methylphenidate hcl er (la) oral<br>capsule extended release 24 hour<br>10 mg, 20 mg, 30 mg, 40 mg . . . . . | 15 |
| lo-zumandimine . . . . .                                       | 24 | LYUMJEV KWIKPEN . . . . .  | 20 | methylphenidate hcl er (la) oral<br>capsule extended release 24 hour<br>60 mg . . . . .                      | 15 |
| LOESTRIN 1/20 (21) . . . . .                                   | 24 | LYUMJEV TEMPO PEN . . . . .  | 20 | methyphenidate hcl er (osm) oral<br>tablet extended release 18 mg,<br>27 mg, 36 mg, 54 mg . . . . .          | 15 |
| LOESTRIN 1.5/30 (21) . . . . .                                 | 24 | LYUMJEV VIAL . . . . .   | 20 | <b>METHYLPHENIDATE HCL ER<br/>(OSM) ORAL TABLET EXTENDED<br/>RELEASE 45 MG, 63 MG . . . . .</b>              | 15 |
| LOESTRIN FE 1/20 . . . . .                                     | 24 | lyza . . . . .   | 25 | methyphenidate hcl er (osm) oral<br>tablet extended release 72 mg. . . . .                                   | 15 |
| LOESTRIN FE 1.5/30 . . . . .                                   | 24 | <b>M</b>   |    | methyphenidate hcl er (xr) . . . . .   | 15 |
| LOKELMA . . . . .  | 22 | MACROBID . . . . .   | 9  | methyphenidate hcl er oral tablet<br>extended release . . . . .  | 15 |
| LOPID . . . . .  | 14 | MACRODANTIN . . . . .  | 9  | methyphenidate hcl oral tablet . . . . .   | 15 |
| LOPRESSOR . . . . .  | 14 | marlissa . . . . .   | 25 | methyphenidate hcl oral tablet<br>extended release . . . . .   | 15 |
| lorazepam oral tablet . . . . .                                | 13 | MAVENCLAD . . . . .  | 16 | methyphenidate hcl oral tablet<br>extended release . . . . .   | 15 |
| loryna . . . . .   | 24 | MAVYRET ORAL PACKET . . . . .  | 13 | methyprednisolone oral tablet<br>therapy pack . . . . .  | 26 |
| losartan potassium oral . . . . .                              | 14 | MAXALT . . . . .   | 11 | metoclopramide hcl oral tablet . . . . .   | 11 |
| losartan potassium-hctz . . . . .                              | 14 | MAXALT-MLT . . . . .   | 11 | metoprolol succinate er oral tablet<br>extended release 24 hour 100 mg,<br>200 mg, 50 mg . . . . .           | 14 |
| LOTEMAX OPHTHALMIC GEL . . . . .                               | 29 | MAXITROL OPHTHALMIC<br>SUSPENSION . . . . .  | 30 | metoprolol succinate er oral tablet<br>extended release 24 hour 25 mg. . . . .                               | 14 |
| LOTEMAX OPHTHALMIC<br>OINTMENT . . . . .                       | 29 | MAXZIDE . . . . .  | 14 | metoprolol tartrate oral tablet<br>100 mg, 25 mg, 50 mg . . . . .  | 14 |
| LOTEMAX OPHTHALMIC<br>SUSPENSION . . . . .                     | 29 | MAXZIDE-25 . . . . .   | 14 | metoprolol tartrate oral tablet<br>37.5 mg, 75 mg . . . . .  | 14 |
| LOTEMAX SM . . . . .   | 29 | MAYZENT STARTER PACK . . . . .   | 16 | <b>METROCREAM . . . . .</b>  | 17 |
| LOTENSIN . . . . .   | 14 | MEDROL ORAL TABLET THERAPY<br>PACK . . . . .   | 26 | metronidazole external cream . . . . .   | 17 |
| loteprednol etabonate ophthalmic<br>gel . . . . .              | 29 | medroxyprogesterone acetate<br>intramuscular suspension prefilled<br>syringe . . . . . | 25 | metronidazole oral tablet . . . . .  | 9  |
| loteprednol etabonate ophthalmic<br>suspension 0.2 % . . . . . | 29 | medroxyprogesterone acetate oral . . . . .   | 25 | metronidazole vaginal . . . . .  | 9  |
| loteprednol etabonate ophthalmic<br>suspension 0.5 % . . . . . | 29 | meloxicam oral tablet . . . . .  | 8  | MICARDIS . . . . .   | 14 |
| LOTREL . . . . .   | 14 | MENOPUR . . . . .  | 29 |  |    |
| lovastatin oral . . . . .                                      | 14 | MENOSTAR . . . . .   | 25 |  |    |
| LOVAZA . . . . .   | 14 | mesalamine oral tablet delayed<br>release 1.2 gm . . . . .                             | 29 |  |    |
| LOVENOX INJECTION SOLUTION<br>PREFILLED SYRINGE . . . . .      | 10 | mesalamine oral tablet delayed<br>release 800 mg . . . . .                             | 29 |  |    |
| LUMAKRAS . . . . .   | 12 | metformin hcl er . . . . .   | 20 |  |    |
| LUMIGAN . . . . .  | 30 | metformin hcl er (mod) . . . . .   | 20 |  |    |
| LUMRYZ . . . . .   | 33 |  |    |  |    |



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| MICRODOT TEST . . . . .                                      | 18     | mupirocin external. . . . .   | 9  | NITROSTAT . . . . .  | 14 |
| microgestin 1/20 . . . . .                                   | 25     | mycophenolate mofetil oral tablet . . . . .                                     | 28 | NIVA THYROID . . . . .   | 27 |
| microgestin 1.5/30 . . . . .                                 | 25     | MYDAYIS . . . . .   | 15 | NOC DURNA. . . . .   | 26 |
| microgestin 24 fe. . . . .                                   | 25     | MYFEMBREE. . . . .  | 25 | nora-be. . . . .   | 25 |
| microgestin fe 1/20 . . . . .                                | 25     |   |    | NORDITROPIN FLEXPEN . . . . .  | 26 |
| microgestin fe 1.5/30 . . . . .                              | 25     | <b>N</b>  |    | norelgestromin-eth estradiol . . . . .   | 25 |
| mili. . . . .  | 25     | na sulfate-k sulfate-mg sulf. . . . .   | 22 | norethin ace-eth estrad-fe oral<br>tablet. . . . .   | 25 |
| MINILINK REAL-TIME<br>TRANSMITTER . . . . .                  | 18     | nabumetone oral . . . . .   | 8  | norethindrone acet-ethinyl est. . . . .  | 25 |
| MINIMED 630G GUARDIAN PRESS . . . . .                        | 18     | NALOCET. . . . .  | 8  | norethindrone acetate oral . . . . .   | 25 |
| MINIPRESS . . . . .  | 14     | naloxone hcl injection solution<br>prefilled syringe . . . . .                  | 8  | norethindrone oral. . . . .  | 25 |
| MINIVELLE. . . . .   | 24, 25 | naloxone hcl nasal. . . . .   | 8  | norgestimate-eth estradiol . . . . .   | 25 |
| minocycline hcl oral capsule . . . . .                       | 9      | naltrexone hcl oral. . . . .  | 8  | norgestimate-ethinyl estradiol<br>triphasic oral tablet 0.18/0.215/<br>0.25 mg-25 mcg. . . . . | 25 |
| minoxidil oral . . . . .                                     | 14     | NAPROSYN ORAL TABLET . . . . .  | 8  | norgestimate-ethinyl estradiol<br>triphasic oral tablet 0.18/0.215/<br>0.25 mg-35 mcg. . . . . | 25 |
| mirtazapine oral tablet . . . . .                            | 10     | naproxen oral tablet . . . . .  | 8  | NORITATE . . . . .   | 17 |
| MIRVASO . . . . .  | 17     | NARCAN . . . . .  | 8  | NORLIQVA . . . . .   | 14 |
| misoprostol oral. . . . .                                    | 22     | NASCOBAL . . . . .  | 22 | norlyda . . . . .  | 25 |
| MITIGARE . . . . .   | 11     | NATAZIA. . . . .  | 25 | norlyroc . . . . .   | 25 |
| MM BLULINK GLUCOSE TEST . . . . .                            | 18     | NATESTO . . . . .   | 26 | nortriptyline hcl oral capsule . . . . .   | 10 |
| MM EASY TOUCH GLUCOSE<br>METER . . . . .                     | 18     | NAYZILAM . . . . .  | 10 | NORVASC . . . . .  | 14 |
| MOBIC ORAL TABLET 15 MG,<br>7.5 MG . . . . .                 | 8      | neomycin-polymyxin-dexameth<br>ophthalmic suspension<br>3.5-10000-0.1 . . . . . | 30 | NOURIANZ. . . . .  | 12 |
| modafinil oral . . . . .                                     | 33     | neomycin-polymyxin-hc otic<br>suspension. . . . .                               | 30 | NOVAREL. . . . .   | 29 |
| mondoxyne nl . . . . .                                       | 9      | NEULASTA. . . . .   | 21 | NOVOEIGHT . . . . .  | 21 |
| mono-lynyah . . . . .  | 25     | NEUPRO. . . . .   | 12 | NOVOFINE AUTOCOVER PEN<br>NEEDLE . . . . .   | 18 |
| montelukast sodium oral tablet . . . . .                     | 32     | NEURONTIN ORAL CAPSULE . . . . .  | 10 | NOVOFINE PEN NEEDLE . . . . .  | 18 |
| montelukast sodium oral tablet<br>chewable . . . . .         | 32     | NEURONTIN ORAL TABLET . . . . .   | 10 | NOVOFINE PLUS PEN NEEDLE . . . . .   | 18 |
| morphine sulfate er oral tablet<br>extended release. . . . . | 8      | NEUTEK 2TEK TEST. . . . .   | 18 | NOVOLIN 70/30 FLEXPEN . . . . .  | 20 |
| MOTEGRITY . . . . .  | 22     | NEVANAC. . . . .  | 30 | NOVOLIN 70/30 FLEXPEN RELION . . . . .   | 20 |
| MOTPOLY XR . . . . .   | 10     | NEXLETOL. . . . .   | 14 | NOVOLIN 70/30 RELION . . . . .   | 20 |
| MOUNJARO. . . . .  | 20     | NEXLIZET. . . . .   | 14 | NOVOLIN 70/30 VIAL . . . . .   | 20 |
| MOVIPREP. . . . .  | 22     | NGENLA. . . . .   | 26 | NOVOLIN N FLEXPEN . . . . .  | 20 |
| MOXEZA OPHTHALMIC<br>SOLUTION 0.5 % . . . . .                | 30     | nifedipine er . . . . .   | 14 | NOVOLIN N FLEXPEN RELION . . . . .   | 20 |
| moxifloxacin hcl (2x day). . . . .                           | 30     | nifedipine er osmotic release. . . . .  | 14 | NOVOLIN N RELION. . . . .  | 20 |
| moxifloxacin hcl ophthalmic. . . . .                         | 30     | nikki. . . . .  | 25 | NOVOLIN N VIAL. . . . .  | 20 |
| MS CONTIN. . . . .   | 8      | nitrofurantoin macrocrystal . . . . .   | 9  | NOVOLIN R FLEXPEN . . . . .  | 20 |
| MULPLETA. . . . .  | 21     | nitrofurantoin monohydrate<br>macrocrystals . . . . .                           | 9  | NOVOLIN R FLEXPEN RELION . . . . .   | 20 |
| MULTAQ . . . . .   | 14     | nitroglycerin sublingual. . . . .   | 14 | NOVOLIN R RELION . . . . .   | 20 |



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| NOVOLIN R VIAL . . . . .   | 20 | olmesartan medoxomil-hctz. . . . .                                | 14 | ORGOVYX . . . . .   | 12 |
| NOVOTWIST PEN NEEDLE . . . . .   | 18 | OLUMIANT ORAL TABLET 1 MG,<br>4 MG . . . . .                      | 28 | ORIAHNN . . . . .   | 26 |
| np thyroid . . . . .   | 27 | OLUMIANT ORAL TABLET 2 MG . . . . .                               | 28 | ORILISSA . . . . .  | 26 |
| NUBEQA . . . . .   | 12 | OMECLAMOX-PAK . . . . .   | 22 | orsythia . . . . .  | 25 |
| NUCALA SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR . . . . .  | 32 | omega-3-acid ethyl esters . . . . .                               | 14 | oseltamivir phosphate oral capsule. . . . .   | 13 |
| NUCALA SUBCUTANEOUS<br>SOLUTION PREFILLED SYRINGE<br>100 MG/ML . . . . .   | 32 | omeprazole oral capsule delayed<br>release . . . . .              | 22 | OSPHENA . . . . .   | 21 |
| NUCALA SUBCUTANEOUS<br>SOLUTION PREFILLED SYRINGE<br>40 MG/0.4ML . . . . .   | 32 | OMNIPOD 5 G6 INTRO (GEN 5) . . . . .                              | 19 | OTEZLA ORAL TABLET . . . . .  | 28 |
| NUCYNTA . . . . .  | 8  | OMNIPOD 5 G6 PODS (GEN 5) . . . . .                               | 19 | OTREXUP . . . . .   | 28 |
| NUCYNTA ER . . . . .   | 8  | OMNITROPE . . . . .   | 26 | OVIDREL . . . . .   | 29 |
| NULYTELY LEMON-LIME ORAL<br>SOLUTION RECONSTITUTED<br>420 GM . . . . .   | 22 | OMVOH . . . . .   | 28 | OXAYDO ORAL TABLET 5 MG,<br>7.5 MG . . . . .  | 8  |
| NURTEC . . . . .   | 11 | ON CALL EXPRESS BLOOD<br>GLUCOSE . . . . .                        | 19 | oxcarbazepine oral tablet . . . . .   | 10 |
| NUTROPIN AQ NUSPIN 10 . . . . .  | 26 | ON CALL EXPRESS MONITORING<br>SYS . . . . .                       | 19 | oxybutynin chloride er . . . . .  | 23 |
| NUTROPIN AQ NUSPIN 20 . . . . .  | 26 | ondansetron hcl oral tablet . . . . .                             | 11 | oxybutynin chloride oral tablet<br>2.5 mg . . . . .   | 23 |
| NUTROPIN AQ NUSPIN 5 . . . . .   | 26 | ondansetron odt . . . . .   | 11 | oxybutynin chloride oral tablet 5 mg . . . . .  | 23 |
| NUVARING . . . . .   | 25 | ONETOUCH DELICA PLUS<br>LANCETS . . . . .                         | 19 | oxycodone hcl oral tablet 10 mg,<br>15 mg, 20 mg, 30 mg . . . . .                               | 8  |
| NUVESSA . . . . .  | 9  | ONETOUCH SOLUTIONS<br>STARTER KIT KIT W/ WELL<br>DEVICE . . . . . | 19 | oxycodone hcl oral tablet 5 mg . . . . .  | 8  |
| NUWIQ INTRAVENOUS KIT 1000<br>UNIT, 2000 UNIT, 250 UNIT, 2500<br>UNIT, 3000 UNIT, 4000 UNIT, 500<br>UNIT . . . . . | 21 | ONETOUCH ULTRA 2 KIT<br>W/DEVICE . . . . .                        | 19 | OXYCODONE-ACETAMINOPHEN<br>ORAL TABLET 10-300 MG,<br>5-300 MG, 7.5-300 MG . . . . .             | 8  |
| NUWIQ INTRAVENOUS KIT 1500<br>UNIT . . . . .   | 21 | ONETOUCH ULTRA IN VITRO<br>STRIP . . . . .                        | 19 | oxycodone-acetaminophen oral<br>tablet 10-325 mg, 2.5-325 mg,<br>5-325 mg, 7.5-325 mg . . . . . | 8  |
| NUZYRA ORAL . . . . .  | 9  | ONETOUCH ULTRASOFT<br>LANCETS . . . . .                           | 19 | OXYCODONE-ACETAMINOPHEN<br>ORAL TABLET 2.5-300 MG . . . . .                                     | 8  |
| nymyo . . . . .  | 25 | ONETOUCH VERIO FLEX SYSTEM<br>KIT . . . . .                       | 19 | OZEMPIC . . . . .   | 20 |
| nystatin external cream . . . . .  | 11 | ONETOUCH VERIO IQ SYSTEM<br>KIT W/DEVICE . . . . .                | 19 |   |    |
| nystatin mouth/throat . . . . .  | 11 | ONETOUCH VERIO KIT W/DEVICE . . . . .                             | 19 | <b>P</b>  |    |
|  |    | ONETOUCH VERIO REFLECT KIT<br>W/DEVICE . . . . .                  | 19 | PACERONE ORAL TABLET<br>100 MG, 400 MG . . . . .  | 14 |
| <b>O</b>   |    | ONETOUCH VERIO TEST STRIPS . . . . .                              | 19 | PACERONE ORAL TABLET 200 MG . . . . .   | 14 |
| ocella . . . . .   | 25 | ONGLYZA . . . . .   | 20 | PAMELOR . . . . .   | 10 |
| OCUFLOX . . . . .  | 30 | OPSUMIT . . . . .   | 32 | PANCREAZE . . . . .   | 22 |
| ODOMZO . . . . .   | 12 | OPTIUMEZ TEST . . . . .   | 19 | PANRETIN . . . . .  | 17 |
| OFEV . . . . .   | 32 | OPZELURA . . . . .  | 17 | pantoprazole sodium oral tablet<br>delayed release . . . . .                                    | 22 |
| ofloxacin ophthalmic . . . . .   | 30 | ORENCIA CLICKJECT . . . . .                                       | 28 | PARADIGM REAL-TIME<br>TRANSMITTER . . . . .   | 19 |
| ofloxacin otic . . . . .   | 30 | ORENCIA SUBCUTANEOUS . . . . .                                    | 28 | paroxetine hcl oral tablet . . . . .  | 10 |
| olanzapine oral tablet . . . . .   | 12 | ORFADIN . . . . .   | 22 | PAXIL ORAL TABLET . . . . .   | 10 |
| olmesartan medoxomil oral . . . . .  | 14 |   |    |   |    |



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| PAXLOVID (150/100) . . . . .                                 | 13 | PREDNISOLONE ACETATE P-F. . . . .  | 30     | PROVIGIL . . . . .  | 33 |
| PAXLOVID (300/100). . . . .                                  | 13 | prednisolone oral solution . . . . .   | 26     | PROZAC. . . . .   | 10 |
| PEDIAPRED . . . . .  | 26 | prednisolone sodium phosphate<br>oral solution 10 mg/5ml, 25<br>mg/5ml, 6.7 (5 base) mg/5ml. . . . . | 26     | pseudoephedrine-bromphen-dm . . .                           | 31 |
| peg-3350-kcl-na bicarb-nacl . . . . .                        | 22 | prednisolone sodium phosphate<br>oral solution 15 mg/5ml . . . . .                                   | 26     | PTS PANELS EGLU TEST . . . . .                              | 19 |
| peg-3350/electrolytes . . . . .                              | 22 | prednisolone sodium phosphate<br>oral solution 20 mg/5ml . . . . .                                   | 26     | PULMICORT SUSPENSION. . . . .                               | 32 |
| peg-3350/electrolytes/ascorbat . . . . .                     | 22 | prednisone oral tablet. . . . .  | 26     | PULMOZYME . . . . .   | 32 |
| peg-kcl-nacl-nasulf-na asc-c . . . . .                       | 22 | prednisone oral tablet therapy pack .  | 26     | PYLERA . . . . .  | 22 |
| penicillin v potassium oral tablet . . . . .                 | 9  | pregabalin oral capsule . . . . .  | 16     | PYRIDIUM . . . . .  | 23 |
| PERCOCET . . . . .   | 8  | PREGNYL. . . . .   | 29     |   |    |
| PERFOROMIST . . . . .  | 32 | PREMARIN ORAL. . . . .   | 25     | <b>Q</b>  |    |
| PERIDEX. . . . .   | 16 | PREMARIN VAGINAL . . . . .   | 25     | quetiapine fumarate . . . . .                               | 12 |
| periogard . . . . .  | 16 | PREMIUM BLOOD GLUCOSE TEST .   | 19     | QUINTET AC BLOOD GLUCOSE<br>TEST . . . . .                  | 19 |
| PERTZYE . . . . .  | 22 | PREMPHASE . . . . .  | 25     | QUINTET BLOOD GLUCOSE TEST .                                | 19 |
| phenazo oral tablet 200 mg . . . . .                         | 23 | PREMPRO . . . . .  | 25     | QVAR REDIHALER . . . . .                                    | 32 |
| phenazopyridine hcl oral . . . . .                           | 23 | previfem oral tablet<br>0.25-35 mg-mcg . . . . .   | 25     | <b>R</b>  |    |
| pioglitazone hcl . . . . .                                   | 20 | PREZCOBIX. . . . .   | 13     | rabeprazole sodium oral tablet<br>delayed release . . . . . | 22 |
| PIP BLOOD GLUCOSE TEST STRIP .                               | 19 | PRISTIQ . . . . .  | 10     | RADICAVA ORS. . . . .                                       | 16 |
| PLAQUENIL . . . . .  | 12 | PROAIR HFA INHALATION<br>AEROSOL SOLUTION 108 (90<br>BASE) MCG/ACT. . . . .                          | 32     | RADICAVA ORS STARTER KIT . . . . .                          | 16 |
| PLAVIX . . . . .   | 12 | PROCARDIA XL. . . . .  | 14     | ramipril . . . . .  | 14 |
| PLEGRIDY INTRAMUSCULAR . . . . .                             | 16 | prochlorperazine maleate oral . . . . .  | 11     | RASUVO. . . . .   | 28 |
| PLEGRIDY STARTER PACK . . . . .                              | 16 | PROCTOFOAM HC . . . . .  | 29     | REBIF . . . . .   | 16 |
| PLEGRIDY SUBCUTANEOUS . . . . .                              | 16 | progesterone oral . . . . .  | 25     | REBIF TITRATION PACK . . . . .                              | 16 |
| PLENVU . . . . .   | 22 | PROGRAF ORAL CAPSULE . . . . .   | 28     | reclipsen. . . . .  | 25 |
| polymyxin b-trimethoprim. . . . .                            | 30 | PROLATE ORAL TABLET. . . . .   | 8      | RECOMBINATE. . . . .  | 21 |
| POLYTRIM OPHTHALMIC<br>SOLUTION 10000-0.1 UNIT/ML-%. . . . . | 30 | promethazine hcl oral tablet. . . . .  | 11     | REGLAN. . . . .   | 11 |
| POMALYST . . . . .   | 12 | promethazine-dm . . . . .  | 31     | RELAFEN DS. . . . .   | 8  |
| portia-28 . . . . .  | 25 | PROMETRIUM. . . . .  | 25     | RELAFEN ORAL TABLET 500 MG,<br>750 MG. . . . .              | 8  |
| potassium chloride crys er. . . . .                          | 22 | propranolol hcl er . . . . .   | 14     | RELEXXII . . . . .  | 15 |
| potassium chloride er . . . . .                              | 22 | propranolol hcl oral tablet . . . . .  | 14     | RELION TRUE MET AIR GLUC<br>METER. . . . .                  | 19 |
| potassium citrate er. . . . .                                | 22 | PROSCAR . . . . .  | 23     | RELION TRUE METRIX TEST<br>STRIPS. . . . .                  | 19 |
| PRADAXA ORAL CAPSULE . . . . .                               | 10 | PROTONIX ORAL TABLET<br>DELAYED RELEASE . . . . .  | 22     | RELION ULTIMA GLUCOSE<br>SYSTEM. . . . .                    | 19 |
| pramipexole dihydrochloride . . . . .                        | 12 | PROTOPIC EXTERNAL OINTMENT<br>0.03 %, 0.1 % . . . . .  | 17     | RELION ULTIMA TEST . . . . .                                | 19 |
| pravastatin sodium . . . . .                                 | 14 | PROVENTIL HFA. . . . .   | 31, 32 | RELPAK . . . . .  | 11 |
| prazosin hcl oral . . . . .                                  | 14 | PROVERA. . . . .   | 23, 25 | REMERON . . . . .   | 10 |
| PRECISION XTRA. . . . .                                      | 19 |  |        | REPATHA . . . . .   | 14 |
| PRECISION XTRA BLOOD<br>GLUCOSE . . . . .                    | 19 |  |        |   |    |
| PRED FORTE. . . . .  | 30 |  |        |   |    |
| PRED MILD . . . . .  | 30 |  |        |   |    |
| prednisolone acetate ophthalmic . . . . .                    | 30 |  |        |   |    |



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| REPATHA PUSHTRONEX SYSTEM. . . . .  | 14 | <b>S</b>  | STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . . . . | 28  |    |
| REPATHA SURECLICK. . . . .  | 14 | SANTYL . . . . .  | 17   | STENDRA. . . . .  | 21 |
| RESTASIS. . . . .   | 30 | saxagliptin hcl . . . . .                                       | 20   | STIOLTO RESPIMAT. . . . .   | 32 |
| RESTASIS MULTIDOSE . . . . .  | 30 | scopolamine . . . . .   | 11   | STIVARGA . . . . .  | 12 |
| RESTORIL . . . . .  | 33 | SEMGLEE. . . . .  | 20   | STRATTERA . . . . .   | 15 |
| RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML. . . . . | 21 | SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML. . . . . | 20   | STRENSIQ . . . . .  | 23 |
| RETACRIT INJECTION SOLUTION 20000 UNIT/ML. . . . .  | 21 | SEREVENT DISKUS . . . . .                                       | 32   | STRIVERDI RESPIMAT. . . . .   | 32 |
| RETEVMO ORAL CAPSULE 40 MG . . . . .  | 12 | SEROQUEL . . . . .  | 12   | SUBOXONE . . . . .  | 8  |
| RETEVMO ORAL CAPSULE 80 MG . . . . .  | 12 | sertraline hcl oral tablet . . . . .                            | 10   | subvenite . . . . .   | 10 |
| RETIN-A EXTERNAL CREAM . . . . .  | 17 | sharobel . . . . .  | 25   | sucralfate oral tablet . . . . .  | 22 |
| REVATIO ORAL TABLET . . . . .   | 32 | SHINGRIX. . . . .   | 29   | SUFLAVE . . . . .   | 22 |
| REVLIMID. . . . .   | 12 | sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg . . . . .   | 21   | sulfamethoxazole-trimethoprim oral tablet. . . . .                                | 9  |
| REXULTI . . . . .   | 12 | sildenafil citrate oral tablet 20 mg . . . . .                  | 32   | sumatriptan succinate oral . . . . .  | 11 |
| RHOFADE. . . . .  | 17 | SIMPONI. . . . .  | 28   | SUNOSI . . . . .  | 33 |
| RHOPRESSA. . . . .  | 30 | simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg . . . . .     | 15   | SUPREP BOWEL PREP KIT. . . . .  | 22 |
| RIGHTEST GT333 GLUCOSE TEST . . . . .   | 19 | simvastatin oral tablet 80 mg . . . . .                         | 15   | SUTAB . . . . .   | 22 |
| RINVOQ . . . . .  | 28 | SINGULAIR ORAL TABLET . . . . .                                 | 32   | syeda . . . . .   | 25 |
| RISPERDAL ORAL TABLET . . . . .   | 12 | SINGULAIR ORAL TABLET CHEWABLE . . . . .                        | 32   | SYMBICORT . . . . .   | 32 |
| risperidone oral tablet. . . . .  | 12 | SITAVIG . . . . .   | 13   | SYMFI . . . . .   | 13 |
| RITALIN . . . . .   | 15 | SKYRIZI PEN . . . . .   | 28   | SYMFI LO . . . . .  | 13 |
| RITALIN LA. . . . .   | 15 | SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . . . .        | 28   | SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML. . . . . | 31 |
| rizatriptan benzoate. . . . .   | 11 | SKYTROFA . . . . .  | 26   | SYMLINPEN 120 . . . . .   | 20 |
| ROBINUL . . . . .   | 22 | SOAANZ. . . . .   | 15   | SYMLINPEN 60 . . . . .  | 20 |
| ROBINUL-FORTE . . . . .   | 22 | SODIUM OXYBATE. . . . .   | 33   | SYMPAZAN . . . . .  | 10 |
| ROCALTRON ORAL CAPSULE . . . . .  | 29 | SOFOSBUVIR-VELPATASVIR. . . . .                                 | 13   | SYMPROIC. . . . .   | 22 |
| ROCKLATAN . . . . .   | 30 | solifenacin succinate. . . . .                                  | 23   | SYNJARDY . . . . .  | 20 |
| ropinirole hcl . . . . .  | 12 | SOLIQUA . . . . .   | 20   | SYNJARDY XR. . . . .  | 20 |
| rosadan external cream 0.75 % . . . . .   | 17 | SOMATULINE DEPOT. . . . .                                       | 26   | SYNTHROID. . . . .  | 27 |
| rosuvastatin calcium . . . . .  | 14 | SOOLANTRA. . . . .  | 17   |   |    |
| roweepra . . . . .  | 10 | SPIRIVA HANDHALER. . . . .                                      | 32   | <b>T</b>  |    |
| ROXICODONE ORAL TABLET 15 MG, 30 MG . . . . .   | 8  | SPIRIVA RESPIMAT . . . . .                                      | 32   | TABRECTA . . . . .  | 12 |
| ROXICODONE ORAL TABLET 5 MG . . . . .   | 8  | spironolactone oral tablet. . . . .                             | 15   | TACLONEX SUSPENSION . . . . .   | 17 |
| RUCONEST . . . . .  | 28 | sprintec 28 . . . . .   | 25   | tacrolimus external . . . . .   | 17 |
| RUKOBIA . . . . .   | 13 | sronyx . . . . .  | 25   | tacrolimus oral . . . . .   | 28 |
| RYBELSUS. . . . .   | 20 | STELARA SUBCUTANEOUS SOLUTION . . . . .                         | 28   | tadalafil oral . . . . .  | 21 |
|   |    |   |  | TADLIQ. . . . .   | 32 |
|   |    |   |  | tafluprost (pf) . . . . .   | 30 |

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| TAGRISSE  | 12 | TERIPARATIDE (RECOMBINANT)<br>SUBCUTANEOUS SOLUTION PEN-<br>INJECTOR 620 MCG/2.48ML | 29 | TOPROL XL  | 15 |
| TAKHZYRO  | 28 | TESTIM  | 26 | torse mide   | 15 |
| TALTZ SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR                                      | 28 | testosterone cypionate<br>intramuscular   | 26 | TOUJEO MAX SOLOSTAR  | 20 |
| TALTZ SUBCUTANEOUS<br>SOLUTION PREFILLED SYRINGE                                  | 28 | TEZSPIRE SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR                                     | 32 | TOUJEO SOLOSTAR  | 20 |
| TAMIFLU ORAL CAPSULE  | 13 | THALITONE   | 15 | TRACLEER 62.5 MG, 125 MG   | 32 |
| tamoxifen citrate oral tablet 10 mg   | 12 | THIOLA  | 23 | TRADJENTA  | 20 |
| tamoxifen citrate oral tablet 20 mg   | 12 | THIOLA EC   | 23 | tramadol hcl oral tablet 100 mg,<br>25 mg                          | 8  |
| tamsulosin hcl  | 23 | THYQUIDITY  | 27 | tramadol hcl oral tablet 50 mg                                     | 8  |
| TAPERDEX 12-DAY   | 26 | thyroid oral  | 27 | TRANSDERM-SCOP   | 11 |
| TAPERDEX 6-DAY  | 26 | TIGLUTIK ORAL SUSPENSION<br>50 MG/10ML  | 16 | trazodone hcl oral   | 10 |
| TAPERDEX 7-DAY  | 26 | timolol maleate (once-daily)  | 30 | TRELEGY ELLIPTA  | 32 |
| TARGADOX  | 9  | timolol maleate ocudose   | 30 | TREMFYA  | 28 |
| tarina 24 fe  | 25 | timolol maleate ophthalmic solution   | 30 | tretinoin external cream   | 17 |
| tarina fe 1/20 eq   | 25 | timolol maleate pf  | 30 | TREXALL  | 28 |
| tarina fe 1/20 oral tablet<br>1-20 mg-mcg   | 25 | TIMOPTIC OCUDOSE  | 30 | TREZIX   | 8  |
| TASIGNA   | 12 | TIMOPTIC OPHTHALMIC<br>SOLUTION 0.25 %, 0.5 %                                       | 30 | tri femynor  | 25 |
| TAVALISSE   | 21 | tiopronin   | 23 | tri-estarylla  | 25 |
| TECHLITE INSULIN SYRINGES   | 19 | tiotropium bromide monohydrate  | 32 | tri-linyah   | 25 |
| TECHLITE PEN NEEDLES  | 19 | TIROSINT-SOL  | 27 | tri-lo-estarylla   | 25 |
| TEGLUTIK  | 16 | TIVICAY   | 13 | tri-lo-marzia  | 25 |
| TEGSEDI   | 23 | TIVORBEX ORAL CAPSULE 20 MG   | 8  | tri-lo-mili  | 25 |
| TEKTURNA  | 15 | tizanidine hcl oral tablet  | 33 | tri-lo-sprintec  | 25 |
| TEKTURNA HCT ORAL TABLET<br>150-12.5 MG, 150-25 MG, 300-12.5<br>MG, 300-25 MG     | 15 | TOBI NEBULIZER  | 32 | tri-mili   | 25 |
| telmisartan   | 15 | TOBI PODHALER   | 32 | tri-nymyo  | 25 |
| temazepam   | 33 | TOBRADEX OPHTHALMIC<br>SUSPENSION 0.3-0.1 %   | 30 | tri-previfem oral tablet<br>0.18/0.215/0.25 mg-35 mcg              | 25 |
| TEMOVATE EXTERNAL CREAM<br>0.05 %   | 17 | TOBRADEX ST   | 30 | tri-sprintec   | 25 |
| TEMOVATE EXTERNAL OINTMENT<br>0.05 %  | 17 | tobramycin inhalation nebulization<br>solution 300 mg/4ml                           | 32 | tri-vylibra  | 25 |
| TEMPO REFILL  | 19 | tobramycin nebulization solution<br>300 mg/5ml inhalation                           | 32 | tri-vylibra lo   | 25 |
| TEMPO WELCOME   | 19 | tobramycin ophthalmic   | 30 | triamcinolone acetonide external<br>cream 0.025 %, 0.1 %           | 17 |
| TENORMIN  | 15 | tobramycin-dexamethasone  | 30 | triamcinolone acetonide external<br>cream 0.5 %                    | 17 |
| terbinafine hcl oral  | 11 | TOLAK   | 17 | triamcinolone acetonide external<br>ointment 0.025 %, 0.1 %, 0.5 % | 17 |
| teriparatide  | 29 | TOPAMAX   | 10 | triamcinolone acetonide external<br>ointment 0.05 %                | 17 |
| teriparatide (recombinant)<br>subcutaneous solution pen-injector<br>600 mcg/2.4ml | 29 | TOPAMAX SPRINKLE  | 10 | triamcinolone in absorbbase  | 17 |
|   |    | topiramate oral   | 10 | triamterene-hctz   | 15 |
|   |    |   |    | TRIANEX EXTERNAL OINTMENT<br>0.05 %                                | 17 |

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| triazolam . . . . .  | 13 | UROCIT-K 10 . . . . .   | 22     | VIIBRYD STARTER PACK ORAL<br>KIT 10 & 20 MG . . . . .                                  | 11     |
| TRICOR . . . . .   | 15 | UROCIT-K 15 . . . . .   | 22     | vilazodone hcl . . . . .   | 11     |
| triderm . . . . .  | 17 | UROCIT-K 5 . . . . .  | 22     | VISTARIL . . . . .   | 13     |
| TRIJARDY XR . . . . .  | 21 | UROXATRAL . . . . .   | 23     | vitamin d (ergocalciferol) oral<br>capsule 1.25 mg (50000 ut), 50000<br>unit . . . . . | 22     |
| TRILEPTAL ORAL TABLET . . . . .  | 10 | UZEDY SUBCUTANEOUS<br>SUSPENSION PREFILLED<br>SYRINGE 100 MG/0.28ML . . . . . | 12     | VITRAKVI . . . . .   | 12     |
| TRINTELLIX . . . . .   | 11 |   |        | VIVELLE-DOT . . . . .  | 24, 25 |
| tritocin external ointment 0.05 % . . . . .                            | 17 | <b>V</b>  |        | VIVJOA . . . . .   | 11     |
| TRIUMEQ . . . . .  | 13 | VAGIFEM . . . . .   | 25     | VOGELXO . . . . .  | 26     |
| TRUE FOCUS BLOOD GLUCOSE<br>STRIP . . . . .                            | 19 | valacyclovir hcl oral . . . . .   | 13     | VOGELXO PUMP . . . . .   | 26     |
| TRUE METRIX AIR GLUCOSE<br>METER KIT . . . . .                         | 19 | VALIUM . . . . .  | 13     | VOQUEZNA . . . . .   | 22     |
| TRUE METRIX BLOOD GLUCOSE<br>TEST . . . . .                            | 19 | valsartan oral tablet . . . . .   | 15     | VOQUEZNA DUAL PAK . . . . .  | 22     |
| TRUE METRIX GO GLUCOSE<br>METER . . . . .                              | 19 | valsartan-hydrochlorothiazide . . . . .                                       | 15     | VOQUEZNA TRIPLE PAK . . . . .  | 22     |
| TRUE METRIX METER KIT . . . . .  | 19 | VALTOCO NASAL LIQUID<br>10 MG/0.1ML, 5 MG/0.1ML . . . . .                     | 10     | VOSEVI . . . . .   | 13     |
| TRUE METRIX PRO BLOOD<br>GLUCOSE . . . . .                             | 19 | VALTRESX . . . . .  | 13     | VRAYLAR ORAL CAPSULE . . . . .   | 12     |
| TRUETRACK TEST . . . . .   | 19 | VANDAZOLE . . . . .   | 9      | VTAMA . . . . .  | 17     |
| TRULICITY . . . . .  | 21 | VASOTEC . . . . .   | 15     | VYLEESI . . . . .  | 21     |
| TRUVADA ORAL TABLET<br>100-150 MG, 133-200 MG,<br>167-250 MG . . . . . | 13 | VELPHORO . . . . .  | 23     | vylibra . . . . .  | 25     |
| TRUVADA ORAL TABLET<br>200-300 MG . . . . .                            | 13 | VELTASSA . . . . .  | 22     | VYVANSE . . . . .  | 15     |
| tulana oral tablet 0.35 mg . . . . .                                   | 25 | venlafaxine hcl . . . . .   | 11     | <b>W</b>   |        |
| TYMLOS . . . . .   | 29 | venlafaxine hcl er oral capsule<br>extended release 24 hour . . . . .         | 11     | WAKIX . . . . .  | 33     |
| TYRVAYA . . . . .  | 30 | VENTOLIN HFA . . . . .  | 31, 32 | warfarin sodium oral . . . . .   | 10     |
| TYVASO . . . . .   | 32 | VEOZAH . . . . .  | 25     | WELLBUTRIN SR . . . . .  | 11     |
| TYVASO DPI MAINTENANCE KIT . . . . .                                   | 32 | verapamil hcl er oral tablet<br>extended release . . . . .                    | 15     | WELLBUTRIN XL . . . . .  | 11     |
| TYVASO DPI TITRATION KIT . . . . .                                     | 32 | VERKAZIA . . . . .  | 30     | WILATE . . . . .   | 21     |
| TYVASO REFILL . . . . .  | 32 | VERQUVO . . . . .   | 15     | wixela inhub . . . . .   | 32     |
| TYVASO STARTER . . . . .   | 32 | VERZENIO . . . . .  | 12     | <b>X</b>   |        |
|  |    | VESICARE . . . . .  | 23     | XACIATO . . . . .  | 9      |
| <b>U</b>   |    | vestura . . . . .   | 25     | XALATAN . . . . .  | 30     |
| UBRELVY . . . . .  | 11 | VIAGRA . . . . .  | 21     | XANAX . . . . .  | 13     |
| UCERIS ORAL . . . . .  | 29 | VIBERZI . . . . .   | 22     | XARELTO . . . . .  | 10     |
| UDENYCA . . . . .  | 21 | VIBRAMYCIN ORAL CAPSULE . . . . .   | 9      | XARELTO STARTER PACK . . . . .   | 10     |
| ULTRAM ORAL TABLET 50 MG . . . . .                                     | 8  | VICTOZA SOLUTION PEN-<br>INJECTOR 18 MG/3ML<br>SUBCUTANEOUS . . . . .         | 21     | XCOPRI ORAL TABLET 100 MG,<br>150 MG, 200 MG, 50 MG . . . . .                          | 10     |
| UNISTRIP1 GENERIC . . . . .  | 19 | vienna . . . . .  | 25     | XDEMVIY . . . . .  | 30     |
| unithroid . . . . .  | 27 | VIGAMOX . . . . .   | 30     | XELJANZ . . . . .  | 28     |
|  |    | VIIBRYD . . . . .   | 11     |  |        |





|   |    |  |    |  |    |
|---|----|--|----|--|----|
| XELJANZ XR ORAL TABLET<br>EXTENDED RELEASE 24 HOUR<br>11 MG . . . . .   | 28 | 40000-126000 UNIT, 5000-24000<br>UNIT . . . . .  | 23 | ZYLOPRIM ORAL TABLET<br>100 MG, 300 MG . . . . . | 11 |
| XELJANZ XR ORAL TABLET<br>EXTENDED RELEASE 24 HOUR<br>22 MG . . . . .   | 28 | ZENPEP ORAL CAPSULE<br>DELAYED RELEASE PARTICLES<br>60000-189600 UNIT . . . . .          | 23 | ZYPREXA ORAL . . . . .                           | 12 |
| XENLETA ORAL TABLET 600 MG. . . . .   | 9  | ZEPOSIA . . . . .  | 16 |  |    |
| XEPI . . . . .  | 17 | ZEPOSIA 7-DAY STARTER PACK . . . . .   | 16 |  |    |
| XIIDRA . . . . .  | 30 | ZEPOSIA STARTER KIT ORAL<br>CAPSULE THERAPY PACK<br>0.23MG & 0.46MG & 0.92MG. . . . .    | 16 |  |    |
| XOFLUZA (40 MG DOSE) . . . . .  | 13 | ZEPOSIA STARTER KIT ORAL<br>CAPSULE THERAPY PACK<br>0.23MG & 0.46MG 0.92MG(21) . . . . . | 16 |  |    |
| XOFLUZA (80 MG DOSE) . . . . .  | 13 | ZESTORETIC . . . . .   | 15 |  |    |
| XOLAIR SUBCUTANEOUS<br>SOLUTION PREFILLED SYRINGE. . . . .  | 28 | ZESTRIL . . . . .  | 15 |  |    |
| XOPENEX HFA. . . . .  | 32 | ZETIA . . . . .  | 15 |  |    |
| XTAMPZA ER. . . . .   | 8  | ZETONNA. . . . .   | 31 |  |    |
| XTANDI . . . . .  | 12 | ZIAC ORAL TABLET 10-6.25 MG,<br>2.5-6.25 MG . . . . .                                    | 15 |  |    |
| xulane . . . . .  | 26 | ZIAC ORAL TABLET 5-6.25 MG . . . . .   | 15 |  |    |
| XYWAV . . . . .   | 33 | ZILXI . . . . .  | 17 |  |    |
| <b>Y</b>  |    |  |    |  |    |
| YASMIN 28. . . . .  | 26 | ZIMHI . . . . .  | 8  |  |    |
| YAZ . . . . .   | 26 | ZIOPTAN . . . . .  | 30 |  |    |
| YUFLYMA (2 SYRINGE) . . . . .   | 28 | ZITHROMAX ORAL SUSPENSION<br>RECONSTITUTED. . . . .                                      | 9  |  |    |
| YUPELRI. . . . .  | 32 | ZITHROMAX ORAL TABLET . . . . .  | 9  |  |    |
| yuvafem . . . . .   | 26 | ZITHROMAX TRI-PAK. . . . .   | 9  |  |    |
| <b>Z</b>  |    |  |    |  |    |
| zafemy . . . . .  | 26 | ZITHROMAX Z-PAK. . . . .   | 9  |  |    |
| ZANAFLEX ORAL TABLET . . . . .  | 33 | ZOCOR. . . . .   | 15 |  |    |
| ZARXIO . . . . .  | 21 | ZOLMITRIPTAN NASAL SOLUTION<br>2.5 MG . . . . .  | 11 |  |    |
| ZAVZPRET. . . . .   | 11 | ZOLOFT ORAL TABLET . . . . .   | 11 |  |    |
| ZCORT 7-DAY ORAL TABLET<br>THERAPY PACK 1.5 MG (25) . . . . .   | 26 | zolpidem tartrate er. . . . .  | 33 |  |    |
| ZEGALOGUE SUBCUTANEOUS<br>SOLUTION AUTO-INJECTOR . . . . .  | 21 | zolpidem tartrate oral tablet . . . . .  | 33 |  |    |
| ZEJULA ORAL CAPSULE 100 MG . . . . .  | 12 | ZOMIG NASAL SOLUTION 2.5 MG. . . . .   | 11 |  |    |
| ZELBORAF. . . . .   | 12 | ZOMIG NASAL SOLUTION 5 MG . . . . .  | 11 |  |    |
| ZENPEP ORAL CAPSULE<br>DELAYED RELEASE PARTICLES<br>10000-32000 UNIT, 15000-47000<br>UNIT, 20000-63000 UNIT, 25000-<br>79000 UNIT, 3000-10000 UNIT, |    | ZONEGRAN . . . . .   | 10 |  |    |
|   |    | zonisamide oral . . . . .  | 10 |  |    |
|   |    | ZORYVE EXTERNAL CREAM . . . . .  | 17 |  |    |
|   |    | ZTLIDO. . . . .  | 8  |  |    |
|   |    | ZUBSOLV. . . . .   | 8  |  |    |
|   |    | zumandimine . . . . .  | 26 |  |    |
|   |    | ZYLET. . . . .   | 30 |  |    |



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Salt Lake City, UT 84130

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

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

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

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



# Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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