



Your 2023 Prescription Drug List

Flex Base 3-Tier

Effective January 1, 2023



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2023 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare and Oxford medical plans with a pharmacy benefit subject to the Flex Base 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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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 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.

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.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. Mainly preferred brand-name drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value.	Ask your doctor if a Tier 1 or Tier 2 option 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 Oxford plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

Coverage is set by the 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.

- **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.

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine	1	
bac	1	
BELBUCA	3	PA, QL
butalbital-apap-caffeine	1	
CONZIP	3	QL
DILAUDID ORAL	E	
DUROLANE	E	
endocet	1	
ESGIC	3	
EUFLEXXA	E	
fentanyl	1	PA, QL
FIORICET	3	
GELSYN-3	E	
GEN7T EXTERNAL PATCH	E	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	E	
hydrocodone bitartrate er oral capsule extended release 12 hour	1	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet	1	
hydromorphone hcl er	1	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	QL
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
LIDODERM	E	
LORTAB	3	

Drug Name	Drug Tier	Requirements & Limits
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	1	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	E	PA, ST, QL
NALOCET	3	
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	3	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN	E	QL
PERCOCET	E	
premium lidocaine	1	
PROLATE	3	
QDOLO	3	
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	
ROXICODONE ORAL TABLET 5 MG	E	QL
ROXYBOND	3	

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
SUBSYS	3	PA, QL
SUPARTZ FX	E	
SYNOJOYNT	E	
tramadol hcl er (biphasic)	1	(generic for Ryzolt), QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	(generic for Conzip), QL
tramadol hcl er oral tablet extended release 24 hour	1	(generic for Ultram ER), QL
TRAMADOL HCL ORAL SOLUTION	3	
tramadol hcl oral tablet	1	
TREZIX	1	
TRILURON	E	
ULTRAM	E	
VTOL LQ	2	
XTAMPZA ER	3	PA, QL
ZEBUTAL	3	
ZTLIDO	3	

Analgesics - Drugs for Pain and Inflammation

ANAPROX DS	E	
CATAFLAM	E	
CELEBREX	E	
celecoxib oral	1	
diclofenac potassium oral capsule	1	
diclofenac potassium oral tablet 25 mg	E	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium external solution	E	
diclofenac sodium oral	1	
EC-NAPROSYN	3	
ec-naproxen	1	
ENOVARX-DICLOFENAC SODIUM	E	
etodolac	1	
etodolac er	1	

Drug Name	Drug Tier	Requirements & Limits
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	3	ST
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	
meloxicam oral capsule	1	
MELOXICAM ORAL SUSPENSION	3	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPRELAN	E	
NAPROSYN	E	
naproxen oral suspension	E	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	1	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
RELAFEN	E	
RELAFEN DS	3	
SPRIX	3	ST
TIVORBEX	3	
ZIPSOR	3	

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Drug Name	Drug Tier	Requirements & Limits
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
KLOXXADO	2	
naloxone hcl injection	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	
varenicline tartrate	1	PA, H
ZIMHI	2	
ZUBSOLV	1	
Antibacterials - Drugs for Infections		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
amoxicillin-potassium clavulanate er	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	
CENTANY AT	3	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
CLINDESSE	2	
coremino	1	
DIFICID	3	
DORYX MPC	3	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	E	
DORYX ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline monohydrate oral	1	
FLAGYL	3	
levofloxacin oral	1	
LYMEPAK	3	
metronidazole oral	1	
metronidazole vaginal	1	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
minocycline hcl er oral tablet extended release 24 hour	1	
minocycline hcl oral	1	
MINOLIRA	3	
mondoxyne nl	1	
mupirocin calcium	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium	1	
SOLODYN	3	

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Drug Name	Drug Tier	Requirements & Limits
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	3	
vandazole	3	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XENLETA ORAL	3	
XEPI	3	
XIMINO	3	
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	

Anticoagulants - Drugs to Treat or Prevent Blood Clots

dabigatran etexilate mesylate	1	
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK	2	
enoxaparin sodium	1	
jantoven	1	
LOVENOX	E	
PRADAXA	2	
warfarin sodium oral	1	
XARELTO	2	
XARELTO STARTER PACK	2	

Anticonvulsants - Drugs for Seizures

BRIVIACT ORAL TABLET	3	
carbamazepine er	1	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	3	
epitol	1	
EPRONTIA	3	

Drug Name	Drug Tier	Requirements & Limits
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	
KEPPRA XR	3	
lacosamide oral	1	
LAMICTAL	3	
LAMICTAL ODT	3	
LAMICTAL STARTER	3	
LAMICTAL XR	3	
lamotrigine er	1	
lamotrigine oral	1	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NAYZILAM	3	
NEURONTIN	3	
oxcarbazepine	1	
OXTELLAR XR	3	
QUDEXY XR	E	
roweepra	1	
SPRITAM	3	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate er	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
topiramate oral	1	
TRILEPTAL	3	
TROKENDI XR	3	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	
VIMPAT ORAL	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	
ZONEGRAN	3	
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADLARITY	E	
ARICEPT	E	
donepezil hcl	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	3	
bupropion hcl oral	1	
CELEXA	E	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	
duloxetine hcl oral	1	
EFFEXOR XR	E	
escitalopram oxalate oral	1	

Drug Name	Drug Tier	Requirements & Limits
fluoxetine hcl oral	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
FORFIVO XL	3	
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	E	
paroxetine hcl	1	
paroxetine hcl er	1	
PAXIL CR	E	
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	E	
PRISTIQ	E	
PROZAC	E	
REMERON	E	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
SERTRALINE HCL ORAL CAPSULE	3	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD	E	
VIIBRYD STARTER PACK	2	
vilazodone hcl	1	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
BONJESTA	2	
DICLEGIS	E	
doxylamine-pyridoxine	1	
GIMOTI	3	
metoclopramide hcl oral	1	

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Drug Name	Drug Tier	Requirements & Limits
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	

Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox external	1	
ciclopirox treatment	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
EXTINA	3	
fluconazole oral	1	
GNAZOLE-1	3	
ketoconazole external	1	
ketodan external foam	1	
LOPROX EXTERNAL SHAMPOO	E	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
terbinafine hcl oral	1	
terconazole	1	
XOLEGEL	3	

Antigout Agents - Drugs for Gout

allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	1	
GLOPERBA	3	
MITIGARE	2	

Drug Name	Drug Tier	Requirements & Limits
ULORIC	E	
ZYLOPRIM	3	

Antimigraine Agents - Drugs for Migraines

AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	
AMERGE ORAL TABLET 1 MG, 2.5 MG	E	
eletriptan hydrobromide	1	
EMGALITY	2	
EMGALITY (300 MG DOSE)	2	
IMITREX ORAL	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
naratriptan hcl	1	
ONZETRA XSAIL	3	
RELPAK	E	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
sumatriptan succinate refill subcutaneous solution cartridge	1	
sumatriptan succinate subcutaneous	1	
UBRELVY	2	
ZEMBRACE SYMTOUCH	3	
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	

Antineoplastics - Drugs for Cancer

ALECENSA	2	PA, SP
ALUNBRIG	2	PA, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
bexarotene	E	SP
CALQUENCE	2	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
capecitabine	1	SP
ERIVEDGE	2	PA, SP
ERLEADA	2	PA, SP
EXKIVITY	3	PA, SP
FEMARA	E	
fluorouracil external solution	1	
GAVRETO	3	PA, SP
IBRANCE	2	PA, SP
ICLUSIG ORAL TABLET	3	PA, SP
IDHIFA	2	PA, SP
IMBRUVICA ORAL TABLET	2	PA, SP
KOSELUGO	3	PA, SP
lenalidomide	1	PA, SP
letrozole oral	1	H-PA
LYNPARZA	2	PA, SP
mercaptopurine oral	1	
NUBEQA	2	PA, SP
ODOMZO	2	PA, SP
ORGOVYX	3	PA, SP
PURIXAN	3	PA, SP
REVLIMID	2	PA, SP
SOLTAMOX	3	
STIVARGA	2	PA, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN	1	SP
TASIGNA	2	PA, ST, SP
VERZENIO	2	PA, SP
VITRAKVI	2	PA, SP
XELODA	E	SP
ZEJULA	2	PA, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	
atovaquone-proguanil hcl	1	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL

Drug Name	Drug Tier	Requirements & Limits
KRINTAFEL	1	
MALARONE	3	
permethrin external	1	
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DHIVY	3	
DUOPA	3	
INBRIJA	3	PA, SP
KYNMOBI	3	PA, SP
MIRAPEX ER	E	
NOURIANZ	3	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	1	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY	3	
SINEMET	3	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	2	
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole	1	
asenapine maleate	E	
GEODON ORAL	E	
LATUDA	2	
olanzapine oral	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	PA, ST, QL
RISPERDAL	E	

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Drug Name	Drug Tier	Requirements & Limits
risperidone	1	
SAPHRIS	1	
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR ORAL CAPSULE	3	
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS	E	
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
BIKTARVY	3	QL
CIMDUO	2	
DESCOVY	3	ST
DOVATO	2	
efavirenz-emtricitab-tenofovir	1	
efavirenz-lamivudine-tenofovir	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	H
entecavir	1	SP
EPCLUSA ORAL PACKET	2	PA, SP
EPCLUSA ORAL TABLET	2	PA, SP
GENVOYA	3	
HARVONI	2	PA, ST, SP
ISENTRESS	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, SP
MAVYRET	2	PA, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	

Drug Name	Drug Tier	Requirements & Limits
ODEFSEY	3	
oseltamivir phosphate oral	1	
PREZCOBIX	2	
ritonavir	1	
RUKOBIA	3	
SITAVIG	3	
SOFOSBUVIR-VELPATASVIR	2	PA, SP
STRIBILD	3	
SYMFI	2	
SYMFI LO	2	
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	
TRIUMEQ PD	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	
TRUVADA ORAL TABLET 200-300 MG	E	
valacyclovir hcl oral	1	
VALTREX	E	
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, SP
XOFLUZA (40 MG DOSE)	3	
XOFLUZA (80 MG DOSE)	3	
ZEPATIER	2	PA, SP
ZOVIRAX ORAL	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	

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Drug Name	Drug Tier	Requirements & Limits
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
LOREEV XR	3	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	

Bipolar Agents - Drugs for Mood Disorders

lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	

Cardiovascular Agents - Drugs for Heart and Circulation Conditions

ACCUPRIL	E	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
ALTOPREV	3	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	

Drug Name	Drug Tier	Requirements & Limits
ASPRUZYO SPRINKLE	E	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	E	
CALAN SR	3	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	
CARDURA	3	
CAROSPIR	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	1	
COREG	E	
CORGARD	3	
CORLANOR	3	
COZAAR	E	
CRESTOR	E	
diltiazem hcl er	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	

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Drug Name	Drug Tier	Requirements & Limits
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	2	
EDARBYCLOR	2	
enalapril maleate oral	1	
ENTRESTO	3	PA, QL
EPANED	3	
EXFORGE	E	
EZALLOR SPRINKLE	3	
ezetimibe	1	
ezetimibe-simvastatin	1	
fenofibrate oral capsule 150 mg, 50 mg	1	
fenofibrate oral tablet	1	
FENOGLIDE	E	
flecainide acetate	1	
FLOLIPID	3	
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	3	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	1	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	
labetalol hcl oral	1	
LASIX	3	

Drug Name	Drug Tier	Requirements & Limits
LIPITOR	E	
LIPOFEN	3	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
matzim la	1	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MINIPRESS	3	
MULTAQ	3	
nadolol oral	1	
nebivolol hcl	1	
NEXICLON XR	E	
NEXLETOL	2	
NEXLIZET	2	
niacin (antihyperlipidemic)	1	
niacin er (antihyperlipidemic)	1	
niacor	1	
NIASPAN	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	

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Drug Name	Drug Tier	Requirements & Limits
nitroglycerin transdermal	1	
nitroglycerin translingual	1	
NITROLINGUAL	E	
NITROMIST	3	
NITROSTAT	3	
NITRO-TIME	3	
NORLIQVA	E	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE	3	
PRALUENT	E	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	1	
propranolol hcl oral	1	
QBRELIS	3	
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	1	
REPATHA	2	
REPATHA PUSHTRONEX SYSTEM	2	
REPATHA SURECLICK	2	
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	3	
sotalol hcl oral	1	
SOTYLIZE	3	
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	

Drug Name	Drug Tier	Requirements & Limits
telmisartan-hctz	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	3	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
VALSARTAN ORAL SOLUTION	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE 0.5 GM	3	
VASCEPA ORAL CAPSULE 1 GM	E	
VASOTEC	E	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	3	
VYTORIN	E	
WELCHOL	E	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	1	
ADHANSIA XR	3	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	
APTENSIO XR	3	
atomoxetine hcl	1	

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Drug Name	Drug Tier	Requirements & Limits
CONCERTA	1	
DEXEDRINE	E	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral solution	1	
dextroamphetamine sulfate oral tablet	E	
FOCALIN	3	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	
METHYLIN	3	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	
methylphenidate hcl er (osm)	E	
methylphenidate hcl er (xr)	1	
methylphenidate hcl er oral tablet extended release	1	
methylphenidate hcl er oral tablet extended release 24 hour	E	
methylphenidate hcl oral	1	
MYDAYIS	2	
PROCENTRA	3	
QUILLICHEW ER	3	
QUILLIVANT XR	3	
relexxii	E	
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
VYVANSE	2	
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, SP
AUBAGIO	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
AVONEX PEN	2	PA, SP
AVONEX PREFILLED	2	PA, SP
BAFIERTAM	2	PA, SP
BETASERON	2	PA, SP
COPAXONE	E	PA, SP
dalfampridine er	1	PA, SP
EXTAVIA	E	ST, SP
GILENYA	3	PA, SP
glatiramer acetate	1	PA, SP
glatopa	1	PA, SP
KESIMPTA	2	PA, SP
MAVENCLAD	3	PA, ST, SP
PLEGRIDY INTRAMUSCULAR	3	PA, SP
PLEGRIDY STARTER PACK	3	PA, SP
PLEGRIDY SUBCUTANEOUS	3	PA, SP
REBIF	3	PA, SP
REBIF REBIDOSE	3	PA, SP
REBIF REBIDOSE TITRATION PACK	3	PA, SP
REBIF TITRATION PACK	3	PA, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, SP
EXSERVAN	3	PA, SP
LYRICA	3	
LYRICA CR	E	
NUEDEXTA	2	
pregabalin	1	
pregabalin er	1	
RILUTEK	E	SP
riluzole	1	SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, SP
ZEPOSIA STARTER KIT	3	PA, ST, SP

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Drug Name	Drug Tier	Requirements & Limits
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
JUST RIGHT 5000	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
PERIDEX	3	
periogard	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	
acutane	1	
ACZONE	E	
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	

Drug Name	Drug Tier	Requirements & Limits
ALTRENO	3	PA
amnestem	1	
AMZEEQ	3	
ATRALIN	E	
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA	E	
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	1	
calcipotriene-betameth diprop external suspension	E	
calcitriol external	1	
CAPEX	2	
CARAC	3	
CIBINQO	2	PA, SP
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	
clindamycin phos-benzoyl perox external gel 1.2-5 %	1	
clindamycin phosphate external	1	
clobetasol propionate external	1	
CLOBEX	E	
CLOBEX SPRAY	E	
clodan external shampoo	1	
clotrimazole-betamethasone	1	
dapsone external	1	
DERMA-SMOOTH/FS BODY	3	

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Drug Name	Drug Tier	Requirements & Limits
DERMA-SMOOTHIE/FS SCALP	3	
desonide external	1	
DESOWEN	3	
desrx	1	
DIPROLENE	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP
EFUDEX	3	
ENSTILAR	3	
EUCRISA	3	ST
EVOCLIN	3	
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	3	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide external	1	
FLUOROPLEX EXTERNAL CREAM 1 %	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external	1	
imiquimod pump	1	
IMPEKLO	3	
IMPOYZ	3	
isotretinoin oral	1	
KENALOG EXTERNAL	E	
KLISYRI	3	
METROCREAM	3	

Drug Name	Drug Tier	Requirements & Limits
METROGEL	E	
METROLOTION	3	
metronidazole external	1	
MIRVASO	3	
mometasone furoate external	1	
myorisan	1	
neuac external gel	1	
NORITATE	E	
OLUX	E	
pimecrolimus	1	ST, QL
PLEXION	3	
PLEXION CLEANSER	3	
PLEXION CLEANSING CLOTH	3	
RETIN-A	E	
RHOFADE	3	
rosadan external cream	1	
rosadan external gel	1	
SANTYL	3	
SERNIVO	3	
SOOLANTRA	1	
sss 10-5	1	
sulfacetamide sodium-sulfur external cream	1	
sulfacetamide sodium-sulfur external liquid	1	
sulfacetamide sodium-sulfur external lotion	1	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur wash	1	
SULFACLEANSE 8/4	3	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SYNALAR	3	
TACLONEX EXTERNAL OINTMENT	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
TACLONEX EXTERNAL SUSPENSION	1		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
tacrolimus external	1	ST, QL	ACCU-CHEK SOFTCLIX LANCETS	1	
tazarotene external cream	1	PA	ACCUTREND GLUCOSE	E	
TAZORAC EXTERNAL CREAM	3	PA	bd autoshield duo pen needles	2	
TAZORAC EXTERNAL GEL 0.05 %	2	PA	bd ultra-fine insulin syringes	2	
TAZORAC EXTERNAL GEL 0.1 %	3	PA	bd ultra-fine pen needles	2	
TEXACORT	2		BLOOD GLUCOSE TEST STRIPS	E	
tretinoin external cream	1		CARETOUCH MONITOR SYSTEM	E	
tretinoin external gel 0.01 %, 0.025 %	1		CARETOUCH TEST	E	
tretinoin external gel 0.05 %	1	PA	CHEMSTRIP BG LOG BOOK	1	
triamcinolone acetonide external	1		CONTOUR MONITOR DEVICE	E	
triamcinolone in absorbbase	1		CONTOUR MONITOR KIT W/DEVICE	E	
TRIANEX	3		CONTOUR NEXT EZ KIT W/DEVICE	E	
triderm	1		CONTOUR NEXT GEN MONITOR	E	
TRIDESILON	1		CONTOUR NEXT LINK KIT W/DEVICE	3	
tritocin	1		CONTOUR NEXT LINK KIT W/DEVICE	E	(Contour Next Link 24)
VANOS	E		CONTOUR NEXT MONITOR KIT W/DEVICE	2	
VECTICAL	E		CONTOUR NEXT ONE DEVICE	E	
VERDESO	3		CONTOUR NEXT ONE KIT	2	
WYNZORA	E		CONTOUR NEXT TEST STRIPS	2	
zenatane	1		CONTOUR TEST STRIPS	E	
ZILXI	3	ST	CVS ADVANCED GLUCOSE TEST	E	
ZYCLARA	3		CVS GLUCOSE METER TEST STRIPS	E	
ZYCLARA PUMP	3		D-CARE BLOOD GLUCOSE	E	
Diabetes - Glucose Monitoring and Supplies			D-CARE GLUCOMETER	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E		DEXCOM G4 MOBILE RECEIVER	3	PA, QL
ACCU-CHEK FASTCLIX LANCET KIT	1		DEXCOM G4 SENSOR	3	PA, QL
ACCU-CHEK FASTCLIX LANCETS	1		DEXCOM G4 TRANSMITTER	3	PA, QL
ACCU-CHEK GUIDE TEST STRIPS	3		DEXCOM G5 MOBILE RECEIVER	3	PA, QL
ACCU-CHEK SAFE-T PRO LANCETS	1		DEXCOM G5 SENSOR	3	PA, QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E				

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Drug Name	Drug Tier	Requirements & Limits
DEXCOM G5 TRANSMITTER	3	PA, QL
DEXCOM G6 RECEIVER	3	
DEXCOM G6 SENSOR	3	
DEXCOM G6 TRANSMITTER	3	
EASY TOUCH TEST	E	
EASYMAX 15 TEST	E	
EASYMAX NG BLOOD GLUCOSE	E	
EASYMAX V BLOOD GLUCOSE	E	
ENLITE GLUCOSE SENSOR	3	
EQ BLOOD GLUCOSE TEST	E	
FORTISCARE G1 TEST STRIP	E	
FORTISCARE T1 GLUCOSE SYSTEM	E	
FORTISCARE TEST	E	
FREESTYLE LIBRE 14 DAY READER	3	
FREESTYLE LIBRE 14 DAY SENSOR	3	
FREESTYLE LIBRE 2 READER	3	
FREESTYLE LIBRE 2 SENSOR	3	
FREESTYLE LIBRE 3 SENSOR	3	
FREESTYLE LIBRE READER	3	
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	
GENTLE-LET PLATFORMS	3	
GLUCOCARD EXPRESSION TEST	E	
GLUCOCARD SHINE TEST	E	
GLUCOCARD VITAL TEST	E	
GUARDIAN LINK 3 TRANSMITTER	3	
GUARDIAN REAL-TIME REPLACE PED	3	
GUARDIAN SENSOR (3)	3	
IN TOUCH	3	
INSULIN PEN NEEDLES	2	
LANCETS	3	
MICRODOT TEST	E	

Drug Name	Drug Tier	Requirements & Limits
MINILINK REAL-TIME TRANSMITTER	3	
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
OMNIPOD 5 G5 INTRO KIT (Gen 5)	2	
OMNIPOD 5 G6 PODS (Gen 5)	2	
ONETOUCH CLUB LANCETS FINE PT	1	
ONETOUCH DELICA LANCETS 30G	1	
ONETOUCH DELICA LANCETS 33G	1	
ONETOUCH DELICA PLUS LANCET30G	1	(Onetouch Delica Plus Lancets)
ONETOUCH DELICA PLUS LANCET33G	1	(Onetouch Delica Plus Lancets)
ONETOUCH FINEPOINT LANCETS	1	
ONETOUCH SOLUTIONS STARTER KIT	E	
ONETOUCH SURESOFT LANCING DEV	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA MINI KIT W/DEVICE	3	
ONETOUCH ULTRA TEST STRIPS	1	
ONETOUCH ULTRASOFT LANCETS	1	(Onetouch Ultrasoft Plus lancets)
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	3	

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Drug Name	Drug Tier	Requirements & Limits
ONETOUGH VERIO IQ SYSTEM	3	
ONETOUGH VERIO KIT W/DEVICE	1	
ONETOUGH VERIO REFLECT KIT W/DEVICE	1	
ONETOUGH VERIO TEST STRIPS	1	
OPTIUMEZ TEST	E	
PARADIGM REAL-TIME TRANSMITTER	3	
PENLET II BLOOD SAMPLER	1	
PENLET II REPLACEMENT CAP	3	
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	
PREMIUM BLOOD GLUCOSE TEST	E	
PSS SELECT PLATFORMS	3	
QUINTET AC BLOOD GLUCOSE	E	
QUINTET AC BLOOD GLUCOSE TEST	E	
QUINTET BLOOD GLUCOSE SYSTEM	E	
QUINTET BLOOD GLUCOSE TEST	E	
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	
SURESTEP PRO LINEARITY	1	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	
TRUE METRIX AIR GLUCOSE METER	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	

Drug Name	Drug Tier	Requirements & Limits
TRUE METRIX PRO BLOOD GLUCOSE	E	
TRUETRACK BLOOD GLUCOSE DEVICE	E	
TRUETRACK TEST	E	
UNISTRIP1 GENERIC	E	
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
AFREZZA	3	
BASAGLAR KWIKPEN	E	
HUMALOG INJECTION	1	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG SUBCUTANEOUS	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN ASPART	E	
INSULIN ASPART FLEXPEN	E	ST
INSULIN ASPART PENFILL	E	ST
INSULIN GLARGINE	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO	E	
INSULIN LISPRO (1 UNIT DIAL)	E	
INSULIN LISPRO JUNIOR KWIKPEN	E	

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Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO PROT & LISPRO	E	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LEVEMIR U-100 FLEXTOUCH	E	PA
LEVEMIR U-100 VIAL	E	PA
LYUMJEV KWIKPEN	2	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
NOVOLOG FLEXPEN	E	ST
NOVOLOG FLEXPEN RELION	E	ST
NOVOLOG PENFILL	E	ST
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Diabetes - Non-Insulin Agents		
ACTOS	E	
ADLYXIN	3	
ADLYXIN STARTER PACK	3	
ALOGLIPTIN BENZOATE	E	
ALOGLIPTIN-METFORMIN HCL	E	
ALOGLIPTIN-PIOGLITAZONE	E	
AMARYL	E	
BAQSIMI ONE PACK	2	

Drug Name	Drug Tier	Requirements & Limits
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR	2	
BYETTA 10 MCG PEN	2	
BYETTA 5 MCG PEN	2	
FARXIGA	E	ST
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
glucagon emergency kit 1 mg injection 1 mg	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	3	
GLUCOTROL XL	3	
GLUMETZA	3	
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST
JANUVIA	E	ST
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	2	
KOMBIGLYZE XR	2	
metformin hcl er	1	
metformin hcl er (mod)	1	
metformin hcl er (osm)	1	
metformin hcl oral solution	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	ST
NESINA	2	
ONGLYZA	2	
OSENI	2	
OZEMPIC	2	
pioglitazone hcl	1	

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Drug Name	Drug Tier	Requirements & Limits
RIOMET	E	
RYBELSUS	2	
SOLIQUA	2	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	(2 Pak)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	(3 Pak)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT	3	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	SP
DOPTELET	3	PA, ST, SP
ELOCTATE	3	PA, SP
EMPAVELI	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
JIVI	3	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP

Drug Name	Drug Tier	Requirements & Limits
NUWIQ INTRAVENOUS KIT	2	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	2	SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION	2	SP
TAVALISSE	3	PA, SP
WILATE	2	SP
ZARXIO	2	SP
ZIEXTENZO	3	SP
Drugs for Sexual Dysfunction		
ADDYI	3	
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
INTRAROSA	3	PA
OSPHENA	2	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	2	QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	3	
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	3	
DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	3	

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Drug Name	Drug Tier	Requirements & Limits
klor-con m20	1	
K-TAB	3	
LOKELMA	3	
multi-vitamin/fluoride	1	
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	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL	3	
multivitamin/fluoride tablet chewable 1 mg oral	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL	3	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride crys er oral tablet extended release 15 meq	3	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er	1	
PRENA1 PEARL	3	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITAPEARL	3	

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
CARAFATE	E	
CYTOTEC	3	
DEXILANT	E	
DEXLANSOPRAZOLE	3	
famotidine oral suspension reconstituted	1	
FIRST-OMEPRAZOLE	3	
misoprostol oral	1	
OMECLAMOX-PAK	3	
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	
pantoprazole sodium oral	1	
PROTONIX ORAL PACKET	3	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	
rabeprazole sodium oral tablet delayed release	1	
sucralfate oral	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ANASPAZ	2	
CLENPIQ	2	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	H
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	3	
hyoscyamine sulfat er	1	

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Drug Name	Drug Tier	Requirements & Limits
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBIID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	
LOMOTIL	3	
MOTTEGRITY	3	PA
MOVIPREP	2	
NA SULFATE-K SULFATE-MG SULF	2	
NULEV	3	
OSCIMIN	3	
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
RELTONE	3	
SUPREP BOWEL PREP KIT	2	
SYMPROIC	2	PA
URSO 250	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	
ZELNORM	3	
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ENDARI	3	
nitisinone	E	SP

Drug Name	Drug Tier	Requirements & Limits
NITYR	E	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
penicillamine oral	1	SP
PERTZYE	3	ST
STRENSIQ	2	PA, SP
SYPRINE	E	PA, SP
TEGSEDI	2	PA, SP
trientine hcl	1	PA, SP
VIOKACE	3	ST
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
DITROPAN XL	E	
fesoterodine fumarate er	1	
GELNIQUE	3	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
THIOLA	3	SP
THIOLA EC	3	SP
TOVIAZ	E	
VELPHORO	2	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

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Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	
altavera	1	H
alyacen 1/35	1	H
amethia	1	H
ANNOVERA	3	
apri	1	H
ashlyna	1	H
aubra	1	H
aubra eq	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	3	
ayuna	1	H
azurette	1	H
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
chateal	1	H
chateal eq	1	H
CLIMARA	E	
CLIMARA PRO	2	
cryselle-28	1	H
cyred	1	H

Drug Name	Drug Tier	Requirements & Limits
cyred eq	1	H
dasetta 1/35	1	H
daysee	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA	3	
DEPO-SUBQ PROVERA 104	2	
desogestrel-ethinyl estradiol	1	H
DIVIGEL	2	
dotti	1	
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	
ELESTRIN	3	
elinest	1	H
eluryng	1	H
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot)

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Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol transdermal patch weekly	1	(generic for Climara)
estradiol vaginal	1	
ESTRING	2	
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim	1	
femynor	1	H
gemmily	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
heather	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jolessa	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
kariva	1	H
kurvelo	1	H

Drug Name	Drug Tier	Requirements & Limits
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day	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	
lojaimiess	1	H
loryna	1	H
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	1	H
lutera	1	H
lyleq	1	H
lyllana	3	
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	
merzee	1	
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H

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Drug Name	Drug Tier	Requirements & Limits
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	
MINIVELLE	E	
MIRCETTE	E	
mono-linyah	1	H
MYFEMBREE	2	
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral capsule	1	
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	E	
nylia 1/35	1	H
nymyo	1	H
ocella	1	H
philith	1	H
pimtrea	1	H
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	

Drug Name	Drug Tier	Requirements & Limits
PREMPHASE	2	
PREMPRO	2	
progesterone oral	1	
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H
rivelsa	1	
SAFYRAL	E	
SEASONIQUE	E	
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
taysofy	1	
TAYTULLA	3	
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
tyblume	1	H
tydemy	1	
VAGIFEM	E	

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Drug Name	Drug Tier	Requirements & Limits
vestura	1	H
vienna	1	H
viorele	1	H
VIVELLE-DOT	E	
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
ALKINDI SPRINKLE	3	
CORTEF	3	
DEXABLISS	3	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY	3	
HEMADY	3	
HIDEX 6-DAY	3	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	

Drug Name	Drug Tier	Requirements & Limits
prednisone oral	1	
RAYOS	3	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	3	
Hormonal Agents - Other		
cabergoline	1	
DDAVP	E	
DDAVP PF	E	
desmopressin acetate injection	1	
DESMOPRESSIN ACETATE NASAL	3	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
GENOTROPIN	E	PA, SP
GENOTROPIN MINIQUICK	E	PA, SP
HUMATROPE	E	PA, SP
LANREOTIDE ACETATE	E	SP
NOCDURNA	3	
NORDITROPIN FLEXPLO	2	PA, SP
NUTROPIN AQ NUSPIN 10	2	PA, SP
NUTROPIN AQ NUSPIN 20	2	PA, SP
NUTROPIN AQ NUSPIN 5	2	PA, SP
OMNITROPE	E	SP
ORIAHNN	2	
ORLISSA	2	
SOMATULINE DEPOT	3	PA, SP
STIMATE	3	
ZOMACTON	E	PA, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	
ANDROGEL PUMP	E	
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	E	
DEPO-TESTOSTERONE	3	

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
FORTESTA	E	
NATESTO	E	
TESTIM	1	
testosterone cypionate intramuscular	1	
testosterone transdermal	E	
VOGELXO	E	
VOGELXO PUMP	E	
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	3	
TIROSINT	3	
TIROSINT-SOL	2	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, SP
ADBRY	2	PA, SP
ASTAGRAF XL	3	
AZASAN	3	
azathioprine oral	1	
BERINERT	3	PA, ST, SP
CELLCEPT	E	
CIMZIA	E	
CIMZIA PREFILLED KIT	2	PA, SP
CIMZIA STARTER KIT	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
CINRYZE	3	PA, SP
COSENTYX (300 MG DOSE)	3	PA, ST, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, SP
COSENTYX SENSOREADY PEN	3	PA, ST, SP
cyclosporine modified	1	
ENBREL MINI	3	PA, ST, SP
ENBREL SUBCUTANEOUS SOLUTION	3	PA, ST, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, SP
ENBREL SURECLICK	3	PA, ST, SP
ENVARBUS XR	3	
FIRAZYR	E	PA, SP
gengraf	1	
HAEGARDA	2	PA, SP
HUMIRA	2	PA, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, SP
HUMIRA PEN	2	PA, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, SP
icatibant acetate	1	PA, SP
IMURAN	E	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	3	PA, SP
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	

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Drug Name	Drug Tier	Requirements & Limits
MYFORTIC	E	
NEORAL	E	
OLUMIANT ORAL TABLET 1 MG	2	PA, ST, SP
OLUMIANT ORAL TABLET 2 MG	2	PA, ST, SP
OLUMIANT ORAL TABLET 4 MG	E	ST, SP
ORENCIA CLICKJECT	3	PA, ST, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA, ST, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	3	PA, SP
OTEZLA	2	PA, SP
OTREXUP	E	
PROGRAF ORAL	3	
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	
REDITREX	E	
RINVOQ	2	PA, SP
RUCONEST	3	PA, SP
sajazir	E	SP
SIMPONI	2	PA, SP
sirolimus oral	1	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	E	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP
STELARA SUBCUTANEOUS	2	PA, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, SP
TREMFYA	2	PA, SP
TREXALL	2	
XELJANZ	2	PA, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	1	SP
CRINONE	3	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	(Ferring), SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	SP
NOVAREL	3	SP
PREGNYL	1	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC	3	
APRISO	1	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	1	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	1	
mesalamine er oral capsule	E	
mesalamine oral	E	

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Drug Name	Drug Tier	Requirements & Limits
mesalamine rectal	1	
ORTIKOS	3	
PENTASA	E	
PROCORT	3	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	
TARPEYO	3	PA, SP
UCERIS ORAL	1	
UCERIS RECTAL	2	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

alendronate sodium	1	
BINOSTO	3	
BONIVA ORAL TABLET 150 MG	E	
calcitriol oral	1	
FORTEO	E	ST, SP
FOSAMAX	3	
ibandronate sodium oral	1	
ROCALTROL	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP

Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation

ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	
ILEVRO	3	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic solution	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
olopatadine hcl ophthalmic solution 0.2 %	E	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
TOBREX	3	
VIGAMOX	E	
ZYLET	3	

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Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
AZOPT	E	
BETIMOL	2	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	E	
brinzolamide	1	
COMBIGAN	1	
COSOPT	3	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
timolol maleate (once-daily)	1	
timolol maleate oculosol	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	3	
TIMOPTIC-XE	3	
TRAVATAN Z	E	
travoprost (bak free)	1	
VYZULTA	3	
XALATAN	E	
XELPROS	3	

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

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Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	
hydrocodone polst-chlorphen polst er susp	1	PA
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
OMNARIS	3	
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
XHANCE	3	
ZETONNA	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	1	
ADVAIR HFA	2	RS
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU LARGE	2	
AEROCHAMBER PLUS FLO-VU SMALL	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2	
AIRDUO DIGIHALER	E	
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(ProAir HFA or Proventil HFA)

Drug Name	Drug Tier	Requirements & Limits
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(Ventolin HFA)
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	
ALVESCO	E	
ANORO ELLIPTA	3	
ARMONAIR DIGIHALER	E	
ARNUITY ELLIPTA	1	
ASMANEX (120 METERED DOSES)	E	
ASMANEX (14 METERED DOSES)	E	
ASMANEX (30 METERED DOSES)	E	
ASMANEX (60 METERED DOSES)	E	
ASMANEX HFA	E	
ATROVENT HFA	2	
BEVESPI AEROSPHERE	2	
BREO ELLIPTA	2	RS
BREZTRI AEROSPHERE	3	RS
budesonide inhalation	1	
BUDESONIDE-FORMOTEROL FUMARATE	3	RS
COMBIVENT RESPIMAT	2	
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	3	PA
FLEXICHAMBER	2	
FLOVENT DISKUS	1	
FLOVENT HFA	1	
FLUTICASONE FUROATE-VILANTEROL	E	RS
FLUTICASONE PROPIONATE HFA	E	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	E	

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Drug Name	Drug Tier	Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	
formoterol fumarate inhalation	1	
INCRUSE ELLIPTA	E	
INSPIRACHAMBER/LARGE	2	
INSPIRACHAMBER/MEDIUM	2	
INSPIRACHAMBER/MOUTHPIECE	2	
INSPIRACHAMBER/SMALL	2	
INSPIREASE	2	
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, SP
PERFOROMIST	3	
PROAIR HFA	E	
PROAIR RESPICLICK	E	
PROVENTIL HFA	E	
PULMICORT FLEXHALER	1	
PULMICORT SUSPENSION	E	
QVAR REDIHALER	E	
SEREVENT DISKUS	2	
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	2	RS
TRELEGY ELLIPTA	3	RS

Drug Name	Drug Tier	Requirements & Limits
VENTOLIN HFA	E	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	E	
XOPENEX HFA	3	
YUPELRI	3	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	PA, SP
BRONCHITOL	3	PA, ST, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, SP
KITABIS PAK	E	PA, SP
PULMOZYME	2	PA, SP
TOBI NEBULIZATION SOLUTION 300 MG/5ML INHALATION 300 MG/5ML	E	PA, SP
TOBI PODHALER	3	PA, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, SP
tobramycin nebulization solution 300 mg/5ml inhalation	1	PA, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, SP
bosentan	1	PA, SP
OPSUMIT	2	PA, SP
REMODULIN	E	
TRACLEER	2	PA, SP
treprostinil	E	
TYVASO DPI MAINTENANCE KIT	E	PA, SP
TYVASO DPI TITRATION KIT	E	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
TYVASO INHALATION POWDER	E	PA, SP
TYVASO INHALATION SOLUTION	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

AMRIX	3	
BACLOFEN ORAL SOLUTION	3	
baclofen oral tablet	1	
carisoprodol oral	1	
cyclobenzaprine hcl er	1	
cyclobenzaprine hcl oral	1	
FEXMID	E	
FLEQSUVY	3	
LYVISPAH	E	
metaxalone	1	
methocarbamol oral	1	
OZOBAX	3	
SOMA	E	
tizanidine hcl oral	1	
VANADOM	E	
ZANAFLEX	3	

Sleep Disorder Agents

AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	3	
DAYVIGO	3	
EDLUAR	3	
eszopiclone	1	
LUNESTA	E	
modafinil	1	
PROVIGIL	E	
RESTORIL	3	
SUNOSI	3	PA
temazepam	1	
WAKIX	3	PA, SP
XYREM	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
XYWAV	3	PA, SP
zolpidem tartrate	1	
zolpidem tartrate er	1	
ZOLPIMIST	3	

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ACCU-CHEK FASTCLIX LANCET KIT	22	ADMELOG SOLOSTAR	24	ALPHANATE	26
ACCU-CHEK FASTCLIX LANCETS	22	ADVAIR DISKUS	37	alprazolam er	15
ACCU-CHEK GUIDE TEST STRIPS	22	ADVAIR HFA	37	alprazolam intensol	15
ACCU-CHEK SAFE-T PRO LANCETS	22	ADVATE	26	alprazolam oral	15
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ACCU-CHEK SOFTCLIX LANCETS	22	AEROCHAMBER PLUS FLO-VU SMALL	37	ALTACE	16
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ACTEMRA ACTPEN	33	ALA SCALP	20	amethia	29
ACTEMRA SUBCUTANEOUS	33	ala-cort external cream 1 %	20	amiodarone hcl oral	16
ACTICLATE	10	ala-cort external cream 2.5 %	20	amitriptyline hcl oral	12
ACTOS	25	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	37	amlodipine besylate oral	16
ACULAR	35	albuterol sulfate inhalation	37	amlodipine besylate-benazepril hcl	16
ACULAR LS	35	albuterol sulfate oral	37	amlodipine besylate-valsartan	16
ACUVAIL	35	ALDACTONE	16	amnesteem	20
acyclovir oral	15	ALECENSA	13	amoxicillin	10
ACZONE	20	alendronate sodium	35	amoxicillin-potassium clavulanate	10
ADBRY	33	alfuzosin hcl er	28	amoxicillin-potassium clavulanate er	10
ADDERALL	18	aliskiren fumarate	16	amphetamine-dextroamphetamine	18
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ANDRODERM	32	AUGMENTIN ES-600	10	BAFIERTAM	19	
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ARANESP (ALBUMIN FREE)	26	AVAPRO	16	BELBUCA.	8	
ARICEPT	12	AVAR CLEANSER	20	BELSOMRA	39	
ARIMIDEX	13	AVAR LS CLEANSER	20	benazepril hcl oral.	16	
aripiprazole	14	AVAR-E EMOLLIENT.	20	benazepril-hydrochlorothiazide	16	
ARMONAIR DIGIHALER.	37	AVAR-E GREEN.	20	BENICAR	16	
ARMOUR THYROID	33	AVAR-E LS	20	BENICAR HCT.	16	
ARNUITY ELLIPTA	37	aviane	29	benzonatate	37	
ASACOL HD.	34	avidoxy	10	BERINERT	33	
asenapine maleate	14	AVITA	20	BESIVANCE	35	
ashlyna	29	AVONEX PEN.	19	betamethasone dipropionate aug	20	
ASMANEX (120 METERED DOSES)	37	AVONEX PREFILLED	19	betamethasone dipropionate external.	20	
ASMANEX (14 METERED DOSES)	37	AYGESTIN	29	BETAPACE	16	
ASMANEX (30 METERED DOSES)	37	ayuna	29	BETASERON	19	
ASMANEX (60 METERED DOSES)	37	AZASAN.	33	BETHKIS	38	
ASMANEX HFA	37	AZASITE.	35	BETIMOL	36	
ASPRUZYO SPRINKLE.	16	azathioprine oral	33	BEVESPI AEROSPHERE	37	
ASTAGRAF XL	33	azelaic acid external	20	bexarotene	13	
atenolol oral	16	azelastine hcl nasal solution 0.1 %, 137 mcg/spray.	37	BEYAZ	29	
atenolol-chlorthalidone.	16	azelastine hcl nasal solution 0.15 %.. . . .	37	BIDIL	16	
ATIVAN ORAL	16	azelastine hcl ophthalmic.	35	BIJUVA	29	
atomoxetine hcl	18	azithromycin oral	10	BIKTARVY	15	
atorvastatin calcium oral tablet 10 mg, 20 mg.	16	AZOPT	36	bimatoprost ophthalmic	36	
atorvastatin calcium oral tablet 40 mg, 80 mg.	16	AZULFIDINE.	34	BINOSTO	35	
atovaquone-proguanil hcl.	14	AZULFIDINE EN-TABS	34	bisoprolol fumarate oral	16	
ATRALIN.	20	azurette.	29	bisoprolol-hydrochlorothiazide	16	
ATROVENT HFA	37	B			blisovi 24 fe	29
AUBAGIO	19	bac	8	blisovi fe 1/20.	29	
		BACLOFEN ORAL SOLUTION.	39	blisovi fe 1.5/30	29	
				BLOOD GLUCOSE TEST STRIPS	22	
				BONIVA ORAL TABLET 150 MG	35	



BONJESTA.....	12	CALQUENCE.....	13	CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	34
bosentan.....	38	camila.....	29	CIALIS.....	26
bp 10-1.....	20	camrese.....	29	CIBINQO.....	20
BREO ELLIPTA.....	37	camrese lo.....	29	ciclodan.....	13
BREZTRI AEROSPHERE.....	37	CANASA.....	34	ciclopirox external.....	13
briellyn.....	29	capecitabine.....	14	ciclopirox treatment.....	13
BRILINTA.....	14	CAPEX.....	20	CILOXAN.....	35
brimonidine tartrate ophthalmic.....	36	CARAC.....	20	CIMDUO.....	15
brimonidine tartrate-timolol.....	36	CARAFATE.....	27	CIMZIA.....	33
brinzolamide.....	36	carbamazepine er.....	11	CIMZIA PREFILLED KIT.....	33
BRIVIACT ORAL TABLET.....	11	carbamazepine oral.....	11	CIMZIA STARTER KIT.....	33
BRONCHITOL.....	38	CARBATROL.....	11	CINRYZE.....	33
BRONCHITOL TOLERANCE TEST.....	38	carbidopa-levodopa.....	14	CIPRO ORAL TABLET.....	10
budesonide er.....	34	carbidopa-levodopa er.....	14	CIPRODEX.....	36
budesonide inhalation.....	37	CARDIZEM.....	16	ciprofloxacin hcl ophthalmic.....	35
budesonide oral.....	34	CARDIZEM CD.....	16	ciprofloxacin hcl oral.....	10
BUDESONIDE-FORMOTEROL FUMARATE.....	37	CARDIZEM LA.....	16	ciprofloxacin-dexamethasone.....	36
buprenorphine hcl sublingual.....	10	CARDURA.....	16	CITALOPRAM HYDROBROMIDE ORAL CAPSULE.....	12
buprenorphine hcl-naloxone hcl.....	10	CARETOUCH MONITOR SYSTEM.....	22	citalopram hydrobromide oral solution.....	12
bupropion hcl er (sr).....	12	CARETOUCH TEST.....	22	citalopram hydrobromide oral tablet.....	12
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg.....	12	carisoprodol oral.....	39	claravis.....	20
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG.....	12	CAROSPIR.....	16	clarithromycin er.....	10
bupropion hcl oral.....	12	cartia xt.....	16	clarithromycin oral.....	10
buspirone hcl oral.....	16	carvedilol.....	16	CLENPIQ.....	27
butalbital-apap-caffeine.....	8	CATAFLAM.....	9	CLEOCIN ORAL CAPSULE 150 MG, 300 MG.....	10
BYDUREON BCISE AUTOINJECTOR.....	25	cavarest.....	20	CLEOCIN ORAL CAPSULE 75 MG.....	10
BYETTA 10 MCG PEN.....	25	cefadroxil.....	10	CLEOCIN-T.....	20
BYETTA 5 MCG PEN.....	25	cefdinir.....	10	CLIMARA.....	29, 30
BYSTOLIC.....	16	cefuroxime axetil.....	10	CLIMARA PRO.....	29
C		CELEBREX.....	9	clindacin etz external swab.....	20
cabergoline.....	32	celecoxib oral.....	9	clindacin-p.....	20
CALAN SR.....	16	CELEXA.....	12	CLINDAGEL.....	20
calcipotriene-betameth diprop external ointment.....	20	CELLCEPT.....	33	clindamycin hcl oral.....	10
calcipotriene-betameth diprop external suspension.....	20	CENTANY.....	10	clindamycin phos-benzoyl perox external gel 1.2-5 %.....	20
calcitriol external.....	20	CENTANY AT.....	10	CLINDESSE.....	10
calcitriol oral.....	35	cephalexin.....	10	CLINPRO 5000.....	20
		CEQUA.....	36	clobetasol propionate external.....	20
		CERDELGA.....	28	CLOBEX.....	20
		chateal.....	29	CLOBEX SPRAY.....	20
		chateal eq.....	29		
		CHEMSTRIP BG LOG BOOK.....	22		
		chlorhexidine gluconate mouth/ throat.....	20		
		chlorthalidone.....	16		



clodan external shampoo	20	CRESEMBA ORAL	13	DEPO-PROVERA	29
clonazepam oral	16	CRESTOR.	16	DEPO-SUBQ PROVERA 104	29
clonidine hcl oral	16	CRINONE.	34	DEPO-TESTOSTERONE	32
clopidogrel bisulfate oral	14	cryselle-28	29	DERMA-SMOOTH/FS BODY.	20
clotrimazole-betamethasone	20	CUPRIMINE	28	DERMA-SMOOTH/FS SCALP	21
COLCHICINE ORAL CAPSULE	13	CVS ADVANCED GLUCOSE TEST	22	DESCOVY.	15
colchicine oral tablet.	13	CVS GLUCOSE METER TEST STRIPS	22	desmopressin acetate injection	32
COLCRYS.	13	cyanocobalamin injection solution 1000 mcg/ml	26	DESMOPRESSIN ACETATE NASAL	32
colesevelam hcl.	16	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML.	26	desmopressin acetate oral	32
COMBIGAN	36	cyclobenzaprine hcl er	39	desmopressin acetate pf	32
COMBIVENT RESPIMAT	37	cyclobenzaprine hcl oral.	39	desogestrel-ethinyl estradiol	29
CONCERTA	19	CYCLOSPORINE IN KLARITY	36	desonide external	21
CONTOUR MONITOR DEVICE	22	cyclosporine modified	33	DESOWEN	21
CONTOUR MONITOR KIT W/DEVICE	22	cyclosporine ophthalmic.	36	desrx.	21
CONTOUR NEXT EZ KIT W/DEVICE	22	CYMBALTA.	12	desvenlafaxine succinate er.	12
CONTOUR NEXT GEN MONITOR.	22	cyproheptadine hcl oral	37	DEXABLISS	32
CONTOUR NEXT LINK KIT W/DEVICE	22	cyred.	29	dexamethasone intensol.	32
CONTOUR NEXT MONITOR KIT W/DEVICE	22	cyred eq	29	dexamethasone oral	32
CONTOUR NEXT ONE DEVICE.	22	CYTOMEL	33	DEXCOM G4 MOBILE RECEIVER	22
CONTOUR NEXT ONE KIT.	22	CYTOTEC.	27	DEXCOM G4 SENSOR	22
CONTOUR NEXT TEST STRIPS	22			DEXCOM G4 TRANSMITTER	22
CONTOUR TEST STRIPS.	22			DEXCOM G5 MOBILE RECEIVER	22
CONZIP	8, 9			DEXCOM G5 SENSOR	22
COPAXONE	19	D		DEXCOM G5 TRANSMITTER	23
COREG.	16	D-CARE BLOOD GLUCOSE.	22	DEXCOM G6 RECEIVER.	23
coremino	10	D-CARE GLUCOMETER.	22	DEXCOM G6 SENSOR	23
CORGARD.	16	dabigatran etexilate mesylate	11	DEXCOM G6 TRANSMITTER	23
CORLANOR.	16	dalfampridine er.	19	DEXEDRINE	19
CORTEF	32	dapsone external.	20	DEXILANT	27
CORTIFOAM	34	dasetta 1/35.	29	DEXLANSOPRAZOLE	27
COSENTYX (300 MG DOSE)	33	daysee	29	dexmethylphenidate hcl	19
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	33	DAYVIGO	39	dexmethylphenidate hcl er.	19
COSENTYX SENSOREADY (300 MG).	33	DDAVP	32	dextroamphetamine sulfate er	19
COSENTYX SENSOREADY PEN.	33	DDAVP PF	32	dextroamphetamine sulfate oral solution	19
COSOPT.	36	deblitane.	29	dextroamphetamine sulfate oral tablet.	19
COSOPT PF.	36	delyla	29	DHIVY.	14
COZAAR	16	DELZICOL	34	diazepam intensol	16
CREON.	28	DENTA 5000 PLUS	20	diazepam oral	16
		DENTAGEL.	20	DICLEGIS.	12
		DEPAKOTE.	11	diclofenac potassium oral capsule	9
		DEPAKOTE ER.	11	diclofenac potassium oral tablet 25 mg	9
		DEPAKOTE SPRINKLES.	11		
		DEPEN TITRATABS.	28		



diclofenac potassium oral tablet 50 mg	9	DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	10	ELOCTATE	26	
diclofenac sodium er.	9	doxycycline monohydrate oral	10	eluryng	29	
diclofenac sodium external gel 1 %	9	doxylamine-pyridoxine	12	EMGALITY	13	
diclofenac sodium external solution	9	DRISDOL	26	EMGALITY (300 MG DOSE).	13	
diclofenac sodium oral	9	DRIZALMA SPRINKLE	12	emoquette	29	
dicyclomine hcl oral	27	drosipren-eth estrad-levomefol	29	EMPAVELI	26	
DIFICID	10	drosiprenone-ethinyl estradiol	29	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	15	
DIFLUCAN	13	DUAVEE	29	emtricitabine-tenofovir df oral tablet 200-300 mg	15	
DILAUDID ORAL	8	duloxetine hcl oral	12	enalapril maleate oral	17	
dilt-xr	17	DUOPA	14	ENBREL MINI.	33	
diltiazem hcl er.	16	DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	21	ENBREL SUBCUTANEOUS SOLUTION	33	
diltiazem hcl er coated beads	16	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	21	ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	33	
diltiazem hcl oral	16	DUROLANE	8	ENBREL SURECLICK	33	
DIOVAN	17	DXEVO 11-DAY	32	ENDARI	28	
DIOVAN HCT	17	E			endocet	8
DIPENTUM	34	EASIVENT	37	ENDOMETRIN	34	
diphenoxylate-atropine	27	EASIVENT MASK LARGE	37	ENLITE GLUCOSE SENSOR	23	
DIPROLENE	21	EASIVENT MASK MEDIUM	37	ENOVARX-DICLOFENAC SODIUM	9	
DITROPAN XL	28	EASIVENT MASK SMALL	37	enoxaparin sodium	11	
divalproex sodium er.	11	EASY TOUCH TEST	23	enskyce	29	
divalproex sodium oral	11	EASYMAX 15 TEST	23	ENSTILAR	21	
DIVIGEL	29	EASYMAX NG BLOOD GLUCOSE	23	entecavir	15	
DODEX	26	EASYMAX V BLOOD GLUCOSE	23	ENTRESTO	17	
donepezil hcl	12	EC-NAPROSYN	9	ENVARUSUS XR	33	
DOPTELET	26	ec-naproxen	9	EPANED	17	
DORYX MPC	10	ED-SPAZ	27	EPCLUSA ORAL PACKET	15	
DORYX ORAL TABLET DELAYED RELEASE 200 MG, 50 MG	10	EDARBI	17	EPCLUSA ORAL TABLET	15	
DORYX ORAL TABLET DELAYED RELEASE 80 MG	10	EDARBYCLOR	17	epinephrine injection solution auto- injector 0.15 mg/0.15ml	36	
dorzolamide hcl-timolol mal	36	EDLUAR	39	epinephrine solution auto-injector 0.15 mg/0.3ml injection	36	
dorzolamide hcl-timolol mal pf.	36	efavirenz-emtricitab-tenofovir	15	epinephrine solution auto-injector 0.3 mg/0.3ml injection	36	
dotti	29	efavirenz-lamivudine-tenofovir	15	EPIPEN 2-PAK	36	
DOVATO	15	EFFEXOR XR	12	EPIPEN JR 2-PAK	36	
doxazosin mesylate oral	17	EFUDEX	21	epitol	11	
doxepin hcl oral capsule	12	ELEPSIA XR	11	EPRONTIA	11	
doxepin hcl oral concentrate	12	ELESTRIN	29	EQ BLOOD GLUCOSE TEST	23	
doxycycline hyclate oral capsule	10	eletriptan hydrobromide	13	ERGOCAL	26	
doxycycline hyclate oral tablet	10	elinest	29	ergocalciferol oral capsule	26, 27	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	10	ELIQUIS	11			
		ELIQUIS DVT/PE STARTER PACK	11			



ERIVEDGE	14	famotidine oral suspension reconstituted	27	fluorouracil external solution	14
ERLEADA	14	FARXIGA	25	fluoxetine hcl oral	12
errin	29	FASENRA PEN	37	FLUTICASONE FUROATE- VILANTEROL	37
erythromycin ophthalmic	35	fayosim	30	FLUTICASONE PROPIONATE HFA	37
escitalopram oxalate oral	12	febuxostat	13	fluticasone propionate nasal	37
ESGIC	8	FEMARA	14	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act.	37
estarylla	29	femynor	30, 31	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	38
ESTRACE	29	fenofibrate oral capsule 150 mg, 50 mg	17	fluvoxamine maleate	12
estradiol oral	29	fenofibrate oral tablet	17	fluvoxamine maleate er	12
estradiol patch twice weekly 0.025 mg/24hr transdermal	29	FENOGLIDE	17	FOCALIN	19
estradiol patch twice weekly 0.0375 mg/24hr transdermal	29	fentanyl	8	FOCALIN XR	19
estradiol patch twice weekly 0.05 mg/24hr transdermal	29	fesoterodine fumarate er	28	folic acid oral tablet 1 mg	26
estradiol patch twice weekly 0.075 mg/24hr transdermal	29	FEXMID	39	FOLLISTIM AQ	34
estradiol patch twice weekly 0.1 mg/24hr transdermal	30	FINACEA EXTERNAL FOAM	21	FORFIVO XL	12
estradiol transdermal patch weekly	30	FINACEA EXTERNAL GEL	21	formoterol fumarate inhalation	38
estradiol vaginal	30	finasteride oral tablet 5 mg	28	FORTEO	35
ESTRING	30	FIORICET	8	FORTESTA	33
ESTROGEL	30	FIRAZYR	33	FORTISCARE G1 TEST STRIP	23
eszopiclone	39	FIRST-OMEPRAZOLE	27	FORTISCARE T1 GLUCOSE SYSTEM	23
etodolac	9	FLAGYL	10	FORTISCARE TEST	23
etodolac er	9	FLAREX	36	FOSAMAX	35
etonogestrel-ethinyl estradiol	30	flecainide acetate	17	FREESTYLE LIBRE 14 DAY READER	23
EUCRISA	21	FLEQSUVY	39	FREESTYLE LIBRE 14 DAY SENSOR	23
EUFLEXXA	8	FLEXICHAMBER	37	FREESTYLE LIBRE 2 READER	23
euthyrox	33	FLOLIPID	17	FREESTYLE LIBRE 2 SENSOR	23
EVAMIST	30	FLOMAX	28	FREESTYLE LIBRE 3 SENSOR	23
EVOCLIN	21	FLORIVA PLUS	26	FREESTYLE LIBRE READER	23
EXFORGE	17	FLOVENT DISKUS	37	FREESTYLE PRECISION NEO SYSTEM	23
EXKIVITY	14	FLOVENT HFA	37	FREESTYLE PRECISION NEO TEST	23
EXSERVAN	19	fluconazole oral	13	furosemide oral	17
EXTAVIA	19	fluocinolone acetonide body	21	fyremadel	34
EXTINA	13	fluocinolone acetonide external	21		
EYSUVIS	35	fluocinolone acetonide scalp	21		
EZALLOR SPRINKLE	17	fluocinonide external	21		
ezetimibe	17	FLUORIDEX	20		
ezetimibe-simvastatin	17	FLUORIDEX ENHANCED WHITENING	20		
		FLUORIMAX 5000	20		
		FLUOROPLEX EXTERNAL CREAM 1 %	21		
		FLUOROURACIL EXTERNAL CREAM 0.5 %	21		
		fluorouracil external cream 5 %	21		

F

falmina 30



G

gabapentin oral capsule	11
gabapentin oral solution 250 mg/5ml	11
GABAPENTIN ORAL TABLET 25 MG, 50 MG	11
gabapentin oral tablet 600 mg, 800 mg	11
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	34
gavilyte-c	27
gavilyte-g	27
GAVRETO	14
GELNIQUE	28
GELSYN-3	8
gemfibrozil oral	17
gemmily	30
GEN7T EXTERNAL PATCH	8
gengraf	33
GENOTROPIN	32
GENOTROPIN MINIQUICK	32
GENTLE-LET PLATFORMS	23
GENVOYA	15
GEODON ORAL	14
GILENYA	19
GIMOTI	12
glatiramer acetate	19
glatopa	19
glimepiride	25
glipizide er	25
glipizide ir	25
glipizide xl	25
GLOPERBA	13
glucagon emergency kit 1 mg injection 1 mg	25
GLUCOCARD EXPRESSION TEST	23
GLUCOCARD SHINE TEST	23
GLUCOCARD VITAL TEST	23
GLUCOTROL XL	25
GLUMETZA	25
glyburide oral	25
glyburide-metformin	25

glycopyrrolate oral tablet 1 mg, 2 mg	27
GLYXAMBI	25
GOLYTELY	27
GONITRO	17
guanfacine hcl	17, 19
guanfacine hcl er	19
GUARDIAN LINK 3 TRANSMITTER	23
GUARDIAN REAL-TIME REPLACE PED	23
GUARDIAN SENSOR (3)	23
GYNAZOLE-1	13

H

HAEGARDA	33
hailey 1.5/30	30
hailey 24 fe	30
hailey fe 1/20	30
hailey fe 1.5/30	30
HALCION	16
HARVONI	15
heather	30
HEMADY	32
HEMANGEOL	17
HEMOFIL M	26
HIDEX 6-DAY	32
HUMALOG INJECTION	24
HUMALOG KWIKPEN	24
HUMALOG MIX 50/50 KWIKPEN	24
HUMALOG MIX 50/50 VIAL	24
HUMALOG MIX 75/25 KWIKPEN	24
HUMALOG MIX 75/25 VIAL	24
HUMALOG SUBCUTANEOUS	24
HUMALOG U-100 JUNIOR KWIKPEN	24
HUMATE-P	26
HUMATROPE	32
HUMIRA	33
HUMIRA PEDIATRIC CROHNS START	33
HUMIRA PEN	33
HUMIRA PEN-CD/UC/HS STARTER	33

HUMIRA PEN-PEDIATRIC UC START	33
HUMIRA PEN-PS/UV/ADOL HS START	33
HUMIRA PEN-PSOR/UEIT STARTER	33
HUMULIN 70/30 KWIKPEN	24
HUMULIN 70/30 VIAL	24
HUMULIN N KWIKPEN	24
HUMULIN N VIAL	24
HUMULIN R U-500 KWIKPEN	24
HUMULIN R U-500 VIAL	24
HUMULIN R VIAL	24
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	8
hydralazine hcl oral	17
hydrochlorothiazide oral	17
hydrocodone bitartrate er oral capsule extended release 12 hour	8
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	8
hydrocodone polst-chlorphen polst er susp	37
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	8
hydrocodone-acetaminophen oral tablet	8
hydrocort-pramoxine (perianal)	34
hydrocortisone ace-pramoxine external cream 1-1 %	34
hydrocortisone external cream 1 %	21
hydrocortisone external cream 2.5 %	21
hydrocortisone external lotion 2.5 %	21
hydrocortisone external ointment 1 %, 2.5 %	21
hydrocortisone oral	32
hydromorphone hcl er	8
hydromorphone hcl oral	8
hydromorphone hcl rectal	8
hydroxychloroquine sulfate oral	14
hydroxyzine hcl oral	16
hydroxyzine pamoate oral	16
hyoscyamine sulfate er	27
hyoscyamine sulfate oral	28
hyoscyamine sulfate sl	28



hyoscyamine sulfate sublingual	28	INSPIREASE	38	JULUCA	15
hyosyne	28	INSULIN ASPART	24	junel 1/20	30
HYSINGLA ER	8	INSULIN ASPART FLEXPEN	24	junel 1.5/30	30
HYZAAR	17	INSULIN ASPART PENFILL	24	junel fe 1/20	30
I					
ibandronate sodium oral	35	INSULIN GLARGINE	24	junel fe 1.5/30	30
IBRANCE	14	INSULIN GLARGINE SOLOSTAR	24	junel fe 24	30
ibuprofen oral suspension		INSULIN LISPRO	24, 25	JUST RIGHT 5000	20
100 mg/5ml	9	INSULIN LISPRO (1 UNIT DIAL)	24		
ibuprofen oral tablet 400 mg,		INSULIN LISPRO JUNIOR		K	
600 mg, 800 mg	9	KWIKPEN	24	K-TAB	27
icatibant acetate	33	INSULIN LISPRO PROT & LISPRO	25	kalliga	30
iclevia	30	INSULIN PEN NEEDLES	23	KAPSPARGO SPRINKLE	17
ICLUSIG ORAL TABLET	14	INTRAROSA	26	kariva	30
icosapent ethyl	17	introvale	30	KAZANO	25
IDHIFA	14	INTUNIV	19	KENALOG EXTERNAL	21
ILEVRO	35	INVELTYS	35	KEPPRA ORAL	11
IMBRUVICA ORAL TABLET	14	ipratropium bromide nasal	37	KEPPRA XR	11
imiquimod external	21	ipratropium-albuterol	38	KESIMPTA	19
imiquimod pump	21	irbesartan	17	ketoconazole external	13
IMITREX ORAL	13	irbesartan-hydrochlorothiazide	17	ketodan external foam	13
IMITREX STATDOSE REFILL	13	ISENTRESS	15	KETOROLAC TROMETHAMINE	
IMITREX STATDOSE SYSTEM	13	ISENTRESS HD	15	NASAL	9
IMPEKLO	21	isibloom	30	ketorolac tromethamine ophthalmic	35
IMPOYZ	21	isosorb dinitrate-hydralazine	17	ketorolac tromethamine oral	9
IMURAN	33	isosorbide mononitrate	17	KITABIS PAK	38
IMVEXXY MAINTENANCE PACK	26	isosorbide mononitrate er	17	KLARITY-A	35
IMVEXXY STARTER PACK	26	isotretinoin oral	21	KLISYRI	21
IN TOUCH	23	ISTALOL	36	KLONOPIN	16
INBRIJA	14	ivermectin oral	14	klor-con	26, 27
incassia	30	J			
INCRUSE ELLIPTA	38	jaimiess	30	klor-con 10	26
INDERAL LA	17	jantoven	11	klor-con m10	26
INDOCIN	9	JANUVIA	25	klor-con m15	26
indomethacin er	9	JARDIANCE	25	klor-con m20	27
INDOMETHACIN ORAL CAPSULE		jasmiel	30	KLOXXADO	10
20 MG	9	jencycla	30	KOATE	26
indomethacin oral capsule 25 mg,		JENTADUETO	25	KOATE-DVI	26
50 mg	9	JENTADUETO XR	25	KOGENATE FS	26
INSPIRACHAMBER/LARGE	38	JIVI	26	KOMBIGLYZE XR	25
INSPIRACHAMBER/MEDIUM	38	jolessa	30	KOSELUGO	14
INSPIRACHAMBER/MOUTHPIECE	38	JORNAY PM	19	KOVALTRY	26
INSPIRACHAMBER/SMALL	38	juleber	30	KRINTAFEL	14
				kurvelo	30
				KYNMOBI	14



L

labetalol hcl oral	17	levora 0.15/30 (28)	30	LORTAB	8
lacosamide oral	11	LEVOTHYROXINE SODIUM ORAL		loryna	30
LAMICTAL	11	CAPSULE	33	losartan potassium oral	17
LAMICTAL ODT	11	levothyroxine sodium oral tablet	33	losartan potassium-hctz	17
LAMICTAL STARTER	11	levoxyI	33	LOSEASONIQUE	30
LAMICTAL XR	11	LEVSIN ORAL	28	LOTEMAX OPHTHALMIC GEL	35
lamotrigine er	11	LEVSIN/SL	28	LOTEMAX OPHTHALMIC	
lamotrigine oral	11	LEXAPRO	12	OINTMENT	35
lamotrigine starter kit-blue	11	LIALDA	34	LOTEMAX OPHTHALMIC	
lamotrigine starter kit-green	11	lidocaine external ointment 5 %	8	SUSPENSION	35
lamotrigine starter kit-orange	11	lidocaine external patch 5 %	8	LOTEMAX SM	35
LANCETS	22, 23	lidocaine hcl mouth/throat	20	LOTENSIN	17
LANREOTIDE ACETATE	32	lidocaine viscous hcl	20	LOTENSIN HCT	17
LANTUS SOLOSTAR	25	lidocaine-prilocaine external cream	8	loteprednol etabonate	35
LANTUS U-100 VIAL	25	LIDODERM	8	LOTREL	17
larin 1/20	30	lillow oral tablet 0.15-30 mg-mcg	30	lovastatin oral	17
larin 1.5/30	30	LINZESS	28	LOVAZA	17
larin 24 fe	30	liothyronine sodium oral	33	LOVENOX	11
larin fe 1/20	30	LIPITOR	17	low-ogestrel	30
larin fe 1.5/30	30	LIPOFEN	17	LUMIGAN	36
larissia	30	lisinopril oral	17	LUNESTA	39
LASIX	17	lisinopril-hydrochlorothiazide	17	lutera	30
latanoprost ophthalmic	36	lithium carbonate er	16	lyleq	30
LATUDA	14	lithium carbonate oral	16	lyllana	30
LEDIPASVIR-SOFOSBUVIR	15	LITHOBID	16	LYMEPAK	10
lenalidomide	14	LO LOESTRIN FE	30	LYNPARZA	14
lessina	30	lo-zumandimine	30	LYRICA	19
letrozole oral	14	LODINE	9	LYRICA CR	19
LEVALBUTEROL HFA INHALATION		LOESTRIN 1/20 (21)	30	LYUMJEV KWIKPEN	25
AEROSOL 45 MCG/ACT	38	LOESTRIN 1.5/30 (21)	30	LYUMJEV VIAL	25
LEVBIID	28	LOESTRIN FE 1/20	30	LYVISPAH	39
LEVEMIR U-100 FLEXTOUCH	25	LOESTRIN FE 1.5/30	30	lyza	30
LEVEMIR U-100 VIAL	25	LOFENA	9		
levetiracetam er	11	lojaimiess	30		
levetiracetam oral	11	LOKELMA	27		
levo-t	33	LOMOTIL	28		
levocetirizine dihydrochloride oral	37	LOPID	17		
levofloxacin oral	10	LOPRESSOR	17		
levonorgest-eth est & eth est	30	LOPROX EXTERNAL SHAMPOO	13		
levonorgest-eth estrad 91-day	30	lorazepam intensol	16		
levonorgestrel-ethinyl estrad oral		lorazepam oral concentrate			
tablet 0.1-20 mg-mcg,		2 mg/ml	16		
0.15-30 mg-mcg	30	lorazepam oral tablet	16		
		LOREEV XR	16		

M

MALARONE	14
marlissa	30
matzim la	17
MAVENCLAD	19
MAVYRET	15
MAXALT	13
MAXITROL	35
MAXZIDE	17
MAXZIDE-25	17



MAYZENT STARTER PACK ORAL TABLET THERAPY PACK.	33	metoprolol tartrate oral.	17	morphine sulfate er oral tablet extended release.	8
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	32	METROCREAM	21	morphine sulfate oral	8
MEDROL ORAL TABLET 2 MG	32	METROGEL	21	morphine sulfate rectal.	8
MEDROL ORAL TABLET THERAPY PACK.	32	METROLOTION.	21	MOTEGRITY	28
medroxyprogesterone acetate intramuscular.	30	metronidazole external.	21	MOUNJARO.	25
medroxyprogesterone acetate oral . .	30	metronidazole oral.	10	MOVIPREP	28
meloxicam oral capsule	9	metronidazole vaginal.	10	moxifloxacin hcl (2x day).	35
MELOXICAM ORAL SUSPENSION	9	MICARDIS	17	moxifloxacin hcl ophthalmic solution.	35
meloxicam oral tablet	9	MICRODOT TEST	23	MS CONTIN	8
MENOSTAR	30	microgestin 1/20	30	MULPLETA.	26
mercaptopurine oral	14	microgestin 1.5/30	30	MULTAQ.	17
merzee	30	microgestin 24 fe.	30	MULTI-VIT-FLOR	27
mesalamine er oral capsule	34	microgestin fe 1/20	31	multi-vitamin/fluoride	27
mesalamine oral	34	microgestin fe 1.5/30	31	multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	27
mesalamine rectal.	35	mili.	31	multivitamin/fluoride tablet chewable 0.5 mg oral	27
metaxalone	39	MILLIPRED.	32	multivitamin/fluoride tablet chewable 1 mg oral.	27
metformin hcl er	25	MINASTRIN 24 FE.	31	mupirocin calcium.	10
metformin hcl er (mod)	25	MINILINK REAL-TIME TRANSMITTER	23	mupirocin external.	10
metformin hcl er (osm)	25	MINIPRESS	17	mycophenolate mofetil oral	33
metformin hcl oral solution.	25	MINIVELLE.	29-31	mycophenolate sodium	33
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg.	25	MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	10	MYDAYIS	19
metformin hcl oral tablet 625 mg. . .	25	minocycline hcl er oral tablet extended release 24 hour.	10	MYFEMBREE.	31
methimazole oral.	33	minocycline hcl oral	10	MYFORTIC.	34
methocarbamol oral	39	MINOLIRA	10	myorisan.	21
methotrexate oral	33	MIRAPEX ER	14		
methotrexate sodium	33	MIRCETTE	31		
methotrexate sodium (pf)	33	mirtazapine oral.	12		
METHYLIN	19	MIRVASO	21		
methylphenidate hcl er (cd)	19	misoprostol oral.	27		
methylphenidate hcl er (la).	19	MITIGARE	13		
methylphenidate hcl er (osm)	19	MM EASY TOUCH GLUCOSE METER	23		
methylphenidate hcl er (xr).	19	modafinil.	39		
methylphenidate hcl er oral tablet extended release.	19	mometasone furoate external	21		
methylphenidate hcl er oral tablet extended release 24 hour.	19	mondoxyne nl	10		
methylphenidate hcl oral	19	mono-lyyah	31		
methylprednisolone oral.	32	montelukast sodium oral	38		
metoclopramide hcl oral.	12	morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml.	8		
metoprolol succinate er	17	morphine sulfate er oral capsule extended release 24 hour.	8		

N

NA SULFATE-K SULFATE-MG SULF. . . .	28
nabumetone oral	9
nadolol oral	17
NAFRINSE DAILY/NEUTRAL	20
NAFRINSE WEEKLY	20
NALOCET.	8
naloxone hcl injection.	10
naloxone hcl nasal.	10
naltrexone hcl oral.	10
NAPRELAN	9
NAPROSYN	9
naproxen oral suspension	9
naproxen oral tablet	9



naproxen oral tablet delayed release	9	nitrofurantoin macrocrystal	10	NOVOLIN 70/30 VIAL	25
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	9	nitrofurantoin monohydrate macrocrystals	10	NOVOLIN N FLEXPEN	25
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	9	nitroglycerin sublingual.	17	NOVOLIN N FLEXPEN RELION	25
naproxen sodium oral tablet 275 mg, 550 mg.	9	nitroglycerin transdermal	18	NOVOLIN N RELION.	25
naratriptan hcl	13	nitroglycerin translingual	18	NOVOLIN N VIAL.	25
NARCAN	10	NITROLINGUAL.	18	NOVOLIN R FLEXPEN	25
NASCOBAL	27	NITROMIST	18	NOVOLIN R FLEXPEN RELION	25
NATAZIA.	31	NITROSTAT	18	NOVOLIN R RELION	25
NATESTO	33	NITYR.	28	NOVOLIN R VIAL.	25
NAYZILAM	11	NOCDURNA.	32	NOVOLOG FLEXPEN	25
nebivolol hcl.	17	nora-be	31	NOVOLOG FLEXPEN RELION.	25
necon 0.5/35 (28)	31	NORDITROPIN FLEXPRO	32	NOVOLOG PENFILL	25
neomycin-polymyxin-dexameth ophthalmic ointment	35	norethin ace-eth estrad-fe oral capsule.	31	NOVOLOG RELION.	25
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	35	norethin ace-eth estrad-fe oral tablet.	31	NOVOLOG U-100 VIAL	25
neomycin-polymyxin-hc otic.	36	norethindrone acet-ethinyl est	31	np thyroid	33
NEORAL.	34	norethindrone acetate oral	31	NUBEQA.	14
NESINA.	25	norethindrone oral.	31	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	38
neuac external gel.	21	norgestimate-eth estradiol	31	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	38
NEULASTA.	26	norgestimate-ethinyl estradiol triphasic	31	NUCYNTA.	8
NEURONTIN	11	NORITATE	21	NUCYNTA ER.	8
NEUTEK 2TEK TEST.	23	NORLIQVA	18	NUEDEXTA	19
NEVANAC.	35	norlyda	31	NULEV	28
NEXICLON XR	17	norlyroc	31	NUTROPIN AQ NUSPIN 10	32
NEXLETOL.	17	nortrel 0.5/35 (28)	31	NUTROPIN AQ NUSPIN 20	32
NEXLIZET.	17	nortrel 1/35 (21).	31	NUTROPIN AQ NUSPIN 5	32
niacin (antihyperlipidemic)	17	nortrel 1/35 (28).	31	NUVARING.	31
niacin er (antihyperlipidemic)	17	nortriptyline hcl oral	12	NUVESSA.	10
niacor	17	NORVASC	18	NUWIQ INTRAVENOUS KIT.	26
NIASPAN	17	NORVIR ORAL PACKET.	15	NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED.	26
nifedipine er	17	NORVIR ORAL SOLUTION	15	NUZYRA ORAL.	10
nifedipine er osmotic release	17	NORVIR ORAL TABLET	15	nyamyc	13
nifedipine oral	17	NOURIANZ.	14	nylia 1/35	31
nikki.	31	NOVAREL.	34	nymyo	31
nitisinone	28	NOVOEIGHT	26	nystatin external	13
NITRO-BID.	17	NOVOFINE AUTOCOVER PEN NEEDLE	23	nystatin mouth/throat	13
NITRO-DUR.	17	NOVOFINE PEN NEEDLE.	23	nystop.	13
NITRO-TIME.	18	NOVOFINE PLUS PEN NEEDLE	23		
		NOVOLIN 70/30 FLEXPEN	25		
		NOVOLIN 70/30 FLEXPEN RELION	25		
		NOVOLIN 70/30 RELION	25		

O

ocella	31
OCUFLOX.	35
ODEFSEY.	15



ODOMZO	14	ONETOUCH ULTRASOFT LANCETS	23	oxycodone hcl oral tablet 5 mg	8
ofloxacin ophthalmic	35	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	23	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	8
ofloxacin otic	36	ONETOUCH VERIO IQ SYSTEM	24	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG.	8
olanzapine oral	14	ONETOUCH VERIO KIT W/DEVICE	24	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8
olmesartan medoxomil oral	18	ONETOUCH VERIO REFLECT KIT W/DEVICE	24	OXYCONTIN	8
olmesartan medoxomil-hctz	18	ONETOUCH VERIO TEST STRIPS	24	OZEMPIC	25
olopatadine hcl ophthalmic solution 0.1 %	35	ONGLYZA	25	OZOBAX	39
olopatadine hcl ophthalmic solution 0.2 %	35	ONZETRA XSAIL	13		
OLUMIANT ORAL TABLET 1 MG	34	OPSUMIT	38	P	
OLUMIANT ORAL TABLET 2 MG	34	OPTIUMEZ TEST	24	PACERONE	18
OLUMIANT ORAL TABLET 4 MG	34	ORAPRED ODT	32	PAMELOR	12
OLUX	21	ORENCIA CLICKJECT	34	PANCREAZE	28
OMECLAMOX-PAK	27	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	34	pantoprazole sodium oral	27
omega-3-acid ethyl esters	18	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	34	PARADIGM REAL-TIME TRANSMITTER	24
omeprazole oral capsule delayed release	27	ORFADIN ORAL CAPSULE	28	paroxetine hcl	12
OMEPRAZOLE+SYRSPEND SF ALKA	27	ORFADIN ORAL SUSPENSION	28	paroxetine hcl er	12
OMNARIS	37	ORGOVYX	14	PAXIL CR	12
OMNIPOD 5 G5 INTRO KIT (Gen 5)	23	ORIAHNN	32	PAXIL ORAL SUSPENSION	12
OMNIPOD 5 G6 PODS (Gen 5)	23	ORLISSA	32	PAXIL ORAL TABLET	12
OMNITROPE	32	ORTIKOS	35	PEDIAPRED	32
ondansetron hcl oral	13	OSCIMIN	28	peg-3350/electrolytes	28
ondansetron odt	13	oseltamivir phosphate oral	15	peg-3350/electrolytes/ascorbic acid	28
ONETOUCH CLUB LANCETS FINE PT	23	OSENI	25	peg-kcl-nacl-nasulf-na asc-c	28
ONETOUCH DELICA LANCETS 30G	23	OSPHENA	26	penicillamine oral	28
ONETOUCH DELICA LANCETS 33G	23	OTEZLA	34	penicillin v potassium	10
ONETOUCH DELICA PLUS LANCET30G	23	OTREXUP	34	PENLET II BLOOD SAMPLER	24
ONETOUCH DELICA PLUS LANCET33G	23	OXAYDO	8	PENLET II REPLACEMENT CAP	24
ONETOUCH FINEPOINT LANCETS	23	oxcarbazepine	11	PENNSAID	9
ONETOUCH SOLUTIONS STARTER KIT	23	OXTELLAR XR	11	PENTASA	35
ONETOUCH SURESOFT LANCING DEV	23	oxybutynin chloride er	28	PERCOCET	8
ONETOUCH ULTRA 2 KIT W/DEVICE	23	oxybutynin chloride oral	28	PERFOROMIST	38
ONETOUCH ULTRA MINI KIT W/DEVICE	23	OXYCODONE HCL ER	8	PERIDEX	20
ONETOUCH ULTRA TEST STRIPS	23	oxycodone hcl oral capsule	8	perigard	20
		oxycodone hcl oral concentrate 100 mg/5ml	8	permethrin external	14
		oxycodone hcl oral solution	8	PERTZYE	28
		oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8	phenazo oral tablet 200 mg	28
				phenazopyridine hcl oral tablet 100 mg, 200 mg	28



philitih	31	prednisone oral	32	PROVIGIL	39
pimecrolimus	21	pregabalin	19	PROZAC	12
pimtrea	31	pregabalin er	19	pseudoephedrine-bromphen-dm	37
pioglitazone hcl	25	PREGNYL	34	PSS SELECT PLATFORMS	24
pirmella 1/35	31	PREMARIN ORAL	31	PULMICORT FLEXHALER	38
PLAQUENIL	14	PREMARIN VAGINAL	31	PULMICORT SUSPENSION	38
PLAVIX	14	PREMIUM BLOOD GLUCOSE TEST	24	PULMOZYME	38
PLEGRIDY INTRAMUSCULAR	19	premium lidocaine	8	PURIXAN	14
PLEGRIDY STARTER PACK	19	PREMPHASE	31	PYLERA	27
PLEGRIDY SUBCUTANEOUS	19	PREMPRO	31	PYRIDIDIUM	28
PLENVU	28	PRENA1 PEARL	27		
PLEXION	21	PREVIDENT	20	Q	
PLEXION CLEANSER	21	PREVIDENT 5000 BOOSTER PLUS	20	QBRELIS	18
PLEXION CLEANSING CLOTH	21	PREVIDENT 5000 DRY MOUTH	20	QDOLO	8
POLY-VI-FLOR	27	PREVIDENT 5000 ORTHO DEFENSE	20	QUARTETTE	31
polymyxin b-trimethoprim	35	PREVIDENT 5000 PLUS	20	QUDEXY XR	11
POLYTRIM	35	PREZCOBIX	15	quetiapine fumarate	14
portia-28	31	PRISTIQ	12	quetiapine fumarate er	14
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	27	PROAIR HFA	37, 38	QUFLORA PEDIATRIC	27
potassium chloride crys er oral tablet extended release 15 meq	27	PROAIR RESPICLICK	38	QUILLICHEW ER	19
potassium chloride er	27	PROCARDIA XL	18	QUILLIVANT XR	19
potassium chloride oral packet	27	PROCENTRA	19	quinapril hcl	18
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	27	prochlorperazine maleate oral	13	QUINTET AC BLOOD GLUCOSE	24
potassium citrate er	27	PROCORT	35	QUINTET AC BLOOD GLUCOSE TEST	24
PRADAXA	11	PROCTOFOAM HC	35	QUINTET BLOOD GLUCOSE SYSTEM	24
PRALUENT	18	progesterone oral	31	QUINTET BLOOD GLUCOSE TEST	24
pramipexole dihydrochloride	14	PROGRAF ORAL	34	QVAR REDHALER	38
pramipexole dihydrochloride er	14	PROLATE	8		
pravastatin sodium	18	promethazine hcl oral solution	37	R	
prazosin hcl oral	18	promethazine hcl oral syrup	37	RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	27
PRECISION XTRA	24	promethazine hcl oral tablet	13	rabeprazole sodium oral tablet delayed release	27
PRECISION XTRA BLOOD GLUCOSE	24	promethazine hcl rectal	13	ramipril	18
PRED FORTE	35	promethazine-codeine	37	RANEXA	18
PRED MILD	35	promethazine-dm	37	ranolazine er	18
prednisolone acetate ophthalmic	35	promethegan	13	RAPAMUNE ORAL SOLUTION	34
prednisolone oral	32	propranolol hcl er	18	RAPAMUNE ORAL TABLET	34
prednisolone sodium phosphate oral	32	propranolol hcl oral	18	RASUVO	34
prednisone intensol	32	PROSCAR	28	RAYOS	32
		PROTONIX ORAL PACKET	27	REBIF	19
		PROTONIX ORAL TABLET DELAYED RELEASE	27		
		PROVENTIL HFA	37, 38		
		PROVERA	29, 31		



REBIF REBIDOSE	19	rivelsa	31	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	18	
REBIF REBIDOSE TITRATION PACK	19	rocaltrol	35	simvastatin oral tablet 80 mg	18	
REBIF TITRATION PACK	19	rocklatan	36	SINEMET	14	
reclipsen	31	ropinirole hcl	14	SINGULAIR ORAL PACKET	38	
RECOMBINATE	26	ropinirole hcl er	14	SINGULAIR ORAL TABLET	38	
REDITREX	34	rosadan external cream	21	SINGULAIR ORAL TABLET CHEWABLE	38	
REGLAN	13	rosadan external gel	21	sirolimus oral	34	
RELAFEN	9	rosuvastatin calcium	18	SITAVIG	15	
RELAFEN DS	9	roweepra	11	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	34	
relexxii	19	ROXICODONE ORAL TABLET 15 MG, 30 MG	8	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	34	
RELION TRUE MET AIR GLUC METER	24	ROXICODONE ORAL TABLET 5 MG	8	SOAANZ	18	
RELION TRUE METRIX TEST STRIPS	24	ROXYBOND	8	sodium fluoride 5000 plus	20	
RELION ULTIMA GLUCOSE SYSTEM	24	RUCONEST	34	sodium fluoride 5000 ppm	20	
RELION ULTIMA TEST	24	RUKOBIA	15	sodium fluoride dental	20	
RELPAK	13	RYBELSUS	26	sodium fluoride mouth/throat	20	
RELTONE	28	RYTARY	14	SOFOSBUVIR-VELPATASVIR	15	
REMERON	12	S			SOLQUA	26
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	12	SAFYRAL	31	SOLODYN	10	
REMODULIN	38	sajazir	34	SOLTAMOX	14	
REPATHA	18	SANTYL	21	SOMA	39	
REPATHA PUSHTRONEX SYSTEM	18	SAPHRIS	15	SOMATULINE DEPOT	32	
REPATHA SURECLICK	18	scopolamine	13	SOOLANTRA	21	
RESTASIS	36	SEASONIQUE	31	sotalol hcl oral	18	
RESTASIS MULTIDOSE	36	SEREVENT DISKUS	38	SOTYLIZE	18	
RESTORIL	39	SERNIVO	21	SPIRIVA HANDIHALER	38	
RETACRIT INJECTION SOLUTION	26	SEROQUEL	15	SPIRIVA RESPIMAT	38	
RETIN-A	21	SEROQUEL XR	15	spironolactone oral	18	
REVLIMID	14	SERTRALINE HCL ORAL CAPSULE	12	sprintec 28	31	
REXULTI	14	sertraline hcl oral concentrate	12	SPRITAM	11	
RHOFADE	21	sertraline hcl oral tablet	12	SPRIX	9	
RHOPRESSA	36	setlakin	31	sronyx	31	
RILUTEK	19	sf	20, 27	sss 10-5	21	
riluzole	19	sf 5000 plus	20	STELARA SUBCUTANEOUS	34	
RINVOQ	34	SFROWASA	35	STENDRA	26	
RIOMET	26	sharobel	31	STIMATE	32	
RISPERDAL	14	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	26	STIOLTO RESPIMAT	38	
risperidone	15	simliya	31	STIVARGA	14	
RITALIN	19	simpesse	31	STRATTERA	19	
RITALIN LA	19	SIMPONI	34	STRENSIQ	28	
ritonavir	15			STRIBILD	15	



STRIVERDI RESPIMAT	38	SYNJARDY XR.	26	TENORETIC 100	18
SUBOXONE	10	SYNOJOYNT	9	TENORETIC 50	18
SUBSYS	9	SYNTHROID	33	TENORMIN	18
subvenite	11	SYPRINE.	28	terazosin hcl.	28
subvenite starter kit-blue	11			terbinafine hcl oral.	13
subvenite starter kit-green	11			terconazole	13
subvenite starter kit-orange	11			TERIPARATIDE (RECOMBINANT).	35
sucralfate oral	27			TESTIM.	33
sulfacetamide sod-sulfur wash	21			testosterone cypionate	
sulfacetamide sodium-sulfur				intramuscular	33
external cream	21			testosterone transdermal	33
sulfacetamide sodium-sulfur				TEXACORT	22
external liquid	21			THALITONE	18
sulfacetamide sodium-sulfur				THIOLA.	28
external lotion	21			THIOLA EC.	28
sulfacetamide sodium-sulfur				THYQUIDITY	33
external pad	21			TIGLUTIK	19
sulfacetamide sodium-sulfur				timolol maleate (once-daily)	36
external suspension 10-5 %, 8-4 %	21			timolol maleate ocudose	36
SULFACLEANSE 8/4.	21			timolol maleate ophthalmic	36
sulfamethoxazole-trimethoprim oral	11			timolol maleate pf	36
sulfamez wash	21			TIMOPTIC	36
sulfasalazine oral	35			TIMOPTIC OCUDOSE	
sulfatrim pediatric	11			OPHTHALMIC SOLUTION 0.25 %	36
SUMADAN WASH	21			TIMOPTIC OCUDOSE	
sumatriptan succinate oral	13			OPHTHALMIC SOLUTION 0.5 %	36
sumatriptan succinate refill				TIMOPTIC-XE.	36
subcutaneous solution cartridge	13			TIROSINT	33
sumatriptan succinate				TIROSINT-SOL.	33
subcutaneous	13			TIVICAY.	15
SUMAXIN	21			TIVICAY PD	15
SUNOSI	39			TIVORBEX	9
SUPARTZ FX	9			tizanidine hcl oral.	39
SUPREP BOWEL PREP KIT	28			TOBI NEBULIZATION SOLUTION	
SURESTEP PRO LINEARITY	24			300 MG/5ML INHALATION	
syeda	31			300 MG/5ML	38
SYMBICORT	38			TOBI PODHALER	38
SYMFI	15			TOBRADEX	35
SYMFI LO	15			TOBRADEX ST	35
SYMJEPI.	36			tobramycin inhalation nebulization	
SYMLINPEN 120	26			solution 300 mg/4ml	38
SYMLINPEN 60	26			tobramycin nebulization solution	
SYMPROIC.	28			300 mg/5ml inhalation	38
SYNALAR.	21			tobramycin ophthalmic	35
SYNJARDY.	26			tobramycin-dexamethasone.	35

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TOBREX	35	tri-sprintec	31	TYVASO DPI TITRATION KIT	38
TOPAMAX	11	tri-vylibra	31	TYVASO INHALATION POWDER	39
TOPAMAX SPRINKLE	11	tri-vylibra lo	31	TYVASO INHALATION SOLUTION	39
topiramate er	11	triamcinolone acetonide external	22	TYVASO REFILL	39
topiramate oral	12	triamcinolone in absorbbase	22	TYVASO STARTER	39
TOPROL XL	18	triamterene-hctz	18		
torse mide	18	TRIANEX	22	U	
TOUJEO MAX SOLOSTAR	25	triazolam	16	UBRELVY	13
TOUJEO SOLOSTAR	25	TRICOR	18	UCERIS ORAL	35
TOVIAZ	28	triderm	22	UCERIS RECTAL	35
TRACLEER	38	TRIDESILON	22	ULORIC	13
TRADJENTA	26	trientine hcl	28	ULTRAM	9
tramadol hcl er (biphasic)	9	TRIJARDY XR	26	UNISTRIP1 GENERIC	24
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	9	TRILEPTAL	12	unithroid	33
tramadol hcl er oral tablet extended release 24 hour	9	TRILURON	9	UROCIT-K 10	27
TRAMADOL HCL ORAL SOLUTION	9	TRINTELLIX	12	UROCIT-K 15	27
tramadol hcl oral tablet	9	tritocin	22	UROCIT-K 5	27
TRANSDERM-SCOP	13	TRIUMEQ	15	UROXATRAL	28
TRAVATAN Z	36	TRIUMEQ PD	15	URSO 250	28
travoprost (bak free)	36	TROKENDI XR	12	URSO FORTE	28
trazodone hcl oral	12	TRUE FOCUS BLOOD GLUCOSE STRIP	24	URSODIOL ORAL CAPSULE 200 MG, 400 MG	28
TRELEGY ELLIPTA	38	TRUE METRIX AIR GLUCOSE METER	24	ursodiol oral capsule 300 mg	28
TREMFYA	34	TRUE METRIX BLOOD GLUCOSE TEST	24	ursodiol oral tablet	28
treprostinil	38	TRUE METRIX GO GLUCOSE METER	24	V	
TRESIBA	25	TRUE METRIX METER KIT	24	VAGIFEM	31
TRESIBA FLEXTOUCH	25	TRUE METRIX PRO BLOOD GLUCOSE	24	valacyclovir hcl oral	15
tretinoin external cream	22	TRUE METRIX BLOOD GLUCOSE DEVICE	24	VALIUM	16
tretinoin external gel 0.01 %, 0.025 %	22	TRUETRACK BLOOD GLUCOSE TEST	24	VALSARTAN ORAL SOLUTION	18
tretinoin external gel 0.05 %	22	TRULICITY	26	valsartan oral tablet	18
TREXALL	34	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	15	valsartan-hydrochlorothiazide	18
TREZIX	9	TRUVADA ORAL TABLET 200-300 MG	15	VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	12
tri femynor	31	tyblume	31	VALTREX	15
tri-estarylla	31	tydemy	31	VANADOM	39
tri-linyah	31	TYMLOS	35	vandazole	11
tri-lo-estarylla	31	TYRVAYA	36	VANOS	22
tri-lo-marzia	31	TYVASO DPI MAINTENANCE KIT	38	varenicline tartrate	10
tri-lo-mili	31			VASCEPA ORAL CAPSULE 0.5 GM	18
tri-lo-sprintec	31			VASCEPA ORAL CAPSULE 1 GM	18
tri-mili	31			VASOTEC	18
tri-nymyo	31			VECTICAL	22



VELPHORO	28	VORTEX VALVED HOLDING		XIMINO	11
VELTASSA	27	CHAMBER	38	XOFLUZA (40 MG DOSE)	15
VEMLIDY	15	VOSEVI	15	XOFLUZA (80 MG DOSE)	15
venlafaxine hcl	12	VRAYLAR ORAL CAPSULE	15	XOLAIR SUBCUTANEOUS	
venlafaxine hcl er	12	VTOL LQ	9	SOLUTION PREFILLED SYRINGE	34
VENTOLIN HFA	37, 38	vyfemla	32	XOLEGEL	13
verapamil hcl er	18	VYLEESI	26	XOPENEX HFA	38
verapamil hcl oral	18	vylibra	32	XTAMPZA ER	9
VERDESO	22	VYTORIN	18	xulane	32
VERELAN	18	VYVANSE	19	XYREM	39
VERELAN PM	18	VYZULTA	36	XYWAV	39
VERKAZIA	36				
VERQUVO	18		W		Y
VERZENIO	14	WAKIX	39	YASMIN 28	32
vestura	32	warfarin sodium oral	11	YAZ	32
VIAGRA	26	WELCHOL	18	YUPELRI	38
VIBERZI	28	WELLBUTRIN SR	12	yuvafem	32
VIBRAMYCIN ORAL CAPSULE	11	WELLBUTRIN XL	12		
VIBRAMYCIN ORAL SUSPENSION		wera	32		Z
RECONSTITUTED	11	WILATE	26	zafemy	32
VICTOZA SOLUTION PEN-		wixela inhub	38	ZANAFLEX	39
INJECTOR 18 MG/3ML		WYNZORA	22	ZARXIO	26
SUBCUTANEOUS	26			ZCORT 7-DAY	32
vienva	32		X	ZEBUTAL	9
VIGAMOX	35	XALATAN	36	ZEGALOGUE SUBCUTANEOUS	
VIIBRYD	12	XANAX	16	SOLUTION AUTO-INJECTOR	26
VIIBRYD STARTER PACK	12	XANAX XR	16	ZEJULA	14
vilazodone hcl	12	XARELTO	11	ZELNORM	28
VIMPAT ORAL	12	XARELTO STARTER PACK	11	ZEMBRACE SYMTOUCH	13
VIOKACE	28	XCOPRI ORAL TABLET 100 MG,		zenatane	22
viorele	32	150 MG, 200 MG, 50 MG	12	ZENPEP	28
VIREAD ORAL POWDER	15	XELJANZ	34	ZENZEDI	19
VIREAD ORAL TABLET 150 MG,		XELJANZ XR ORAL TABLET		ZEPATIER	15
200 MG, 250 MG	15	EXTENDED RELEASE 24 HOUR		ZEPOSIA	19
VIREAD ORAL TABLET 300 MG	15	11 MG	34	ZEPOSIA 7-DAY STARTER PACK	19
VISTARIL	16	XELJANZ XR ORAL TABLET		ZEPOSIA STARTER KIT	19
vitamin d (ergocalciferol) oral		EXTENDED RELEASE 24 HOUR		ZESTORETIC	18
capsule 1.25 mg (50000 ut), 50000		22 MG	34	ZESTRIL	18
unit	27	XELODA	14	ZETIA	18
VITAPEARL	27	XELPROS	36	ZETONNA	37
VITRAKVI	14	XENLETA ORAL	11	ZIAC	18
VIVELLE-DOT	29, 30, 32	XEPI	11	ZIEXTENZO	26
VOGELXO	33	XHANCE	37	ZILXI	22
VOGELXO PUMP	33	XIIDRA	36		
volnea	32				



ZIMHI	10
ziprasidone hcl.	15
ZIPSOR.	9
ZITHROMAX ORAL.	11
ZITHROMAX TRI-PAK.	11
ZITHROMAX Z-PAK.	11
ZOCOR.	18
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	13
ZOLOFT	12
zolpidem tartrate	39
zolpidem tartrate er.	39
ZOLPIMIST.	39
ZOMACTON.	32
ZOMIG NASAL SOLUTION 2.5 MG. .	13
ZOMIG NASAL SOLUTION 5 MG . .	13
ZONEGRAN.	12
zonisamide oral	12
ZONTIVITY.	14
ZOVIRAX ORAL.	15
ZTLIDO.	9
ZUBSOLV.	10
zumandimine	32
ZYCLARA.	22
ZYCLARA PUMP.	22
ZYLET.	35
ZYLOPRIM.	13
ZYPREXA ORAL	15
ZYPREXA ZYDIS.	15



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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**, **1-800-537-7697 (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 LƯU 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 معرّف 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, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEBOOM: 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: ប្រសិនបើអ្នកនិយាយ **ភាសាខ្មែរ (Khmer)** សូមទាក់ទងមន្ត្រីសេវាអន្តរជាតិរបស់យើង ដើម្បីស្វែងរកសេវាបំប្រែភាសាសម្រាប់អ្នក។ សូមទាក់ទងលេខទូរស័ព្ទឥតគិតថ្លៃ ដើម្បីស្វែងរកសេវាបំប្រែភាសាសម្រាប់អ្នក។

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'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shq'odí ninaaltsoos nit'i'izi bee nééhozinígíí bine'déé' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomali (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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