



Your 2023 Prescription Drug List

Essential 4-Tier

Effective September 1, 2023



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2023 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, All Savers, Golden Rule, Neighborhood Health Partnership Plan and River Valley medical plans with a pharmacy benefit subject to the Essential 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Table of contents

Understanding your Prescription Drug List (PDL)	4
Medication tips	5
Reading your PDL	6
Questions	7
Analgesics	
Drugs for Pain	8
Drugs for Pain and Inflammation	8
Anti-Addiction / Substance Abuse Treatment Agents	8
Antibacterials	
Drugs for Infections	8
Anticoagulants	
Drugs to Treat or Prevent Blood Clots	9
Anticonvulsants	
Drugs for Seizures	9
Antidepressants	
Drugs for Depression	10
Antiemetics	
Drugs for Nausea and Vomiting	11
Antifungals	
Drugs for Fungal Infections	11
Antigout Agents	
Drugs for Gout	11
Antimigraine Agents	
Drugs for Migraines	11
Antineoplastics	
Drugs for Cancer	11
Antiparasitics	
Drugs for Parasitic Infections	12
Antiparkinson Agents	
Drugs for Parkinson’s Disease	12
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention	12
Antipsychotics	
Drugs for Mood Disorders	12
Antivirals	
Drugs for Viral Infections	12
Anxiolytics	
Drugs for Anxiety	13
Bipolar Agents	
Drugs for Mood Disorders	13
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions	13
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	15
Drugs for Multiple Sclerosis	15
Miscellaneous	16
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	16
Dermatological Agents	
Drugs for Skin Conditions	16



Diabetes	
Glucose Monitoring and Supplies	17
Insulin	19
Non-Insulin Agents	20
Drugs for Blood Disorders	21
Drugs for Sexual Dysfunction	21
Electrolytes / Vitamins	21
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer	22
Drugs for Bowel, Intestine and Stomach Conditions	22
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	22
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions	22
Drugs for Prostate Conditions	23
Hormonal Agents	
Hormone Replacement and Birth Control	23
Oral Steroids	25
Other	25
Testosterone Replacement	26
Thyroid	26
Immunological Agents	
Drugs for Immune System Stimulation or Suppression	26
Drugs for Vaccination	27
Infertility Agents	28
Inflammatory Bowel Disease Agents	28
Metabolic Bone Disease Agents	
Drugs for Osteoporosis	28
Other	28
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	28
Drugs for Glaucoma	29
Drugs for Miscellaneous Eye Conditions	29
Otic Agents	
Drugs for Ear Conditions	29
Respiratory	
Drugs for Anaphylaxis	29
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold	30
Drugs for Asthma and COPD	30
Drugs for Cystic Fibrosis	31
Drugs for Pulmonary Fibrosis	31
Drugs for Pulmonary Hypertension	31
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm	31
Sleep Disorder Agents	31
Index	32



Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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



Reading your PDL

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

Tier information

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

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

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

Drug list information

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

H	Health Care Reform Preventive —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
NF	Non-Formulary Non-formulary drugs are not covered by your insurance provider, however may be filled at a Tier 4 cost share if certain criteria is met.
PA	Prior Authorization —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
QL	Quantity Limits —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
SP	Specialty Medication —Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
ST	Step Therapy (referred to as First Start in New Jersey) —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

Reading your PDL (continued)

Coverage details

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



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

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

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



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

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

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



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

Drug Name	Drug Tier	Requirements & Limits
doxepin hcl capsule 10 mg oral	1	
doxepin hcl capsule 100 mg oral	1	
doxepin hcl capsule 25 mg oral	1	
doxepin hcl capsule 50 mg oral	1	
doxepin hcl capsule 75 mg oral	1	
doxepin hcl oral capsule 150 mg	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	RS
duloxetine hcl oral capsule delayed release particles 40 mg	NF	RS
EFFEXOR XR	NF	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	NF	
fluvoxamine maleate	1	
FORFIVO XL	NF	QL
LEXAPRO	NF	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	NF	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	NF	
PRISTIQ	NF	QL
PROZAC	NF	
REMERON	NF	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	NF	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	NF	QL
VIIBRYD STARTER PACK	4	
vilazodone hcl	3	QL
WELLBUTRIN SR	NF	
WELLBUTRIN XL	NF	
ZOLOFT ORAL TABLET	NF	

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



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

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

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



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

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

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



Drug Name	Drug Tier	Requirements & Limits
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	NF	QL
valacyclovir hcl oral	1	QL
VALTREX	NF	QL
VOSEVI	3	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
ATIVAN ORAL	NF	
bupirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	NF	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	NF	
VISTARIL	4	
XANAX	NF	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALDACTONE	NF	
aliskiren fumarate	NF	
ALTACE	NF	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	

Drug Name	Drug Tier	Requirements & Limits
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	NF	
AVAPRO	NF	
benazepril hcl oral	1	
BENICAR	NF	
BENICAR HCT	NF	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CALAN SR	4	
CARDIZEM CD	NF	
CARDURA	4	
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	NF	
CORLANOR	3	PA, QL
CORLANOR ORAL SOLUTION	3	PA, QL
COZAAR	NF	
CRESTOR	NF	
diltiazem hcl er coated beads oral capsule extended release 24 hour	2	
DIOVAN	NF	
DIOVAN HCT	NF	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral tablet	1	
ENTRESTO	4	PA, QL
EXFORGE	NF	
ezetimibe	2	
fenofibrate oral tablet 120 mg, 40 mg	NF	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
FENOGLIDE	NF	

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



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

Drug Name	Drug Tier	Requirements & Limits
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	4	
NORLIQVA	4	PA
NORVASC	NF	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	4	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	NF	
propranolol hcl er	2	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	2	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	NF	QL
spironolactone oral	1	
TEKTURNA	NF	
TEKTURNA HCT	NF	
telmisartan	2	
TENORETIC 100	NF	
TENORETIC 50	NF	
TENORMIN	NF	
THALITONE	NF	
TOPROL XL	NF	
toremide	1	
triamterene-hctz	1	
TRICOR	NF	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	

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



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

Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL	NF	
ADDERALL XR	2	QL
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	NF	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	NF	QL
APTENSIO XR	NF	QL
atomoxetine hcl	4	QL
CONCERTA	2	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	3	QL
FOCALIN	NF	
FOCALIN XR	NF	QL
guanfacine hcl er	2	
INTUNIV	NF	
JORNAY PM	NF	QL
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	NF	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	NF	
methylphenidate hcl er (xr)	NF	QL
methylphenidate hcl er oral tablet extended release	4	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	NF	QL
RELEXXII ORAL TABLET EXTENDED RELEASE	NF	QL
RITALIN	NF	
RITALIN LA	NF	QL
STRATTERA	NF	QL
VYVANSE	NF	QL
VYVANSE ORAL CAPSULE	NF	QL

Central Nervous System Agents - Drugs for Multiple Sclerosis

AUBAGIO	4	PA, QL, SP
AVONEX PEN	3	PA, QL, SP
AVONEX PREFILLED	3	PA, QL, SP
BAFIERTAM	3	PA, QL, SP
BETASERON	3	PA, QL, SP
COPAXONE	NF	PA, QL, SP
EXTAVIA	NF	PA, ST, QL, SP
fingolimod hcl	3	PA, QL, SP
GILENYA	NF	PA, QL, SP
glatiramer acetate	3	PA, QL, SP
glatopa	3	PA, QL, SP
KESIMPTA	3	PA, QL, SP
MAVENCLAD	4	PA, ST, QL, SP
MAYZENT STARTER PACK	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	4	PA, QL
PLEGRIDY STARTER PACK	4	PA, QL, SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	4	PA, QL, SP

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



Drug Name	Drug Tier	Requirements & Limits
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	3	PA, QL, SP
LYRICA ORAL CAPSULE	NF	PA
pregabalin oral capsule	2	
TIGLUTIK	4	PA
ZEPOSIA	4	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	4	PA, ST, QL, SP
ZEPOSIA STARTER KIT	4	PA, ST, QL, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	4	
perio gard	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	NF	PA
accutane	2	
ala-cort external cream 1 %	NF	
ala-cort external cream 2.5 %	1	
amnestem	2	
AMZEEQ	NF	PA, QL
AVITA EXTERNAL CREAM	NF	PA, QL
brimonidine tartrate external	3	PA, QL
CARAC	NF	
CIBINQO	3	PA, QL, SP
claravis	2	
CLEOCIN-T	NF	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	NF	QL
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	

Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate gel 1 % external	NF	QL
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	QL
DAZOMON	NF	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	3	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	3	PA, QL, SP
EFUDEX	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
FINAGEA	4	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	NF	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	NF	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	NF	QL
isotretinoin capsule 10 mg oral	2	
isotretinoin capsule 20 mg oral	2	
isotretinoin capsule 30 mg oral	2	
isotretinoin capsule 40 mg oral	2	
isotretinoin oral capsule 25 mg, 35 mg	NF	PA
KLISYRI	4	ST, QL

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



Drug Name	Drug Tier	Requirements & Limits
METROCREAM	4	
metronidazole external cream	1	
myorisan	2	
NORITATE	NF	
OPZELURA	NF	PA, QL, SP
PICATO	3	QL
PROTOPIC	NF	QL
RETIN-A EXTERNAL CREAM	NF	PA, QL
RHOFADE	4	PA, QL
rosadan external cream	1	
SANTYL	4	QL
SOOLANTRA	4	QL
TACLONEX EXTERNAL OINTMENT	NF	QL
tacrolimus external	2	QL
tretinoin external cream	3	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	NF	
triamcinolone in absorbbase	NF	
TRIANEX	NF	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
tritocin	NF	
VTAMA	4	PA, QL
XEPI	3	QL
zenatane	2	
ZILXI	NF	PA, ST, QL
ZORYVE	4	PA, QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	NF	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	NF	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	NF	QL
bd autoshield duo pen needles	2	
bd U-500 insulin syringes	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
bd veo ultra-fine insulin syringes	2	
BLOOD GLUCOSE TEST STRIPS	NF	QL
BLOOD GLUCOSE TEST STRIPS 333	NF	QL
CARETOUCH MONITOR SYSTEM	NF	
CARETOUCH TEST	NF	QL
CONTOUR MONITOR KIT W/DEVICE	NF	
CONTOUR NEXT EZ KIT W/DEVICE	NF	
CONTOUR NEXT GEN MONITOR	NF	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/DEVICE	4	
CONTOUR NEXT LINK KIT W/DEVICE	NF	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	NF	QL
CVS ADVANCED GLUCOSE TEST	NF	QL

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



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

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

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



Drug Name	Drug Tier	Requirements & Limits
ONETOUGH DELICA PLUS LANCET33G	1	(Onetouch Delica Plus Lancets)
ONETOUGH FINEPOINT LANCETS	1	
ONETOUGH SOLUTIONS STARTER KIT	4	
ONETOUGH ULTRA 2 KIT W/DEVICE	1	
ONETOUGH ULTRA MINI KIT W/DEVICE	4	
ONETOUGH ULTRA TEST STRIPS	1	QL
ONETOUGH ULTRASOFT LANCETS	1	(Onetouch Ultrasoft Plus lancets)
ONETOUGH VERIO FLEX SYSTEM	1	
ONETOUGH VERIO IQ SYSTEM	1	
ONETOUGH VERIO IQ SYSTEM KIT W/DEVICE	4	
ONETOUGH VERIO KIT W/DEVICE	1	
ONETOUGH VERIO REFLECT KIT W/DEVICE	1	
ONETOUGH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	NF	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	NF	QL
PRECISION XTRA	NF	
PRECISION XTRA BLOOD GLUCOSE	NF	QL
PREMIUM BLOOD GLUCOSE TEST	NF	QL
PTS PANELS EGLU TEST	NF	QL
QUINTET AC BLOOD GLUCOSE TEST	NF	QL
QUINTET BLOOD GLUCOSE TEST	NF	QL
RELION TRUE MET AIR GLUC METER	NF	
RELION TRUE METRIX TEST STRIPS	NF	QL
RELION ULTIMA GLUCOSE SYSTEM	NF	
RELION ULTIMA TEST	NF	QL
RIGHTEST GT333 GLUCOSE TEST	NF	QL
TECHLITE INSULIN SYRINGES	2	(Arkay) QL

Drug Name	Drug Tier	Requirements & Limits
TECHLITE PEN NEEDLES	2	(Arkay) QL
TEMPO REFILL	NF	
TEMPO WELCOME	NF	
TRUE FOCUS BLOOD GLUCOSE STRIP	NF	QL
TRUE METRIX AIR GLUCOSE METER KIT	NF	
TRUE METRIX BLOOD GLUCOSE TEST	NF	QL
TRUE METRIX GO GLUCOSE METER	NF	
TRUE METRIX METER KIT	NF	
TRUE METRIX PRO BLOOD GLUCOSE	NF	QL
TRUETRACK TEST	NF	QL
UNISTRIP1 GENERIC	NF	QL
Diabetes - Insulin		
ADMELOG	NF	QL
ADMELOG SOLOSTAR	NF	QL
BASAGLAR KWIKPEN	NF	QL
BASAGLAR TEMPO PEN	4	
HUMALOG	2	QL
HUMALOG INJECTION	2	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	2	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	2	QL
HUMALOG TEMPO PEN	NF	
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	2	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	2	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	2	QL
HUMULIN R VIAL	2	QL
INSULIN GLARGINE	NF	QL
INSULIN GLARGINE SOLOSTAR	NF	QL
INSULIN LISPRO	NF	QL

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



Drug Name	Drug Tier	Requirements & Limits
INSULIN LISPRO (1 UNIT DIAL)	NF	QL
INSULIN LISPRO JUNIOR KWIKPEN	NF	QL
INSULIN LISPRO KWIKPEN	NF	QL
INSULIN LISPRO PROT & LISPRO	NF	QL
LANTUS SOLOSTAR	2	QL
LANTUS U-100 VIAL	2	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	NF	
LYUMJEV VIAL	2	QL
NOVOLIN 70/30 FLEXPEN	NF	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	NF	ST, QL
NOVOLIN 70/30 RELION	NF	ST, QL
NOVOLIN 70/30 VIAL	NF	ST, QL
NOVOLIN N FLEXPEN	NF	ST, QL
NOVOLIN N FLEXPEN RELION	NF	ST, QL
NOVOLIN N RELION	NF	ST, QL
NOVOLIN N VIAL	NF	ST, QL
NOVOLIN R FLEXPEN	NF	ST, QL
NOVOLIN R FLEXPEN RELION	NF	ST, QL
NOVOLIN R RELION	NF	ST, QL
NOVOLIN R VIAL	NF	ST, QL
TOUJEO MAX SOLOSTAR	3	QL
TOUJEO SOLOSTAR	3	QL
Diabetes - Non-Insulin Agents		
ACTOS	NF	QL
ADLYXIN	NF	PA, ST, QL
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	NF	PA, ST, QL
ALOGLIPTIN BENZOATE	NF	QL
ALOGLIPTIN-METFORMIN HCL	NF	QL
ALOGLIPTIN-PIOGLITAZONE	NF	QL
AMARYL	NF	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE	3	PA, QL
BYETTA 10 MCG PEN	3	PA, ST, QL
BYETTA 5 MCG PEN	3	PA, ST, QL
glimepiride	1	

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

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



Drug Name	Drug Tier	Requirements & Limits
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	3	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	3	SP
ARANESP (ALBUMIN FREE)	3	QL, SP
DOPTELET	4	PA, QL, SP
ELOCTATE	NF	PA, SP
HEMLIBRA	3	PA, SP
HEMOFIL M	3	SP
HUMATE-P	3	SP
JIVI	4	PA, SP
KOATE	3	SP
KOATE-DVI	3	SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
MULPLETA	3	PA, QL, SP
NEULASTA	4	
NOVOEIGHT	3	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	3	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	3	
RECOMBINATE	3	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	3	
TAVALISSE	4	PA, QL, SP
WILATE	3	

Drug Name	Drug Tier	Requirements & Limits
ZARXIO	3	
ZIEXTENZO	4	SP
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
CIALIS	NF	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
VIAGRA	NF	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	PA, QL
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	

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



Drug Name	Drug Tier	Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	3	
NASCOBAL	4	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	3	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	NF	QL
CARAFATE ORAL TABLET	NF	
CYTOTEC	4	
dexlansoprazole	NF	QL
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	4	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	NF	
PYLERA	NF	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML	3	
dicyclomine hcl oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
dicyclomine hcl tablet 20 mg oral	1	
GLYCATE	NF	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	NF	
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
ROBINUL	NF	
ROBINUL-FORTE	NF	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	4	PA, QL
ZELNORM	3	PA, ST, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA, SP
CREON	2	
DEPEN TITRATABS	3	SP
ORFADIN	3	PA, SP
PANCREAZE	NF	ST
PERTZYE	4	ST
STRENSIQ	3	PA, QL, SP
TEGSEDI	3	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
DITROPAN XL	NF	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	

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



Drug Name	Drug Tier	Requirements & Limits
solifenacin succinate	3	
THIOLA	4	SP
THIOLA EC	4	SP
VELPHORO	2	
VESICARE	NF	

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	NF	
PROSCAR	NF	
tamsulosin hcl	1	
UROXATRAL	NF	

Hormonal Agents - Hormone Replacement and Birth Control

afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	4	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	NF	QL
CLIMARA PRO	3	QL
cryselle-28	1	H

Drug Name	Drug Tier	Requirements & Limits
cyred	1	H
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	2	QL
drospirenone-ethinyl estradiol	NF	
DUAVEE	NF	QL
ELESTRIN	3	
elinest	1	H
eluryng	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	NF	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL

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



Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol transdermal gel	3	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	4	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	NF	
jencycla	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
lessina	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H

Drug Name	Drug Tier	Requirements & Limits
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	NF	
LOESTRIN 1/20 (21)	NF	
LOESTRIN FE 1.5/30	NF	
LOESTRIN FE 1/20	NF	
loryna	NF	
low-ogestrel	1	H
lo-zumandimine	NF	
lutera	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
milli	1	H
MINIVELLE	NF	QL
mono-linyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
nikki	NF	
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	

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



Drug Name	Drug Tier	Requirements & Limits
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
NUVARING	NF	
nymyo	1	H
ocella	NF	
portia-28	1	H
PREMARIN ORAL	NF	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	NF	
progesterone oral	2	
PROMETRIUM	NF	
PROVERA	4	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	NF	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
VAGIFEM	NF	
vestura	NF	
vienva	1	H
VIVELLE-DOT	NF	QL
vylibra	1	H
xulane	3	H
YASMIN 28	2	

Drug Name	Drug Tier	Requirements & Limits
YAZ	2	
yuvafem	2	
zafemy	3	H
zumandimine	NF	
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS	NF	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	NF	
HEMADY	NF	
HIDEX 6-DAY	NF	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	NF	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	NF	QL
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	4	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
ELIGARD SUBCUTANEOUS KIT 7.5 MG	4	PA
LANREOTIDE ACETATE	NF	SP
leuprolide acetate injection	1	PA
MENOPUR	NF	
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPRO	3	PA, QL, SP
NUTROPIN AQ NUSPIN 10	3	PA, QL, SP
NUTROPIN AQ NUSPIN 20	3	PA, QL, SP

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



Drug Name	Drug Tier	Requirements & Limits
NUTROPIN AQ NUSPIN 5	3	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SOMATULINE DEPOT	NF	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	NF	PA, QL
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	NF	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	NF	PA, QL
NATESTO	NF	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
VOGELXO	NF	PA, QL
VOGELXO PUMP	NF	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	3	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	
ARMOUR THYROID	3	
CYTOMEL	NF	
ERMEZA	NF	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
np thyroid	1	
SYNTHROID	NF	
THYQUIDITY	NF	PA
TIROSINT-SOL	NF	PA
unithroid	1	

Drug Name	Drug Tier	Requirements & Limits
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	4	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	4	PA, ST, QL, SP
ADBRY	3	PA, SP
AMJEVITA	3	PA, QL, SP
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
CELLCEPT ORAL TABLET	NF	
CIMZIA STARTER KIT	3	PA, QL, SP
CIMZIA SUBCUTANEOUS KIT	NF	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA, QL, SP
CINRYZE	NF	PA, QL, SP
COSENTYX (300 MG DOSE)	4	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA, ST, QL
COSENTYX SENSOREADY (300 MG)	4	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	4	PA, ST, QL, SP
EMPAVELI	3	PA, QL, SP
ENBREL MINI	3	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	3	PA, QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
ENBREL SURECLICK	3	PA, QL, SP
FIRAZYR	NF	PA, QL, SP
HAEGARDA	3	PA, QL, SP
HUMIRA	3	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	3	PA, QL, SP
HUMIRA PEN	3	PA, QL, SP

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



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

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

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



Drug Name	Drug Tier	Requirements & Limits
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	NF	SP
CLOMID	4	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	(manufactured by Ferring)
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Ferring), QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	1	SP
Inflammatory Bowel Disease Agents		
APRISO	2	
ASACOL HD	NF	
CORTIFOAM	2	
DIPENTUM	NF	
LIALDA	NF	
mesalamine oral tablet delayed release	NF	
PROCTOFOAM HC	2	
UCERIS ORAL	NF	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	NF	PA, ST, SP
FOSAMAX	4	
TERIPARATIDE (RECOMBINANT)	NF	PA, SP
TYMLOS	NF	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	NF	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	4	QL

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

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



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

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

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



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

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

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



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

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BRONCHITOL	NF	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	NF	PA, ST, QL, SP
PULMOZYME	3	PA, QL, SP
TOBI PODHALER	NF	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

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

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	3	PA; QL; SP
OPSUMIT	3	PA; QL; SP
REMODULIN	NF	PA
REVATIO ORAL TABLET	NF	QL
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	4	PA; QL; SP
TRACLEER 62.5 MG, 125 MG	3	PA; QL; SP
treprostinil	NF	PA
TYVASO	3	PA; SP
TYVASO DPI MAINTENANCE KIT	3	PA; QL; SP
TYVASO DPI TITRATION KIT	3	PA; QL; SP
TYVASO REFILL	3	PA; SP
TYVASO STARTER	3	PA; SP

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet	1	
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	NF	

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

Sleep Disorder Agents

AMBIEN	NF	
AMBIEN CR	NF	
BELSOMRA	NF	ST, QL
DAYVIGO	NF	ST, QL
eszopiclone	2	
LUNESTA	NF	
modafinil	2	QL
PROVIGIL	NF	QL
RESTORIL	4	
SODIUM OXYBATE	NF	PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	NF	PA, QL, SP
XYWAV	NF	PA, QL, SP
zolpidem tartrate er	3	
zolpidem tartrate oral	1	

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



Index

A					
ABILIFY	12	ADMELOG	19	ALORA	23
ABSORICA	16	ADMELOG SOLOSTAR	19	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	29
ACCU-CHEK AVIVA PLUS TEST STRIPS	17	ADTHYZA	26	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	29
ACCU-CHEK FASTCLIX LANCET KIT	17	ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	26	ALPHANATE	21
ACCU-CHEK FASTCLIX LANCETS	17	ADVAIR DISKUS	30	alprazolam oral tablet	13
ACCU-CHEK GUIDE KIT W/DEVICE	17	ADVAIR HFA	30	ALREX	28
ACCU-CHEK GUIDE TEST STRIPS	17	ADVATE	21	ALTACE	13
ACCU-CHEK MULTICLIX LANCET KIT	17	ADYNOVATE	21	altavera	23
ACCU-CHEK MULTICLIX LANCETS	17	afirmelle	23	ALUNBRIG	11
ACCU-CHEK SMARTVIEW TEST STRIPS	17	AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	27	AMARYL	20
ACCU-CHEK SOFT TOUCH LANCETS	17	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	21	AMBIEN	31
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	17	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	21	AMBIEN CR	31
ACCU-CHEK SOFTCLIX LANCETS	17	AIMOVIG	11	amiodarone hcl oral	13
accutane	16	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	11	amitriptyline hcl oral	10
ACCU-TREND GLUCOSE	17	AIRDUO DIGIHALER	30	AMJEVITA	26
acetaminophen-codeine #2	8	AIRDUO RESPICLICK 113/14	30	amlodipine besylate oral	13
acetaminophen-codeine #3	8	AIRDUO RESPICLICK 232/14	30	amlodipine besylate-benazepril hcl	13
acetaminophen-codeine #4	8	AIRDUO RESPICLICK 55/14	30	amlodipine besylate-valsartan	13
acetaminophen-codeine oral tablet	8	ala-cort external cream 1 %	16	amlodipine besylate-valsartan	13
ACIPHEX	22	ala-cort external cream 2.5 %	16	amnestem	16
ACTEMRA ACTPEN	26	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	30	amoxicillin oral capsule	8
ACTEMRA SUBCUTANEOUS	26	albuterol sulfate inhalation	30	amoxicillin oral suspension reconstituted	8
ACTOS	20	ALDACTONE	13	amoxicillin oral tablet	8
acyclovir oral tablet	12	ALECENSA	11	amoxicillin-potassium clavulanate oral suspension reconstituted	8
ADBRY	26	alendronate sodium oral tablet	28	amoxicillin-potassium clavulanate oral tablet	9
ADDERALL	15	alfuzosin hcl er	23	amphetamine-dextroamphetamine	15
ADDERALL XR	15	aliskiren fumarate	13	amphetamine-dextroamphetamine er	15
ADDYI	21	allopurinol oral tablet 100 mg, 300 mg	11	AMZEEQ	16
ADEMPAS	31	ALLOPURINOL ORAL TABLET 200 MG	11	anastrozole oral	11
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	15	ALOGLIPTIN BENZOATE	20	ANDRODERM	26
ADLYXIN	20	ALOGLIPTIN-METFORMIN HCL	20	ANDROGEL PUMP	26
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	20	ALOGLIPTIN-PIOGLITAZONE	20	ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	26



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



cyred eq	23
CYTOMEL	26
CYTOTEC	22

D

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

diclofenac sodium oral	8
dicyclomine hcl oral capsule	22
dicyclomine hcl tablet 20 mg oral	22
DIFICID ORAL TABLET	9
DIFLUCAN ORAL TABLET	11
DILAUDID ORAL TABLET	8
diltiazem hcl er coated beads oral capsule extended release 24 hour	13
DIOVAN	13
DIOVAN HCT	13
DIPENTUM	28
DITROPAN XL	22
divalproex sodium er	10
divalproex sodium oral tablet delayed release	10
DIVIGEL	23
DODEX	21
DOPTelet	21
dorzolamide hcl-timolol mal	29
dorzolamide hcl-timolol mal pf	29
dotti	23
DOVATO	12
doxazosin mesylate oral	13
doxepin hcl capsule 10 mg oral	10
doxepin hcl capsule 100 mg oral	10
doxepin hcl capsule 25 mg oral	10
doxepin hcl capsule 50 mg oral	10
doxepin hcl capsule 75 mg oral	10
doxepin hcl oral capsule 150 mg	10
doxycycline hyclate oral capsule	9
doxycycline hyclate oral tablet 100 mg	9
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	9
doxycycline hyclate oral tablet 20 mg	9
doxycycline monohydrate oral capsule 100 mg, 50 mg	9
doxycycline monohydrate oral capsule 150 mg, 75 mg	9
doxycycline monohydrate oral tablet	9
DRISDOL	21
drosiprenone-ethinyl estradiol	23
DUAVEE	23
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	10

duloxetine hcl oral capsule delayed release particles 40 mg	10
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	16
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	16
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	16
DXEVO 11-DAY	25

E

EASY TOUCH HEALTHPRO GLUCOSE	18
EASY TOUCH TEST	18
EASYGLUCO	18
EASYMAX 15 TEST	18
EASYMAX NG BLOOD GLUCOSE KIT	18
EDARBI	13
EDARBYCLOR	13
EFFEXOR XR	10
EFUDEX	16
ELESTRIN	23
eletriptan hydrobromide	11
ELIGARD SUBCUTANEOUS KIT 7.5 MG	25
elinest	23
ELIQUIS	9
ELIQUIS DVT/PE STARTER PACK	9
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	9
ELOCTATE	21
eluryng	23
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	11
EMPAVELI	26
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	12
emtricitabine-tenofovir df oral tablet 200-300 mg	12
enalapril maleate oral tablet	13
ENBREL MINI	26



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



FREESTYLE LIBRE 2 READER	18
FREESTYLE LIBRE 2 SENSOR	18
FREESTYLE LIBRE 3 SENSOR	18
FREESTYLE LIBRE READER	18
FREESTYLE PRECISION NEO SYSTEM	18
FREESTYLE PRECISION NEO TEST	18
FREESTYLE TEST	18
FUROSCIX	14
furosemide oral tablet	14
fyremadel	28

G

gabapentin oral capsule	10
gabapentin oral tablet 600 mg, 800 mg	10
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	28
GAVRETO	11
gemfibrozil oral	14
GEN7T EXTERNAL PATCH	8
GILENYA	15
glatiramer acetate	15
glatopa	15
glimepiride	20
glipizide er	20
glipizide ir	20
glipizide xl	20
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	20
GLUCOCARD EXPRESSION TEST	18
GLUCOCARD SHINE TEST	18
GLUCOCARD VITAL TEST	18
GLUCOTROL XL	20
GLUMETZA	20
glyburide oral	20
GLYCATE	22
glycopyrrolate oral tablet 1 mg, 2 mg	22
GLYCOPYRROLATE ORAL TABLET 1.5 MG	22
GLYXAMBI	20

guanfacine hcl er	15
GUARDIAN CONNECT TRANSMITTER	18
GUARDIAN LINK 3 TRANSMITTER	18
GUARDIAN REAL-TIME REPLACE PED	18
GUARDIAN SENSOR (3)	18
GUARDIAN SENSOR 3	18
GVOKE HYOPEN 1-PACK	18
GVOKE HYOPEN 2-PACK	18
GVOKE KIT	18
GVOKE PFS	18
GYNAZOLE-1	11

H

HAEGARDA	26
hailey 1.5/30	24
hailey 24 fe	24
hailey fe 1/20	24
hailey fe 1.5/30	24
HALCION	13
haloette	24
HARVONI ORAL TABLET	12
HEALTHPRO BLOOD GLUCOSE MONITO	18
heather	24
HEMADY	25
HEMLIBRA	21
HEMOFIL M	21
HIDEX 6-DAY	25
HUMALOG	19
HUMALOG INJECTION	19
HUMALOG KWIKPEN	19
HUMALOG MIX 50/50 KWIKPEN	19
HUMALOG MIX 50/50 VIAL	19
HUMALOG MIX 75/25 KWIKPEN	19
HUMALOG MIX 75/25 VIAL	19
HUMALOG TEMPO PEN	19
HUMALOG U-100 JUNIOR KWIKPEN	19
HUMATE-P	21
HUMIRA	26, 27
HUMIRA PEDIATRIC CROHNS START	26
HUMIRA PEN	26

HUMIRA PEN-CD/UC/HS STARTER	27
HUMIRA PEN-PEDIATRIC UC START	27
HUMIRA PEN-PS/UV/ADOL HS START	27
HUMIRA PEN-PSOR/UVEIT STARTER	27
HUMULIN 70/30 KWIKPEN	19
HUMULIN 70/30 VIAL	19
HUMULIN N KWIKPEN	19
HUMULIN N VIAL	19
HUMULIN R U-500 KWIKPEN	19
HUMULIN R U-500 VIAL	19
HUMULIN R VIAL	19
hydralazine hcl oral	14
hydrochlorothiazide oral	14
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8
hydrocortisone external cream 1 %	16
hydrocortisone external cream 2.5 %	16
hydrocortisone external ointment 1 %, 2.5 %	16
hydrocortisone oral	25
hydromorphone hcl oral tablet	8
hydroxychloroquine sulfate oral	12
hydroxyzine hcl oral tablet	13
hydroxyzine pamoate oral	13
HYFTOR	27
HYZAAR	14

I

IBRANCE ORAL CAPSULE	11
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8
ICLUSIG ORAL TABLET 10 MG, 30 MG	11
ICLUSIG ORAL TABLET 15 MG, 45 MG	11
IDHIFA	11
ILEVRO	28



IMBRUVICA ORAL TABLET	11	JORNAY PM	15	LANTUS U-100 VIAL	20
IMITREX ORAL	11	juleber	24	larin 1/20	24
IMPOYZ	16	JULUCA	12	larin 1.5/30	24
IMURAN	27	junel 1/20	24	larin 24 fe	24
IMVEXXY MAINTENANCE PACK	21	junel 1.5/30	24	larin fe 1/20	24
IMVEXXY STARTER PACK	21	junel fe 1/20	24	larin fe 1.5/30	24
INBRIJA	12	junel fe 1.5/30	24	LASIX	14
incassia	24	junel fe 24	24	LASTACRAFT	28
INDERAL LA	14			latanoprost ophthalmic	29
indomethacin oral	8			LEDIPASVIR-SOFOSBUVIR	12
INSULIN GLARGINE	19			lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	11
INSULIN GLARGINE SOLOSTAR	19	K		lenalidomide oral capsule 2.5 mg, 20 mg	11
INSULIN LISPRO	19, 20	K-TAB	21	lessina	24
INSULIN LISPRO (1 UNIT DIAL)	20	kalliga	24	letrozole oral	11
INSULIN LISPRO JUNIOR		KAZANO	20	leuprolide acetate injection	25
KWIKPEN	20	KEPPRA ORAL TABLET	10	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	30
INSULIN LISPRO KWIKPEN	20	KESIMPTA	15	levetiracetam oral tablet	10
INSULIN LISPRO PROT & LISPRO	20	ketoconazole external cream	11	levo-t	26
INSULIN PEN NEEDLES	18	ketoconazole external shampoo	11	levocetirizine dihydrochloride oral tablet	30
INTUNIV	15	ketorolac tromethamine oral	8	levofloxacin oral tablet	9
INVELTYS	28	KLARITY-A	28	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	24
ipratropium bromide nasal	30	KLISYRI	16	levora 0.15/30 (28)	24
ipratropium-albuterol	30	KLONOPIN	13	levothyroxine sodium oral tablet	26
irbesartan	14	klor-con 10	21	levoxyl	26
irbesartan-hydrochlorothiazide	14	klor-con m10	21	LEXAPRO	10
isibloom	24	klor-con m15	21	LIALDA	28
isosorb dinitrate-hydralazine	14	klor-con m20	21	lidocaine external patch 5 %	8
isosorbide mononitrate er	14	klor-con oral tablet extended release	21	lidocaine hcl mouth/throat	16
isotretinoin capsule 10 mg oral	16	KLOXXADO	8	lidocaine viscous hcl	16
isotretinoin capsule 20 mg oral	16	KOATE	21	LIDODERM	8
isotretinoin capsule 30 mg oral	16	KOATE-DVI	21	LINZESS	22
isotretinoin capsule 40 mg oral	16	KOGENATE FS	21	liothyronine sodium oral	26
isotretinoin oral capsule 25 mg, 35 mg	16	KOMBIGLYZE XR	20	LIPITOR	14
ISTALOL	29	KOSELUGO	11	lisinopril oral	14
		KOVALTRY	21	lisinopril-hydrochlorothiazide	14
		KRINTAFEL	12	lithium carbonate er	13
		kurvelo	24	lithium carbonate oral capsule	13
		KYNMOBI	12	LITHOBID	13
				LO LOESTRIN FE	24
J					
jantoven	9				
JARDIANCE	20				
jasmiel	24	L			
jencycla	24	labetalol hcl oral	14		
JENTADUETO	20	LAMICTAL ORAL TABLET	10		
JENTADUETO XR	20	lamotrigine oral tablet	10		
JIVI	21	LANREOTIDE ACETATE	25		
		LANTUS SOLOSTAR	20		



lo-zumandimine	24
LOESTRIN 1/20 (21)	24
LOESTRIN 1.5/30 (21)	24
LOESTRIN FE 1/20	24
LOESTRIN FE 1.5/30	24
LOKELMA	21
LOPID	14
LOPRESSOR	14
lorazepam oral tablet	13
loryna	24
losartan potassium oral	14
losartan potassium-hctz	14
LOTEMAX OPHTHALMIC GEL	28
LOTEMAX OPHTHALMIC OINTMENT	28
LOTEMAX OPHTHALMIC SUSPENSION	28
LOTEMAX SM	28
LOTENSIN	14
loteprednol etabonate ophthalmic gel	28
loteprednol etabonate ophthalmic suspension	28
LOTREL	14
lovastatin oral	14
LOVAZA	14
LOVENOX	9
low-ogestrel	24
LUMAKRAS	11
LUMAKRAS ORAL TABLET 120 MG	11
LUMIGAN	29
LUNESTA	31
LUPKYNIS	27
lurasidone hcl	12
lutra	24
lyleq	24
lyllana	24
LYMEPAK	9
LYNPARZA	11
LYRICA ORAL CAPSULE	16
LYUMJEV KWIKPEN	20
LYUMJEV TEMPO PEN	20
LYUMJEV VIAL	20
lyza	24

M

MACROBID	9
MACRODANTIN	9
marlissa	24
MAVENCLAD	15
MAVYRET	12
MAVYRET ORAL PACKET	12
MAXALT	11
MAXITROL OPHTHALMIC SUSPENSION	28
MAXZIDE	14
MAXZIDE-25	14
MAYZENT STARTER PACK	15
MEDROL ORAL TABLET THERAPY PACK	25
medroxyprogesterone acetate intramuscular suspension prefilled syringe	24
medroxyprogesterone acetate oral	24
meloxicam oral tablet	8
MENOPUR	25
MENOSTAR	24
mesalamine oral tablet delayed release	28
metformin hcl er	20
metformin hcl er (mod)	20
metformin hcl er (osm)	20
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	20
metformin hcl oral tablet 625 mg	20
methimazole oral	26
methocarbamol oral tablet 1000 mg	31
methocarbamol oral tablet 500 mg, 750 mg	31
methotrexate oral	27
methotrexate sodium oral	27
methylphenidate hcl er (cd)	15
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	15
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	15

METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	15
methylphenidate hcl er (xr)	15
methylphenidate hcl er oral tablet extended release	15
methylphenidate hcl oral tablet	15
methylprednisolone oral tablet therapy pack	25
metoclopramide hcl oral tablet	11
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	14
metoprolol succinate er oral tablet extended release 24 hour 25 mg	14
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	14
metoprolol tartrate oral tablet 37.5 mg, 75 mg	14
METROCREAM	17
metronidazole external cream	17
metronidazole oral tablet	9
metronidazole vaginal	9
MICARDIS	14
MICRODOT TEST	18
microgestin 1/20	24
microgestin 1.5/30	24
microgestin 24 fe	24
microgestin fe 1/20	24
microgestin fe 1.5/30	24
mili	24
MINILINK REAL-TIME TRANSMITTER	18
MINIMED 630G GUARDIAN PRESS	18
MINIPRESS	14
MINIVELLE	23, 24
minocycline hcl oral capsule	9
mirtazapine oral tablet	10
misoprostol oral	22
MITIGARE	11
MM EASY TOUCH GLUCOSE METER	18
modafinil	31
MODERNA COVID-19 VAC (BOOSTER)	27
MODERNA COVID-19 VACC 6M-5Y	27



MODERNA COVID-19 VACCINE	27	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	28	NOVOFINE PEN NEEDLE	18
mondoxyne nl	9	neomycin-polymyxin-hc otic suspension.	29	NOVOFINE PLUS PEN NEEDLE	18
mono-linyah	24	NESINA.	20	NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	18
montelukast sodium oral tablet	30	NEULASTA.	21	NOVOLIN 70/30 FLEXPEN	20
montelukast sodium oral tablet chewable	30	NEUPRO.	12	NOVOLIN 70/30 FLEXPEN RELION	20
morphine sulfate er oral tablet extended release.	8	NEURONTIN ORAL CAPSULE	10	NOVOLIN 70/30 RELION	20
MOTEGRITY	22	NEURONTIN ORAL TABLET	10	NOVOLIN 70/30 VIAL	20
MOUNJARO.	20	NEUTEK 2TEK TEST	18	NOVOLIN N FLEXPEN	20
MOVIPREP.	22	NEVANAC.	28	NOVOLIN N FLEXPEN RELION	20
MOXEZA.	28	NEXLETOL.	14	NOVOLIN N RELION	20
moxifloxacin hcl (2x day).	28	NEXLIZET.	14	NOVOLIN N VIAL.	20
moxifloxacin hcl ophthalmic.	28	nifedipine er	14	NOVOLIN R FLEXPEN	20
MS CONTIN.	8	nifedipine er osmotic release	14	NOVOLIN R FLEXPEN RELION	20
MULPLETA.	21	nikki.	24	NOVOLIN R RELION.	20
MULTAQ	14	nitrofurantoin macrocrystal	9	NOVOLIN R VIAL.	20
MULTI-VIT-FLOR	22	nitrofurantoin monohydrate macrocrystals	9	NOVOTWIST	18
multivitamin/fluoride tablet chewable 0.25 mg oral (rx).	21	nitroglycerin sublingual.	14	np thyroid	26
multivitamin/fluoride tablet chewable 0.5 mg oral (rx).	21	NITROSTAT	14	NUBEQA.	11
multivitamin/fluoride tablet chewable 1 mg oral (rx).	21, 22	NOCDURNA.	25	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30
mupirocin external.	9	nora-be	24	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	30
mycophenolate mofetil oral tablet	27	NORDITROPIN FLEXPRO	25	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.	30
MYDAYIS	15	norethin ace-eth estrad-fe oral tablet	24	NUCYNTA.	8
MYFEMBREE.	24	norethindrone acet-ethinyl est	24	NUCYNTA ER.	8
myorisan.	17	norethindrone acetate oral	24	NURTEC.	11
		norethindrone oral.	24	NUTROPIN AQ NUSPIN 10	25
		norgestimate-eth estradiol	24	NUTROPIN AQ NUSPIN 20	25
		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg.	24	NUTROPIN AQ NUSPIN 5	26
		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg.	25	NUVARING.	25
		NORITATE	17	NUVESSA.	9
		NORLIQVA	14	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	21
		norlyroc	25	NUWIQ INTRAVENOUS KIT 1500 UNIT	21
		nortriptyline hcl oral capsule	10	NUZYRA ORAL	9
		NORVASC	14	nymyo	25
		NOURIANZ.	12	nystatin external cream.	11
		NOVAREL.	28	nystatin mouth/throat	11
		NOVOEIGHT	21		
		NOVOFINE AUTOCOVER PEN NEEDLE	18		

N



O

ocella 25

OCUFLOX..... 28

ODOMZO 11

OFEV..... 31

ofloxacin ophthalmic..... 28

ofloxacin otic 29

olanzapine oral tablet 12

olmesartan medoxomil oral 14

olmesartan medoxomil-hctz..... 14

OLUMIANT ORAL TABLET 1 MG,
4 MG..... 27

OLUMIANT ORAL TABLET 2 MG ... 27

OMECLAMOX-PAK..... 22

omega-3-acid ethyl esters 14

omeprazole oral capsule delayed
release 22

OMNIPOD 5 G6 INTRO (GEN 5) 18

OMNIPOD 5 G6 POD (GEN 5) 18

ON CALL EXPRESS BLOOD
GLUCOSE 18

ON CALL EXPRESS MONITORING
SYS..... 18

ondansetron hcl oral tablet 11

ondansetron odt 11

ONETOUCH CLUB LANCETS FINE
PT 18

ONETOUCH DELICA LANCETS
30G..... 18

ONETOUCH DELICA LANCETS
33G..... 18

ONETOUCH DELICA PLUS
LANCET30G 18

ONETOUCH DELICA PLUS
LANCET33G 19

ONETOUCH FINEPOINT LANCETS . 19

ONETOUCH SOLUTIONS
STARTER KIT..... 19

ONETOUCH ULTRA 2 KIT
W/DEVICE 19

ONETOUCH ULTRA MINI KIT
W/DEVICE 19

ONETOUCH ULTRA TEST STRIPS.. 19

ONETOUCH ULTRASOFT
LANCETS..... 19

ONETOUCH VERIO FLEX SYSTEM.. 19

ONETOUCH VERIO IQ SYSTEM 19

ONETOUCH VERIO IQ SYSTEM
KIT W/DEVICE..... 19

ONETOUCH VERIO KIT W/DEVICE . 19

ONETOUCH VERIO REFLECT KIT
W/DEVICE 19

ONETOUCH VERIO TEST STRIPS .. 19

ONGLYZA..... 20

OPSUMIT..... 31

OPTIUMEZ TEST..... 19

OPZELURA 17

ORENCIA CLICKJECT 27

ORENCIA SUBCUTANEOUS 27

ORFADIN 22

ORGOVYX 12

ORIAHNN..... 26

ORLISSA..... 26

oseltamivir phosphate oral capsule.. 12

OSENI..... 20

OSPHENA 21

OTEZLA ORAL TABLET..... 27

OTREXUP..... 27

OVIDREL 28

OXAYDO..... 8

oxcarbazepine oral tablet..... 10

oxybutynin chloride er 22

oxybutynin chloride oral tablet 5 mg. 22

oxycodone hcl oral tablet 10 mg,
15 mg, 20 mg, 30 mg 8

oxycodone hcl oral tablet 5 mg 8

OXYCODONE-ACETAMINOPHEN
ORAL TABLET 10-300 MG,
5-300 MG, 7.5-300 MG..... 8

oxycodone-acetaminophen oral
tablet 10-325 mg, 2.5-325 mg,
5-325 mg, 7.5-325 mg..... 8

OXYCODONE-ACETAMINOPHEN
ORAL TABLET 2.5-300 MG 8

OZEMPIC 20

P

PACERONE ORAL TABLET
100 MG, 400 MG..... 14

PACERONE ORAL TABLET 200 MG. 14

PAMELOR 10

PANCREAZE 22

pantoprazole sodium oral tablet
delayed release 22

PARADIGM REAL-TIME
TRANSMITTER 19

paroxetine hcl oral tablet 10

PAXIL ORAL TABLET 10

PAXLOVID (150/100)..... 12

PAXLOVID (300/100)..... 12

PEDIAPRED 25

peg 3350-kcl-na bicarb-nacl 22

peg-3350/electrolytes/ascorbat ... 22

peg-kcl-nacl-nasulf-na asc-c 22

penicillin v potassium oral tablet 9

PERCOCET 8

PERFOROMIST..... 30

PERIDEX..... 16

perigard 16

PERTZYE 22

PFIZER COVID-19 VAC BIVAL 5-11 .. 27

PFIZER COVID-19 VAC BIVALENT... 27

PFIZER COVID-19 VAC-TRIS 5-11Y .. 27

PFIZER COVID-19 VAC-TRIS 6M-4Y . 27

PFIZER-BIONT COVID-19 VAC-TRIS . 27

PFIZER-BIONTECH COVID-19
VACC 27

phenazo oral tablet 200 mg 22

phenazopyridine hcl oral 22

PICATO..... 17

pioglitazone hcl 20

PIP BLOOD GLUCOSE TEST STRIP. 19

PLAQUENIL 12

PLAVIX 12

PLEGRIDY INTRAMUSCULAR 15

PLEGRIDY STARTER PACK..... 15

PLEGRIDY STARTER PACK
SUBCUTANEOUS SOLUTION
REFILLED SYRINGE..... 15

PLEGRIDY SUBCUTANEOUS ... 15, 16

PLEGRIDY SUBCUTANEOUS
SOLUTION REFILLED SYRINGE... 16

PLENVU 22

POLY-VI-FLOR ORAL TABLET
CHEWABLE 22

polymyxin b-trimethoprim..... 28

POLYTRIM 28



POMALYST	12	PROSCAR	23	REPATHA	14
portia-28	25	PROTONIX ORAL TABLET DELAYED RELEASE	22	REPATHA PUSHTRONEX SYSTEM. .	14
potassium chloride crys er.	22	PROTOPIC	17	REPATHA SURECLICK	14
potassium chloride er	22	PROVENTIL HFA	30	RESTASIS	29
potassium citrate er.	22	PROVERA	23, 25	RESTASIS MULTIDOSE	29
PRADAXA ORAL CAPSULE	9	PROVIGIL	31	RESTORIL	31
pramipexole dihydrochloride	12	PROZAC	10	RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	21
pravastatin sodium	14	pseudoephedrine-bromphen-dm ...	30	RETACRIT INJECTION SOLUTION 20000 UNIT/ML	21
prazosin hcl oral	14	PTS PANELS EGLU TEST	19	RETEVMO 40 MG	12
PRECISION XTRA	19	PULMICORT FLEXHALER	30	RETEVMO 80 MG	12
PRECISION XTRA BLOOD GLUCOSE	19	PULMICORT SUSPENSION	30	RETIN-A EXTERNAL CREAM	17
PRED FORTE	28	PULMOZYME	31	REVATIO ORAL TABLET	31
PRED MILD	28	PYLERA	22	REVLIMID	12
prednisolone acetate ophthalmic ...	28	PYRIDIUM	22	REXULTI	12
PREDNISOLONE ACETATE P-F.	28			RHOFADE	17
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml ...	25	Q		RHOPRESSA	29
prednisolone sodium phosphate oral solution 15 mg/5ml	25	quetiapine fumarate	12	RIGHTEST GT333 GLUCOSE TEST .	19
prednisolone sodium phosphate oral solution 20 mg/5ml	25	QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	22	RINVOQ	27
prednisone oral tablet	25	QUINTET AC BLOOD GLUCOSE TEST	19	RISPERDAL ORAL TABLET	12
prednisone oral tablet therapy pack .	25	QUINTET BLOOD GLUCOSE TEST .	19	risperidone oral tablet	12
pregabalin oral capsule	16			RITALIN	15
PREGNYL	28	R		RITALIN LA	15
PREMARIN ORAL	25	rabeprazole sodium oral tablet delayed release	22	rizatriptan benzoate	11
PREMARIN VAGINAL	25	ramipril	14	ROBINUL	22
PREMIUM BLOOD GLUCOSE TEST. .	19	RASUVO	27	ROBINUL-FORTE	22
PREMPHASE	25	reclipsen	25	ROCALTROL ORAL CAPSULE	28
PREMPRO	25	RECOMBINATE	21	ROCKLATAN	29
PREZCOBIX	12	REGLAN	11	ropinirole hcl	12
PRISTIQ	10	RELAFEN DS	8	rosadan external cream	17
PROCARDIA XL	14	RELEXXII ORAL TABLET EXTENDED RELEASE	15	rosuvastatin calcium	14
prochlorperazine maleate oral.	11	RELION TRUE MET AIR GLUC METER	19	roweepra	10
PROCTOFOAM HC	28	RELION TRUE METRIX TEST STRIPS	19	ROXICODONE	8
progesterone oral	25	RELION ULTIMA GLUCOSE SYSTEM	19	RUCONEST	27
PROGRAF ORAL CAPSULE	27	RELION ULTIMA TEST	19	RUKOBIA	12
PROLATE ORAL TABLET	8	RELPAK	11	RYBELSUS	20
promethazine hcl oral tablet	11	REMERON	10		
promethazine-dm	30	REMODULIN	31	S	
PROMETRIUM	25			SANTYL	17
propranolol hcl er	14			SAPHRIS	12
propranolol hcl oral tablet	14				



scopolamine	11	SUBOXONE	8	tarina 24 fe	25	
SEREVENT DISKUS	30	subvenite	10	tarina fe 1/20 eq.	25	
SEROQUEL	12	sucralfate oral tablet	22	TASIGNA	12	
sertraline hcl oral tablet	10	sulfamethoxazole-trimethoprim oral tablet	9	TAVALISSE	21	
sharobel	25	sumatriptan succinate oral	11	TECHLITE INSULIN SYRINGES	19	
SHINGRIX	27	SUNOSI	31	TECHLITE PEN NEEDLES	19	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	21	SUPREP BOWEL PREP KIT	22	TEGSEDI	22	
sildenafil citrate oral tablet 20 mg . . .	31	SUTAB	22	TEKTURNA	14	
SIMPONI	27	syeda	25	TEKTURNA HCT	14	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	SYMBICORT	31	telmisartan	14	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	14	SYMFI	12	temazepam	31	
simvastatin oral tablet 80 mg	14	SYMFI LO	12	TEMPO REFILL	19	
SINGULAIR ORAL TABLET	30	SYMJEPI	29	TEMPO WELCOME	19	
SINGULAIR ORAL TABLET CHEWABLE	30	SYMLINPEN 120	20	TENORETIC 100	14	
SITAVIG	12	SYMLINPEN 60	20	TENORETIC 50	14	
SKYRIZI PEN	27	SYMPROIC	22	TENORMIN	14	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27	SYNJARDY	20	terbinafine hcl oral	11	
SOAAZ	14	SYNJARDY XR	20	TERIPARATIDE (RECOMBINANT)	28	
SODIUM OXYBATE	31	SYNTHROID	26	TESTIM	26	
SOFOSBUVIR-VELPATASVIR	12	T			testosterone cypionate intramuscular	26
solifenacin succinate	23	TABRECTA	12	THALITONE	14	
SOLIQUA	20	TACLONEX EXTERNAL OINTMENT	17	THIOLA	23	
SOMA	31	tacrolimus external	17	THIOLA EC	23	
SOMATULINE DEPOT	26	tacrolimus oral	27	THYQUIDITY	26	
SOOLANTRA	17	tadalafil oral	21	TIGLUTIK	16	
SPIKEVAX COVID-19 VACCINE	27	TADLIQ	31	timolol maleate (once-daily)	29	
SPIRIVA HANDIHALER	30	tafluprost (pf)	29	timolol maleate ocudose	29	
SPIRIVA RESPIMAT	30	TAGRISSO	12	timolol maleate ocudose ophthalmic solution 0.5 %	29	
spironolactone oral	14	TAKHZYRO SUBCUTANEOUS SOLUTION	27	timolol maleate ophthalmic solution	29	
sprintec 28	25	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	timolol maleate pf	29	
sronyx	25	TAMIFLU ORAL CAPSULE	12	timolol maleate pf ophthalmic solution 0.25 %, 0.5 %	29	
STELARA SUBCUTANEOUS SOLUTION	27	tamoxifen citrate oral tablet 10 mg	12	TIMOPTIC	29	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27	tamoxifen citrate oral tablet 20 mg	12	TIMOPTIC OCUDOSE	29	
STENDRA	21	tamsulosin hcl	23	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %,	29	
STIOLTO RESPIMAT	30	TAPERDEX 12-DAY	25	TIROSINT-SOL	26	
STIVARGA	12	TAPERDEX 6-DAY	25	TIVICAY	12	
STRATTERA	15	TAPERDEX 7-DAY	25	tizanidine hcl oral tablet	31	
STRENSIQ	22	TARGADOX	9	TOBI PODHALER	31	
STRIVERDI RESPIMAT	31	TARGRETIN EXTERNAL	12	TOBRADEX OPHTHALMIC SUSPENSION	28	
		TARGRETIN ORAL	12			



VIVJOA	11	XOPENEX HFA.	31	ZOLOFT ORAL TABLET	10	
VOGELXO.	26	XTAMPZA ER.	8	zolpidem tartrate er.	31	
VOGELXO PUMP.	26	xulane	25	zolpidem tartrate oral	31	
VOSEVI.	13	XYREM	31	ZOMIG NASAL SOLUTION 2.5 MG.	11	
VRAYLAR ORAL CAPSULE	12	XYWAV	31	ZOMIG NASAL SOLUTION 5 MG	11	
VTAMA	17			ZONEGRAN	10	
VYLEESI	21			zonisamide oral	10	
vylibra	25	Y			ZORYVE	17
VYVANSE	15	YASMIN 28.	25	ZTLIDO	8	
VYVANSE ORAL CAPSULE	15	YAZ	25	ZUBSOLV	8	
		YUPELRI.	31	zumandimine	25	
		yuvaferm	25	ZYLET.	29	
				ZYLOPRIM	11	
				ZYPREXA ORAL	12	
W						
WAKIX.	31	Z				
warfarin sodium oral	9	zafemy	25			
WELLBUTRIN SR	10	ZANAFLEX ORAL TABLET	31			
WELLBUTRIN XL.	10	ZARXIO	21			
WILATE.	21	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	21			
wixela inhub	31	ZEJULA	12			
		ZELNORM	22			
		zenatane.	17			
		ZENPEP	22			
		ZEPOSIA	16			
		ZEPOSIA 7-DAY STARTER PACK	16			
		ZEPOSIA STARTER KIT	16			
		ZESTORETIC	15			
		ZESTRIL.	15			
		ZETIA	15			
		ZETONNA.	30			
		ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	15			
		ZIAC ORAL TABLET 5-6.25 MG	15			
		ZIEXTENZO	21			
		ZILXI	17			
		ZIMHI	8			
		ZIOPTAN	29			
		ZITHROMAX ORAL SUSPENSION RECONSTITUTED.	9			
		ZITHROMAX ORAL TABLET	9			
		ZITHROMAX TRI-PAK.	9			
		ZITHROMAX Z-PAK.	9			
		ZOCOR.	15			
		ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	11			
X						
XALATAN	29					
XANAX	13					
XARELTO	9					
XARELTO ORAL SUSPENSION RECONSTITUTED.	9					
XARELTO STARTER PACK.	9					
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	10					
XELJANZ	27					
XELJANZ ORAL SOLUTION	27					
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	27					
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG.	27					
XENLETA ORAL	9					
XEPI	17					
XIIDRA	29					
XOFLUZA (40 MG DOSE).	13					
XOFLUZA (80 MG DOSE).	13					
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	27					
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED.	27					



Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs or activities.

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

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

Phone: Toll-free **1-800-368-1019**, **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 LU'U Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates and Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA. Administrative services provided by UnitedHealthcare Insurance Company, UnitedHealthcare Services, Inc., Oxford Health Plans LLC or their affiliates, and UnitedHealthcare Service LLC in NY. Health Plan coverage provided by or through a UnitedHealthcare company.

UnitedHealthcare® is a registered trademark owned by UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.

3/23 ©2023 United HealthCare Services, Inc. All Rights Reserved. WF10099642-E 2023 Prescription Drug List – Essential 4-Tier

**United
Healthcare**