



Your 2023 Prescription Drug List

Advantage 4-Tier

Effective September 1, 2023



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2023 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, UnitedHealthcare Freedom Plans, River Valley, All Savers and Oxford medical plans with a pharmacy benefit subject to the Advantage 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 a 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)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

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

About this PDL

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

E	May be excluded from coverage. May be subject to Prior Authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York. (Referred to as First Start in New Jersey) —Lower-cost options are available and covered.
H	Health Care Reform Preventive —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
PA	Prior Authorization (sometimes referred to as precertification) ³ —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
QL	Quantity Limits —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ⁴ —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty Medication —Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
ST	Step Therapy (referred to as First Start in New Jersey) —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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

4. Not applicable to Neighborhood Health Plan, some UnitedHealthcare Freedom Plans, Golden Rule, Oxford and UnitedHealthOne.



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.

- **Central nervous system: sedatives/hypnotics**

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

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

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

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

Coverage is set by the 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. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage. This is not a covered benefit for Neighborhood Health Partnership Plan.

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



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

Drug Name	Drug Tier	Requirements & Limits
ROXICODONE	E	
tramadol hcl oral tablet 100 mg	E	
tramadol hcl oral tablet 50 mg	1	
TREZIX	4	QL
XTAMPZA ER	4	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN DS	E	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet 2-0.5 mg, 8-2 mg	2	QL
KLOXXADO	2	QL
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal liquid 4 mg/0.1ml	1	QL
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	

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



Drug Name	Drug Tier	Requirements & Limits
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	4	
BACTRIM DS	4	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	4	QL
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
LYMEPAK	E	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
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	
VANAZOLE	4	
VIBRAMYCIN ORAL CAPSULE	4	
XENLETA ORAL	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL
enoxaparin sodium	2	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO ORAL SUSPENSION RECONSTITUTED	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA
DEPAKOTE	4	PA

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Drug Name	Drug Tier	Requirements & Limits
DEPAKOTE ER	4	PA
divalproex sodium er	2	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	4	PA
LAMICTAL ORAL TABLET	4	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	4	PA
NEURONTIN ORAL TABLET	4	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
TOPAMAX	4	PA
topiramate oral tablet	1	
TRILEPTAL ORAL TABLET	4	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	4	PA
zonisamide oral	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	3	QL

Drug Name	Drug Tier	Requirements & Limits
doxepin hcl capsule 10 mg oral	1	
doxepin hcl capsule 100 mg oral	1	
doxepin hcl capsule 25 mg oral	1	
doxepin hcl capsule 50 mg oral	1	
doxepin hcl capsule 75 mg oral	1	
doxepin hcl oral capsule 150 mg	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	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	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	QL
VIIBRYD STARTER PACK	4	
vilazodone hcl	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	

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

Drug Name	Drug Tier	Requirements & Limits
NURTEC	2	PA, ST, QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA, ST, QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
bexarotene external	E	QL, SP
CALQUENCE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	E	PA
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	4	PA, QL, SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA ORAL TABLET	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	2	PA, QL, SP
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	4	PA, QL, SP
LUMAKRAS ORAL TABLET 120 MG	4	PA, QL, SP
LUMAKRAS ORAL TABLET 320 MG	4	PA, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP

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

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

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

Anxiolytics - Drugs for Anxiety

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

Bipolar Agents - Drugs for Mood Disorders

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

Cardiovascular Agents - Drugs for Heart and Circulation Conditions

ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	

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

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Drug Name	Drug Tier	Requirements & Limits
FUROSCIX	E	PA, QL
furosemide oral tablet	1	
gemfibrozil oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	2	
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
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	
MULTAQ	4	PA
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
nifedipine er	1	

Drug Name	Drug Tier	Requirements & Limits
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	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOANZ	E	QL
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	

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Drug Name	Drug Tier	Requirements & Limits
verapamil hcl er oral tablet extended release	1	
VERQUVO	4	PA, QL
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	2	QL
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
CONCERTA	2	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	3	QL
FOCALIN	4	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	E	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, 72 mg	E	QL

Drug Name	Drug Tier	Requirements & Limits
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	E	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	E	
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	4	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	E	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	3	QL
VYVANSE ORAL CAPSULE	3	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AUBAGIO	E	QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	2	PA, QL, SP
GILENYA	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	4	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
teriflunomide oral tablet 14 mg, 7 mg	2	QL, SP

Central Nervous System Agents - Miscellaneous

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

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

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

Dermatological Agents - Drugs for Skin Conditions

ABSORICA	E	PA
accutane	2	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
amnestem	2	
AMZEEQ	4	QL
AVITA EXTERNAL CREAM	E	PA, QL
brimonidine tartrate external	3	PA, QL
CARAC	E	
CIBINQO	2	PA, QL, SP
claravis	2	
CLEOCIN-T	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL

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

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Drug Name	Drug Tier	Requirements & Limits
isotretinoin capsule 20 mg oral	2	
isotretinoin capsule 30 mg oral	2	PA
isotretinoin capsule 30 mg oral	2	
isotretinoin capsule 40 mg oral	2	PA
isotretinoin capsule 40 mg oral	2	
isotretinoin oral capsule 25 mg, 35 mg	E	PA
KLISYRI	4	ST, QL
METROCREAM	4	
metronidazole external cream	1	
myorisan	2	
NORITATE	E	
OPZELURA	4	PA, QL, SP
PICATO	3	QL
PROTOPIC	E	QL
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	4	PA, QL
rosadan external cream	1	
SANTYL	3	QL
SOOLANTRA	4	QL
TACLONEX EXTERNAL OINTMENT	E	QL
tacrolimus external	2	QL
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 absorbbase	E	
TRIANEX	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
tritocin	E	
VTAMA	4	PA, QL
XEPI	3	QL
zenatane	2	
ZILXI	4	PA, ST, QL
ZORYVE	4	PA, QL

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

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Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA
DEXCOM G7 SENSOR	3	PA
DIABETES MONITOR DIGIT ADD-ON	E	
DIABETES MONITOR DIGIT SOLN	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE SENSOR/HOLDER	3	PA
EVERSENSE SMART TRANSMITTER	3	PA
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	

Drug Name	Drug Tier	Requirements & Limits
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYOPEN 1-PACK	2	QL
GVOKE HYOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	QL
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INSULIN PEN NEEDLES	2	QL
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	2	QL
NOVOTWIST	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 POD (GEN 5)	2	PA, QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH CLUB LANCETS FINE PT	1	

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Drug Name	Drug Tier	Requirements & Limits
ONETOUGH DELICA LANCETS 30G	1	
ONETOUGH DELICA LANCETS 33G	1	
ONETOUGH DELICA PLUS LANCET30G	1	(Onetouch Delica Plus Lancets)
ONETOUGH DELICA PLUS LANCET33G	1	(Onetouch Delica Plus Lancets)
ONETOUGH FINEPOINT LANCETS	1	
ONETOUGH ULTRA 2 KIT W/ DEVICE	1	
ONETOUGH ULTRA MINI KIT W/ DEVICE	1	
ONETOUGH ULTRA TEST STRIPS	1	QL
ONETOUGH ULTRASOFT LANCETS	1	(Onetouch Ultrasoft Plus lancets)
ONETOUGH VERIO FLEX SYSTEM	1	
ONETOUGH VERIO IQ SYSTEM	1	
ONETOUGH VERIO REFLECT KIT W/DEVICE	1	
ONETOUGH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
TECHLITE INSULIN SYRINGES	2	(Arkay) QL
TECHLITE PEN NEEDLES	2	(Arkay) 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
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
HUMALOG INJECTION	1	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS (CARTRIDGE)	2	QL
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN GLARGINE	E	QL

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Drug Name	Drug Tier	Requirements & Limits
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL
INSULIN LISPRO JUNIOR KWIKPEN	E	QL
INSULIN LISPRO KWIKPEN	E	QL
INSULIN LISPRO PROT & LISPRO	E	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	4	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE	2	PA, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
glimepiride	1	
glipizide er	1	

Drug Name	Drug Tier	Requirements & Limits
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCOTROL XL	4	
GLUMETZA	E	PA
glyburide oral	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL

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Drug Name	Drug Tier	Requirements & Limits
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	4	PA, QL, SP
ELOCTATE	4	PA, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
JIVI	4	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	4	PA, QL, SP
WILATE	2	
ZARXIO	2	
ZIEXTENZO	3	SP
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
CIALIS	E	QL

Drug Name	Drug Tier	Requirements & Limits
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA TABLET 60 MG ORAL	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
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	PA, QL
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er	1	

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Drug Name	Drug Tier	Requirements & Limits
potassium chloride er	1	
potassium citrate er	1	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	3	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	

Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer

ACIPHEX	E	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	4	
dexlansoprazole	E	QL
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral tablet	1	

Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions

CLENPIQ	3	
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl tablet 20 mg oral	1	
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	

Drug Name	Drug Tier	Requirements & Limits
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
ROBINUL	E	
ROBINUL-FORTE	E	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	3	PA, QL
ZELNORM	3	PA, ST,

Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment

CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP	2	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

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

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Drug Name	Drug Tier	Requirements & Limits
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	4	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cryselle-28	1	H
cyred	1	H
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL

Drug Name	Drug Tier	Requirements & Limits
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	2	QL
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 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 0.05 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 0.075 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol transdermal gel	3	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
ESTRING	2	QL

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Drug Name	Drug Tier	Requirements & Limits
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	3	
jencycla	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
lessina	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
loryna	3	
low-ogestrel	1	H
lo-zumandimine	3	

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-lynyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
nikki	3	
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	3	
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	

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Drug Name	Drug Tier	Requirements & Limits
PREMPHASE	3	
PREMPRO	3	
progesterone oral	2	
PROMETRIUM	E	
PROVERA	4	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	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-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
VAGIFEM	E	
vestura	3	
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	

Drug Name	Drug Tier	Requirements & Limits
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	PA
LANREOTIDE ACETATE	E	SP
leuprolide acetate injection	1	PA
MENOPUR	E	SP
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SOMATULINE DEPOT	4	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	3	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	E	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA	2	PA, QL, SP
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	

Drug Name	Drug Tier	Requirements & Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA, QL, SP
CIMZIA SUBCUTANEOUS KIT	E	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
EMPAVELI	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	2	PA, QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
FIRAZYR	E	PA, QL, SP
FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	E	PA, QL, SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, QL, SP
HYFTOR	4	PA, QL
IMURAN	E	

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Drug Name	Drug Tier	Requirements & Limits
LUPKYNIS	4	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, QL
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA ORAL TABLET	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ ORAL SOLUTION	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	SP

Drug Name	Drug Tier	Requirements & Limits
Immunological Agents - Drugs for Vaccination		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
COMIRNATY	3	H
FLUARIX QUADRIVALENT	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL QUADRIVALENT	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
MODERNA COVID-19 VAC (BOOSTER)	3	H
MODERNA COVID-19 VACC 6M-5Y	3	H
MODERNA COVID-19 VACCINE	3	H
PFIZER COVID-19 VAC BIVAL 5-11	3	H
PFIZER COVID-19 VAC BIVALENT	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PFIZER-BIONT COVID-19 VAC-TRIS	3	H
PFIZER-BIONTECH COVID-19 VACC	3	H
SHINGRIX	3	H
SPIKEVAX COVID-19 VACCINE	3	H
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	4	SP
CLOMID	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(manufactured by Ferring), QL, SP

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Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	1	SP
Inflammatory Bowel Disease Agents		
APRISO	2	
ASACOL HD	E	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	2	
mesalamine oral tablet delayed release	E	
PROCTOFOAM HC	2	
UCERIS ORAL	3	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	4	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	4	QL
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
ILEVRO	E	
INVELTYS	3	
KLARITY-A	E	
LASTACFT	3	QL

Drug Name	Drug Tier	Requirements & Limits
LOTEMAX OPHTHALMIC GEL 0.5 %	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel 0.5 %	E	
loteprednol etabonate ophthalmic suspension 0.5 %	3	QL
MAXITROL OPHTHALMIC SUSPENSION	4	
MOXEZA	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
moxifloxacin hcl ophthalmic solution 0.5 %	3	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	E	
tobramycin-dexamethasone	2	
VIGAMOX	E	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
BETIMOL	2	QL

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Drug Name	Drug Tier	Requirements & Limits
bimatoprost ophthalmic	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
COSOPT	4	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ocduse	2	
timolol maleate ophthalmic solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate pf	2	
timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	2	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
XALATAN	E	
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
XIIDRA	4	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	1	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	2	QL
ipratropium bromide nasal	1	

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Drug Name	Drug Tier	Requirements & Limits
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AIRDUO DIGIHALER	E	QL
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	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	E	(generic for Ventolin HFA), QL
albuterol sulfate inhalation	1	
ANORO ELLIPTA	3	QL
ARMONAIR DIGIHALER	E	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	4	PA, QL
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS

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	E	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	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, SP
PERFORMIST	4	QL
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REMODULIN	E	PA
REVATIO ORAL TABLET	E	QL
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	E	PA
TYVASO	2	PA, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
SOMA	E	
tizanidine hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
VANADOM	E	
ZANAFLEX ORAL TABLET	4	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
eszopiclone	2	
LUNESTA	E	
modafinil	2	QL
PROVIGIL	E	QL
RESTORIL	4	
SODIUM OXYBATE	4	PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zolpidem tartrate er	2	
zolpidem tartrate oral	1	

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acetaminophen-codeine oral tablet ..	8	albuterol sulfate inhalation	30	amoxicillin oral suspension reconstituted	8
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epinephrine solution auto-injector 0.15 mg/0.15ml injection	29	EVERSENSE SMART TRANSMITTER	18	fluticasone propionate nasal	29
epinephrine solution auto-injector 0.15 mg/0.3ml injection	29	EXFORGE	13	FLUTICASONE-SALMETEROL INHALATION AEROSOL	30
epinephrine solution auto-injector 0.3 mg/0.3ml injection	29	EXKIVITY	11	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	30
EPIPEN 2-PAK	29	EXTAVIA	15	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	30
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ERLEADA ORAL TABLET 60 MG	11	FASENRA PEN	30	folic acid oral tablet 1 mg	21
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errin	23	fenofibrate oral tablet 120 mg, 40 mg	13	FORFIVO XL	10
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ESTRACE	23	finasteride oral tablet 5 mg	23	FOSAMAX	28
estradiol oral	23	finlimod hcl	15	FREESTYLE LIBRE 14 DAY READER	18
estradiol patch twice weekly 0.025 mg/24hr transdermal	23	FIRAZYR	26	FREESTYLE LIBRE 14 DAY SENSOR	18
estradiol patch twice weekly 0.0375 mg/24hr transdermal	23	FIRAZYR SUBCUTANEOUS SOLUTION 30 MG/3ML	26	FREESTYLE LIBRE 2 READER	18
estradiol patch twice weekly 0.05 mg/24hr transdermal	23	FLAREX	28	FREESTYLE LIBRE 2 SENSOR	18
estradiol patch twice weekly 0.075 mg/24hr transdermal	23	flecainide acetate	13	FREESTYLE LIBRE 3 SENSOR	18
estradiol patch twice weekly 0.1 mg/24hr transdermal	23	FLOMAX	23	FREESTYLE LIBRE READER	18
estradiol transdermal gel	23	FLOVENT DISKUS	30	FREESTYLE PRECISION NEO SYSTEM	18
estradiol transdermal patch weekly	23	FLOVENT HFA	30	FREESTYLE PRECISION NEO TEST	18
estradiol vaginal cream	23	FLUARIX QUADRIVALENT	27	FREESTYLE TEST	18
estradiol vaginal tablet	23	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	27		
		fluconazole oral tablet	11		
		FLULAVAL QUADRIVALENT	27		
		FLUOROPLEX	16		



FUROSCIX	14
furosemide oral tablet	14
fyremadel	27
G	
gabapentin oral capsule	10
gabapentin oral tablet 600 mg, 800 mg	10
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	27, 28
GAVRETO	11
gemfibrozil oral	14
GEN7T EXTERNAL PATCH	8
GILENYA	15
glatiramer acetate	15
glatopa	15
glimepiride	20
glipizide er	20
glipizide ir	20
glipizide xl	20
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	20
GLUCOCARD EXPRESSION TEST	18
GLUCOCARD SHINE TEST	18
GLUCOCARD VITAL TEST	18
GLUCOTROL XL	20
GLUMETZA	20
glyburide oral	20
GLYCATE	22
glycopyrrolate oral tablet 1 mg, 2 mg	22
GLYCOPYRROLATE ORAL TABLET 1.5 MG	22
GLYXAMBI	20
guanfacine hcl er	15
GUARDIAN CONNECT TRANSMITTER	18
GUARDIAN LINK 3 TRANSMITTER	18
GUARDIAN REAL-TIME REPLACE PED	18
GUARDIAN SENSOR (3)	18
GUARDIAN SENSOR 3	18
GVOKE HYPOPEN 1-PACK	18
GVOKE HYPOPEN 2-PACK	18
GVOKE KIT	18

GVOKE PFS	18
GYNAZOLE-1	11
H	
HAEGARDA	26
hailey 1.5/30	24
hailey 24 fe	24
hailey fe 1/20	24
hailey fe 1.5/30	24
HALCION	13
haloette	24
HARVONI ORAL TABLET	12
HEALTHPRO BLOOD GLUCOSE MONITO	18
heather	24
HEMADY	25
HEMLIBRA	21
HEMOFIL M	21
HIDEX 6-DAY	25
HUMALOG INJECTION	19
HUMALOG KWIKPEN	19
HUMALOG MIX 50/50 KWIKPEN	19
HUMALOG MIX 50/50 VIAL	19
HUMALOG MIX 75/25 KWIKPEN	19
HUMALOG MIX 75/25 VIAL	19
HUMALOG SUBCUTANEOUS (CARTRIDGE)	19
HUMALOG TEMPO PEN	19
HUMALOG U-100 JUNIOR KWIKPEN	19
HUMATE-P	21
HUMIRA	26
HUMIRA PEDIATRIC CROHNS START	26
HUMIRA PEN	26
HUMIRA PEN-CD/UC/HS STARTER	26
HUMIRA PEN-PEDIATRIC UC START	26
HUMIRA PEN-PS/UV/ADOL HS START	26
HUMIRA PEN-PSOR/UEIT STARTER	26
HUMULIN 70/30 KWIKPEN	19
HUMULIN 70/30 VIAL	19
HUMULIN N KWIKPEN	19

HUMULIN N VIAL	19
HUMULIN R U-500 KWIKPEN	19
HUMULIN R U-500 VIAL	19
HUMULIN R VIAL	19
hydralazine hcl oral	14
hydrochlorothiazide oral	14
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8
hydrocortisone external cream 1 %	16
hydrocortisone external cream 2.5 %	16
hydrocortisone external ointment 1 %, 2.5 %	16
hydrocortisone oral	25
hydromorphone hcl oral tablet	8
hydroxychloroquine sulfate oral	12
hydroxyzine hcl oral tablet	13
hydroxyzine pamoate oral	13
HYFTOR	26
HYZAAR	14

I	
IBRANCE ORAL CAPSULE	11
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8
ICLUSIG ORAL TABLET 10 MG, 30 MG	11
ICLUSIG ORAL TABLET 15 MG, 45 MG	11
IDHIFA	11
ILEVRO	28
IMBRUVICA ORAL TABLET	11
IMITREX ORAL	11
IMPOYZ	16
IMURAN	26
IMVEXXY MAINTENANCE PACK	21
IMVEXXY STARTER PACK	21
INBRIJA	12
incassia	24
INDERAL LA	14
indomethacin oral	8
INSULIN GLARGINE	19, 20
INSULIN GLARGINE SOLOSTAR	20



INSULIN LISPRO	20	KEPPRA ORAL TABLET	10	letrozole oral	11	
INSULIN LISPRO (1 UNIT DIAL).	20	KESIMPTA	15	leuprolide acetate injection	25	
INSULIN LISPRO JUNIOR		ketoconazole external cream	11	LEVALBUTEROL HFA INHALATION		
KWIKPEN	20	ketoconazole external shampoo	11	AEROSOL 45 MCG/ACT	30	
INSULIN LISPRO KWIKPEN	20	ketorolac tromethamine oral	8	levetiracetam oral tablet	10	
INSULIN LISPRO PROT & LISPRO	20	KLARITY-A	28	levo-t	26	
INSULIN PEN NEEDLES	18	KLISYRI	17	levocetirizine dihydrochloride oral		
INTUNIV	15	KLONOPIN	13	tablet	30	
INVELTYS	28	klor-con 10	21	levofloxacin oral tablet	9	
ipratropium bromide nasal	29	klor-con m10	21	levonorgestrel-ethinyl estrad oral		
ipratropium-albuterol	30	klor-con m15	21	tablet 0.1-20 mg-mcg,		
irbesartan	14	klor-con m20	21	0.15-30 mg-mcg	24	
irbesartan-hydrochlorothiazide	14	klor-con oral tablet extended		levora 0.15/30 (28)	24	
isibloom	24	release	21	levothyroxine sodium oral tablet	26	
isosorb dinitrate-hydralazine	14	KLOXXADO	8	levoxy	26	
isosorbide mononitrate er	14	KOATE	21	LEXAPRO	10	
isotretinoin capsule 10 mg oral	16	KOATE-DVI	21	LIALDA	28	
isotretinoin capsule 20 mg oral	16, 17	KOGENATE FS	21	lidocaine external patch 5 %	8	
isotretinoin capsule 30 mg oral	17	KOMBIGLYZE XR	20	lidocaine hcl mouth/throat	16	
isotretinoin capsule 40 mg oral	17	KOSELUGO	11	lidocaine viscous hcl	16	
isotretinoin oral capsule 25 mg,		KOVALTRY	21	LIDODERM	8	
35 mg	17	KRINTAFEL	12	LINZESS	22	
ISTALOL	29	kurvelo	24	liothyronine sodium oral	26	
J				LIPITOR	14	
jantoven	9	KYNMOBI	12	lisinopril oral	14	
JARDIANCE	20	L			lisinopril-hydrochlorothiazide	14
jasmiel	24	labetalol hcl oral	14	lithium carbonate er	13	
jencycla	24	LAMICTAL ORAL TABLET	10	lithium carbonate oral capsule	13	
JENTADUETO	20	lamotrigine oral tablet	10	LITHOBID	13	
JENTADUETO XR	20	LANREOTIDE ACETATE	25	LO LOESTRIN FE	24	
JIVI	21	LANTUS SOLOSTAR	20	lo-zumandimine	24	
JORNAY PM	15	LANTUS U-100 VIAL	20	LOESTRIN 1/20 (21)	24	
juleber	24	larin 1/20	24	LOESTRIN 1.5/30 (21)	24	
JULUCA	12	larin 1.5/30	24	LOESTRIN FE 1/20	24	
junel 1/20	24	larin 24 fe	24	LOESTRIN FE 1.5/30	24	
junel 1.5/30	24	larin fe 1/20	24	LOKELMA	21	
junel fe 1/20	24	larin fe 1.5/30	24	LOPID	14	
junel fe 1.5/30	24	LASIX	14	LOPRESSOR	14	
junel fe 24	24	LASTACAPT	28	lorazepam oral tablet	13	
K				loryna	24	
K-TAB	21	latanoprost ophthalmic	29	losartan potassium oral	14	
kalliga	24	LEDIPASVIR-SOFOSBUVIR	12	losartan potassium-hctz	14	
KAZANO	20	lenalidomide oral capsule 10 mg,		LOTEMAX OPHTHALMIC GEL		
		15 mg, 25 mg, 5 mg	11	0.5 %	28	
		lenalidomide oral capsule 2.5 mg,		LOTEMAX OPHTHALMIC		
		20 mg	11	OINTMENT	28	
		lessina	24			



LOTEMAX OPHTHALMIC SUSPENSION	28	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG . . .	15	methylphenidate hcl er oral tablet extended release	15
LOTEMAX SM	28	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	15	methylphenidate hcl oral tablet	15
LOTENSIN	14	MEDROL ORAL TABLET THERAPY PACK	25	methylprednisolone oral tablet therapy pack	25
loteprednol etabonate ophthalmic gel 0.5 %	28	medroxyprogesterone acetate intramuscular suspension prefilled syringe	24	metoclopramide hcl oral tablet	11
loteprednol etabonate ophthalmic suspension 0.5 %	28	medroxyprogesterone acetate oral . .	24	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	14
LOTREL	14	meloxicam oral tablet	8	metoprolol succinate er oral tablet extended release 24 hour 25 mg	14
lovastatin oral	14	MENOPUR	25	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	14
LOVAZA	14	MENOSTAR	24	metoprolol tartrate oral tablet 37.5 mg, 75 mg	14
LOVENOX	9	mesalamine oral tablet delayed release	28	METROCREAM	17
low-ogestrel	24	metformin hcl er	20	metronidazole external cream	17
LUMAKRAS	11	metformin hcl er (mod)	20	metronidazole oral tablet	9
LUMAKRAS ORAL TABLET 120 MG	11	metformin hcl er (osm)	20	metronidazole vaginal	9
LUMAKRAS ORAL TABLET 320 MG	11	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	20	MICARDIS	14
LUMIGAN	29	metformin hcl oral tablet 625 mg . . .	20	MICRODOT TEST	18
LUNESTA	31	methimazole oral	26	microgestin 1/20	24
LUPKYNIS	27	methocarbamol oral tablet 1000 mg .	31	microgestin 1.5/30	24
lurasidone hcl	12	methocarbamol oral tablet 500 mg, 750 mg	31	microgestin 24 fe	24
lutera	24	methotrexate oral	27	microgestin fe 1/20	24
lyleq	24	methotrexate sodium oral	27	microgestin fe 1.5/30	24
lyllana	24	methylphenidate hcl er (cd)	15	mili	24
LYMEPAK	9	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15	MINILINK REAL-TIME TRANSMITTER	18
LYNPARZA	11	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	15	MINIMED 630G GUARDIAN PRESS .	18
LYRICA ORAL CAPSULE	16	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	15	MINIPRESS	14
LYUMJEV KWIKPEN	20	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	15	MINIVELLE	23, 24
LYUMJEV TEMPO PEN	20	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	15	minocycline hcl oral capsule	9
LYUMJEV VIAL	20	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	15	mirtazapine oral tablet	10
lyza	24	METHYLPHENIDATE HCL ER (XR)	15	misoprostol oral	22
M				MITIGARE	11
MACROBID	9			MM EASY TOUCH GLUCOSE METER	18
MACRODANTIN	9			modafinil	31
marlissa	24			MODERNA COVID-19 VAC (BOOSTER)	27
MAVENCLAD	15			MODERNA COVID-19 VACC 6M-5Y .	27
MAVYRET	12			MODERNA COVID-19 VACCINE	27
MAVYRET ORAL PACKET	12			mondoxyne nl	9
MAXALT	11			mono-lynyah	24
MAXITROL OPHTHALMIC SUSPENSION	28			montelukast sodium oral tablet	30
MAXZIDE	14				
MAXZIDE-25	14				



montelukast sodium oral tablet chewable	30	neomycin-polymyxin-hc otic suspension.	29	NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	18
morphine sulfate er oral tablet extended release.	8	NESINA.	20	NOVOLIN 70/30 FLEXPEN	20
MOTEGRITY	22	NEULASTA.	21	NOVOLIN 70/30 FLEXPEN RELION	20
MOUNJARO.	20	NEUPRO.	12	NOVOLIN 70/30 RELION	20
MOVIPREP.	22	NEURONTIN ORAL CAPSULE	10	NOVOLIN 70/30 VIAL	20
MOXEZA.	28	NEURONTIN ORAL TABLET	10	NOVOLIN N FLEXPEN	20
moxifloxacin hcl (2x day).	28	NEUTEK 2TEK TEST.	18	NOVOLIN N FLEXPEN RELION	20
moxifloxacin hcl ophthalmic.	28	NEVANAC.	28	NOVOLIN N RELION.	20
moxifloxacin hcl ophthalmic solution 0.5 %.	28	NEXLETOL.	14	NOVOLIN N VIAL.	20
MS CONTIN.	8	NEXLIZET.	14	NOVOLIN R FLEXPEN	20
MULPLETA.	21	nifedipine er	14	NOVOLIN R FLEXPEN RELION	20
MULTAQ	14	nifedipine er osmotic release	14	NOVOLIN R RELION.	20
MULTI-VIT-FLOR	21	nikki.	24	NOVOLIN R VIAL.	20
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	21	nitrofurantoin macrocrystal	9	NOVOTWIST	18
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	21	nitrofurantoin monohydrate macrocrystals	9	np thyroid	26
multivitamin/fluoride tablet chewable 1 mg oral (rx).	21	nitroglycerin sublingual.	14	NUBEQA.	11
mupirocin external.	9	NITROSTAT	14	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30
mycophenolate mofetil oral tablet	27	NOCDURNA.	25	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	30
MYDAYIS	15	nora-be	24	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.	30
MYFEMBREE.	24	NORDITROPIN FLEXPRO	25	NUCYNTA.	8
myorisan.	17	norethin ace-eth estrad-fe oral tablet	24	NUCYNTA ER.	8
N		norethindrone acet-ethinyl est	24	NURTEC.	11
na sulfate-k sulfate-mg sulf.	22	norethindrone acetate oral	24	NUTROPIN AQ NUSPIN 10	25
nabumetone oral	8	norethindrone oral.	24	NUTROPIN AQ NUSPIN 20	25
NALOCET.	8	norgestimate-eth estradiol	24	NUTROPIN AQ NUSPIN 5	25
naloxone hcl injection solution prefilled syringe	8	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg.	24	NUVARING.	24
naloxone hcl nasal liquid 4 mg/0.1ml	8	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215 /0.25 mg-35 mcg.	24	NUVESSA.	9
naltrexone hcl oral.	8	NORITATE	17	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	21
NAPROSYN ORAL TABLET	8	NORLIQVA	14	NUWIQ INTRAVENOUS KIT 1500 UNIT	21
naproxen oral tablet	8	norlyroc	24	NUZYRA ORAL	9
NARCAN	8	nortriptyline hcl oral capsule	10	nymyo	24
NASCOBAL	21	NORVASC	14	nystatin external cream.	11
NATAZIA.	24	NOURIANZ.	12	nystatin mouth/throat	11
NATESTO	26	NOVAREL.	28	O	
NAYZILAM	10	NOVOEIGHT	21	ocella	24
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	28	NOVOFINE AUTOCOVER PEN NEEDLE	18	OCUFLOX.	28
		NOVOFINE PEN NEEDLE.	18		
		NOVOFINE PLUS PEN NEEDLE	18		



ODOMZO	11	OPTIUMEZ TEST.	19	peg-kcl-nacl-nasulf-na asc-c	22	
OFEV.	31	OPZELURA	17	penicillin v potassium oral tablet	9	
ofloxacin ophthalmic.	28	ORENCIA CLICKJECT	27	PERCOCET	8	
ofloxacin otic	29	ORENCIA SUBCUTANEOUS	27	PERFOROMIST.	30	
olanzapine oral tablet	12	ORFADIN	22	PERIDEX.	16	
olmesartan medoxomil oral	14	ORGOVYX	12	periogard	16	
olmesartan medoxomil-hctz.	14	ORIAHNN.	25	PERTZYE	22	
OLUMIANT ORAL TABLET 1 MG, 4 MG.	27	ORLISSA.	25	PFIZER COVID-19 VAC BIVAL 5-11	27	
OLUMIANT ORAL TABLET 2 MG	27	oseltamivir phosphate oral capsule.	12	PFIZER COVID-19 VAC BIVALENT.	27	
OMECLAMOX-PAK.	22	OSENI.	20	PFIZER COVID-19 VAC-TRIS 5-11Y	27	
omega-3-acid ethyl esters	14	OSPHENA TABLET 60 MG ORAL	21	PFIZER COVID-19 VAC-TRIS 6M-4Y	27	
omeprazole oral capsule delayed release	22	OTEZLA ORAL TABLET	27	PFIZER-BIONT COVID-19 VAC-TRIS	27	
OMNIPOD 5 G6 INTRO (GEN 5)	18	OTREXUP.	27	PFIZER-BIONTECH COVID-19 VACC	27	
OMNIPOD 5 G6 POD (GEN 5)	18	OVIDREL	28	phenazo oral tablet 200 mg	22	
ON CALL EXPRESS BLOOD GLUCOSE	18	OXAYDO.	8	phenazopyridine hcl oral	22	
ON CALL EXPRESS MONITORING SYS.	18	oxcarbazepine oral tablet.	10	PICATO.	17	
ondansetron hcl oral tablet	11	oxybutynin chloride er	22	pioglitazone hcl	20	
ondansetron odt	11	oxybutynin chloride oral tablet 5 mg.	22	PIP BLOOD GLUCOSE TEST STRIP.	19	
ONETOUCH CLUB LANCETS FINE PT	18	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8	PLAQUENIL	12	
ONETOUCH DELICA LANCETS 30G.	19	oxycodone hcl oral tablet 5 mg	8	PLAVIX	12	
ONETOUCH DELICA LANCETS 33G.	19	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG.	8	PLEGRIDY INTRAMUSCULAR	15	
ONETOUCH DELICA PLUS LANCET30G	19	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.	8	PLEGRIDY STARTER PACK.	16	
ONETOUCH DELICA PLUS LANCET33G	19	OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	8	PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	16	
ONETOUCH DELICA PLUS LANCET33G	19	P			PLEGRIDY SUBCUTANEOUS	16
ONETOUCH FINEPOINT LANCETS	19	PACERONE ORAL TABLET 100 MG, 400 MG.	14	PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	16	
ONETOUCH ULTRA 2 KIT W/DEVICE	19	PACERONE ORAL TABLET 200 MG.	14	PLENUVU	22	
ONETOUCH ULTRA MINI KIT W/DEVICE	19	PAMELOR	10	POLY-VI-FLOR ORAL TABLET CHEWABLE	21	
ONETOUCH ULTRA TEST STRIPS	19	PANCREAZE	22	polymyxin b-trimethoprim.	28	
ONETOUCH ULTRASOFT LANCETS.	19	pantoprazole sodium oral tablet delayed release	22	POLYTRIM	28	
ONETOUCH VERIO FLEX SYSTEM.	19	PARADIGM REAL-TIME TRANSMITTER	19	POMALYST	12	
ONETOUCH VERIO IQ SYSTEM	19	paroxetine hcl oral tablet	10	portia-28.	24	
ONETOUCH VERIO REFLECT KIT W/DEVICE	19	PAXIL ORAL TABLET	10	potassium chloride crys er.	21	
ONETOUCH VERIO TEST STRIPS	19	PAXLOVID (150/100).	12	potassium chloride er.	22	
ONGLYZA.	20	PAXLOVID (300/100).	12	potassium citrate er.	22	
OPSUMIT	31	PEDIAPRED	25	PRADAXA ORAL CAPSULE	9	
		peg 3350-kcl-na bicarb-nacl	22	pramipexole dihydrochloride	12	
		peg-3350/electrolytes/ascorbat	22	pravastatin sodium	14	
				prazosin hcl oral	14	
				PRECISION XTRA	19	
				PRECISION XTRA BLOOD GLUCOSE	19	



PRED FORTE	28	PYLERA	22	RETIN-A EXTERNAL CREAM	17
PRED MILD	28	PYRIDIUM	22	REVATIO ORAL TABLET	31
prednisolone acetate ophthalmic	28			REVLIMID	12
PREDNISOLONE ACETATE P-F.	28	Q		REXULTI	12
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	25	quetiapine fumarate	12	RHOFADE	17
prednisolone sodium phosphate oral solution 15 mg/5ml	25	QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	22	RHOPRESSA	29
prednisolone sodium phosphate oral solution 20 mg/5ml	25	QUINTET AC BLOOD GLUCOSE TEST	19	RIGHTEST GT333 GLUCOSE TEST	19
prednisone oral tablet	25	QUINTET BLOOD GLUCOSE TEST	19	RINVOQ	27
prednisone oral tablet therapy pack	25	R		RISPERDAL ORAL TABLET	12
pregabalin oral capsule	16	rabeprazole sodium oral tablet delayed release	22	risperidone oral tablet	12
PREGNYL	28	ramipril	14	RITALIN	15
PREMARIN ORAL	24	RASUVO	27	RITALIN LA	15
PREMARIN VAGINAL	24	reclipsen	25	rizatriptan benzoate	11
PREMIUM BLOOD GLUCOSE TEST	19	RECOMBINATE	21	ROBINUL	22
PREMPHASE	25	REGLAN	11	ROBINUL-FORTE	22
PREMPRO	25	RELAFEN DS	8	ROCALTROL ORAL CAPSULE	28
PREZCOBIX	12	RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG	15	ROCKLATAN	29
PRISTIQ	10	RELION TRUE MET AIR GLUC METER	19	ropinirole hcl	12
PROCARDIA XL	14	RELION TRUE METRIX TEST STRIPS	19	rosadan external cream	17
prochlorperazine maleate oral	11	RELION ULTIMA GLUCOSE SYSTEM	19	rosuvastatin calcium	14
PROCTOFOAM HC	28	RELION ULTIMA TEST	19	roweepra	10
progesterone oral	25	RELPAK	11	ROXICODONE	8
PROGRAF ORAL CAPSULE	27	REMERON	10	RUCONEST	27
PROLATE ORAL TABLET	8	REMODULIN	31	RUKOBIA	12
promethazine hcl oral tablet	11	REPATHA	14	RYBELSUS	20
promethazine-dm	30	REPATHA PUSHTRONEX SYSTEM	14	S	
PROMETRIUM	25	REPATHA SURECLICK	14	SANTYL	17
propranolol hcl er	14	RESTASIS	29	SAPHRIS	12
propranolol hcl oral tablet	14	RESTASIS MULTIDOSE	29	scopolamine	11
PROSCAR	23	RESTORIL	31	SEREVENT DISKUS	30
PROTONIX ORAL TABLET DELAYED RELEASE	22	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	21	SEROQUEL	12
PROTOPIC	17	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	21	sertraline hcl oral tablet	10
PROVENTIL HFA	30	RETEVMO 40 MG	12	sharobel	25
PROVERA	23, 25	RETEVMO 80 MG	12	SHINGRIX	27
PROVIGIL	31			sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	21
PROZAC	10			sildenafil citrate oral tablet 20 mg	31
pseudoephedrine-bromphen-dm	30			SIMPONI	27
PTS PANELS EGLU TEST	19			SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27
PULMICORT FLEXHALER	30			simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	14
PULMICORT SUSPENSION	30			simvastatin oral tablet 80 mg	14
PULMOZYME	31			SINGULAIR ORAL TABLET	30



SINGULAIR ORAL TABLET CHEWABLE	30	SYNJARDY XR	20	teriflunomide oral tablet 14 mg, 7 mg	16	
SITAVIG	12	SYNTHROID	26	TERIPARATIDE (RECOMBINANT)	28	
SKYRIZI PEN	27	T			TESTIM	26
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27	TABRECTA	12	testosterone cypionate intramuscular	26	
SOAAZ	14	TACLONEX EXTERNAL OINTMENT	17	THALITONE	14	
SODIUM OXYBATE	31	tacrolimus external	17	THIOLA	22	
SOFOSBUVIR-VELPATASVIR	12	tacrolimus oral	27	THIOLA EC	22	
solifenacin succinate	22	tadalafil oral	21	THYQUIDITY	26	
SOLQUA	20	TADLIQ	31	TIGLUTIK	16	
SOMA	31	tafluprost (pf)	29	timolol maleate (once-daily)	29	
SOMATULINE DEPOT	25	TAGRISSE	12	timolol maleate ocudose	29	
SOOLANTRA	17	TAKHZYRO SUBCUTANEOUS SOLUTION	27	timolol maleate ophthalmic solution	29	
SPIKEVAX COVID-19 VACCINE	27	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	timolol maleate ophthalmic solution 0.25 %, 0.5 %	29	
SPIRIVA HANDIHALER	30	TAMIFLU ORAL CAPSULE	12	timolol maleate pf	29	
SPIRIVA RESPIMAT	30	tamoxifen citrate oral tablet 10 mg	12	timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	29	
spironolactone oral	14	tamoxifen citrate oral tablet 20 mg	12	TIMOPTIC	29	
sprintec 28	25	tamsulosin hcl	23	TIMOPTIC OCUDOSE	29	
sronyx	25	TAPERDEX 12-DAY	25	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 %	29	
STELARA SUBCUTANEOUS	27	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	25	TIROSINT-SOL	26	
STENDRA	21	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	25	TIVICAY	12	
STIOLTO RESPIMAT	30	TAPERDEX 7-DAY	25	tizanidine hcl oral tablet	31	
STIVARGA	12	TARGADOX	9	TOBI PODHALER	31	
STRATTERA	15	TARGRETIN EXTERNAL	12	TOBRADEX OPHTHALMIC SUSPENSION	28	
STRENSIQ	22	TARGRETIN ORAL	12	TOBRADEX ST	28	
STRIVERDI RESPIMAT	30	tarina 24 fe	25	tobramycin-dexamethasone	28	
SUBOXONE	8	tarina fe 1/20 eq	25	TOPAMAX	10	
subvenite	10	TASIGNA	12	topiramate oral tablet	10	
sucralfate oral tablet	22	TAVALISSE	21	TOPROL XL	14	
sulfamethoxazole-trimethoprim oral tablet	9	TECHLITE INSULIN SYRINGES	19	torse mide	14	
sumatriptan succinate oral	11	TECHLITE PEN NEEDLES	19	TOUJEO MAX SOLOSTAR	20	
SUNOSI	31	TEGSEDI	22	TOUJEO SOLOSTAR	20	
SUPREP BOWEL PREP KIT	22	TEKTURNA	14	TRACLEER 62.5 MG, 125 MG	31	
SUTAB	22	TEKTURNA HCT	14	TRADJENTA	20	
syeda	25	telmisartan	14	tramadol hcl oral tablet 100 mg	8	
SYMBICORT	30	temazepam	31	tramadol hcl oral tablet 50 mg	8	
SYMFI	12	TEMPO REFILL	19	TRANSDERM-SCOP	11	
SYMFI LO	12	TEMPO WELCOME	19	trazodone hcl oral	10	
SYMJEPI	29	TENORETIC 100	14	TRELEGY ELLIPTA	30	
SYMLINPEN 120	20	TENORETIC 50	14	TREMFYA	27	
SYMLINPEN 60	20	TENORMIN	14			
SYMPROIC	22	terbinafine hcl oral	11			



wixela inhub	30
X	
XALATAN	29
XANAX	13
XARELTO	9
XARELTO ORAL SUSPENSION RECONSTITUTED	9
XARELTO STARTER PACK	9
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	10
XELJANZ	27
XELJANZ ORAL SOLUTION	27
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	27
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	27
XENLETA ORAL	9
XEPI	17
XIIDRA	29
XOFLUZA (40 MG DOSE)	13
XOFLUZA (80 MG DOSE)	13
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	27
XOPENEX HFA	30
XTAMPZA ER	8
xulane	25
XYREM	31
XYWAV	31

Y

YASMIN 28	25
YAZ	25
YUPELRI	30
yuvafem	25

Z

zafemy	25
ZANAFLEX ORAL TABLET	31
ZARXIO	21
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	20
ZEJULA	12

ZELNORM	22
zenatane	17
ZENPEP	22
ZEPOSIA	16
ZEPOSIA 7-DAY STARTER PACK	16
ZEPOSIA STARTER KIT	16
ZESTORETIC	15
ZESTRIL	15
ZETIA	15
ZETONNA	30
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	15
ZIAC ORAL TABLET 5-6.25 MG	15
ZIEXTENZO	21
ZILXI	17
ZIMHI	8
ZIOPTAN	29
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	9
ZITHROMAX ORAL TABLET	9
ZITHROMAX TRI-PAK	9
ZITHROMAX Z-PAK	9
ZOCOR	15
ZOLOFT ORAL TABLET	10
zolpidem tartrate er	31
zolpidem tartrate oral	31
ZOMIG NASAL SOLUTION 2.5 MG	11
ZOMIG NASAL SOLUTION 5 MG	11
ZONEGRAN	10
zonisamide oral	10
ZORYVE	17
ZTLIDO	8
ZUBSOLV	8
zumandimine	25
ZYLET	28
ZYLOPRIM	11
ZYPREXA ORAL	12



Nondiscrimination notice and access to communication services

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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



Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**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'izí bee nééhozinígíí bine'deę' 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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