



Your 2024 Prescription Drug List

Flex Base 3-Tier

Effective September 1, 2024



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2024 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare and Oxford medical plans with a pharmacy benefit subject to the Flex Base 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by 2 or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

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.

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. Mainly preferred brand-name drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Drug list information

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

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

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

4. Not applicable to Oxford plans.



Reading your PDL (continued)

Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage.

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL TABLET	3	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	E	PA, QL
NALOCET	3	QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	QL
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
PERCOCET	E	QL
PROLATE ORAL TABLET	3	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	QL
ROXICODONE ORAL TABLET 5 MG	E	QL
tramadol hcl oral tablet 100 mg, 50 mg	1	QL
tramadol hcl oral tablet 25 mg	E	QL

Drug Name	Drug Tier	Requirements & Limits
TREZIX	1	QL
ULTRAM ORAL TABLET 50 MG	E	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	
celecoxib oral	1	
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
MOBIC ORAL TABLET 15 MG, 7.5 MG	E	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN DS	3	
RELAFEN ORAL TABLET 500 MG, 750 MG	E	
TIVORBEX ORAL CAPSULE 20 MG	3	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
KLOXXADO	2	
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	(Includes Narcan OTC)
SUBOXONE	E	PA
ZIMHI	2	
ZUBSOLV	1	

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



Drug Name	Drug Tier	Requirements & Limits
Antibacterials - Drugs for Infections		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN ES-600	E	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	
AUGMENTIN ORAL TABLET	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	3	
BACTRIM DS	3	
cefдинир	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	3	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline monohydrate oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
LIKMEZ	3	
LYMEPAK ORAL TABLET 100 MG	3	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
monodoxyne nl	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	3	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	
XACIATO	2	
XENLETA ORAL TABLET 600 MG	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	1	
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK	2	
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	

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Drug Name	Drug Tier	Requirements & Limits
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	
PRADAXA ORAL CAPSULE	2	
warfarin sodium oral	1	
XARELTO	2	
XARELTO STARTER PACK	2	
Anticonvulsants - Drugs for Seizures		
APTOM	3	
BRIVIACT ORAL TABLET	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	SP
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	3	
LAMICTAL ORAL TABLET	3	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
MOTPOLY XR	3	
NAYZILAM	3	
NEURONTIN ORAL CAPSULE	3	
NEURONTIN ORAL TABLET	3	
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
SYMPAZAN	3	
TOPAMAX	3	
TOPAMAX SPRINKLE	3	
topiramate oral	1	
TRILEPTAL ORAL TABLET	3	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	

Drug Name	Drug Tier	Requirements & Limits
ZONEGRAN	3	
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	3	
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	3	
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	

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Drug Name	Drug Tier	Requirements & Limits
VIIBRYD	E	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	2	
vilazodone hcl	1	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	
Antiemetics - Drugs for Nausea and Vomiting		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL CAPSULE 186 MG	3	
DIFLUCAN ORAL TABLET	E	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	
VIVJOA	3	
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	3	
colchicine oral	1	
COLCRYS ORAL TABLET 0.6 MG	E	
MITIGARE	2	

Drug Name	Drug Tier	Requirements & Limits
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	
eletriptan hydrobromide	1	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	
IMITREX	E	
MAXALT	E	
MAXALT-MLT	E	
NURTEC	2	
RELPAK	E	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
UBRELVY	2	
ZAVZPRET	3	
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA
ALUNBRIG	2	PA, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
CALQUENCE ORAL CAPSULE 100 MG	2	PA, SP
COTELLIC	2	PA, SP
ERIVEDGE	2	PA, SP
ERLEADA ORAL TABLET 240 MG	2	PA
ERLEADA ORAL TABLET 60 MG	2	PA, SP
EXKIVITY	3	PA, SP
FEMARA	E	
GAVRETO	3	PA, SP
IBRANCE ORAL CAPSULE	2	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, SP
IDHIFA	2	PA, SP
IMBRUVICA ORAL CAPSULE	2	PA, SP
IMBRUVICA ORAL TABLET	2	PA, SP
KOSELUGO	3	PA, SP
lenalidomide	1	PA, SP
letrozole oral	1	H-PA
LUMAKRAS	3	PA, SP
LYNPARZA	2	PA, SP
NUBEQA	2	PA, SP
ODOMZO	2	PA, SP
ORGOVYX	3	PA, SP
POMALYST	3	PA, SP
RETEVMO	3	PA, SP
REVLIMID	2	PA, SP
STIVARGA	2	PA, SP
TABRECTA	3	PA, SP
TAGRISSO	3	PA, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, SP
VERZENIO	2	PA, SP
VITRAKVI	2	PA, SP
XTANDI	2	PA, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
INBRIJA	3	PA, SP

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

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Drug Name	Drug Tier	Requirements & Limits
EPCLUSA ORAL TABLET	2	PA, SP
HARVONI ORAL TABLET	2	PA, ST, SP
JULUCA	2	
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, SP
MAVYRET ORAL PACKET	2	PA, SP
oseltamivir phosphate oral capsule	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX	2	
RUKOBIA	3	
SITAVIG	3	
SOFOVIR-VELPATASVIR	2	PA, SP
SYMFI	2	
SYMFI LO	2	
TAMIFLU ORAL CAPSULE	E	
TIVICAY	3	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	
TRUVADA ORAL TABLET 200-300 MG	E	
valacyclovir hcl oral	1	
VALTREX	E	
VOSEVI	2	PA, SP
XOFLUZA (40 MG DOSE)	3	
XOFLUZA (80 MG DOSE)	3	
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	

Drug Name	Drug Tier	Requirements & Limits
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
ATORVALIQ	3	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	3	
CARDIZEM CD	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
chlorthalidone	1		LOTENSIN	3	
clonidine hcl oral	1		LOTREL	E	
COREG	E		lovastatin oral	1	H
CORLANOR	3		LOVAZA	E	
COZAAR	E		MAXZIDE	3	
CRESTOR	E		MAXZIDE-25	3	
diltiazem hcl er coated beads	1		metoprolol succinate er	1	
DIOVAN	E		metoprolol tartrate oral	1	
DIOVAN HCT	E		MICARDIS	E	
doxazosin mesylate oral	1		MINIPRESS	3	
enalapril maleate oral tablet	1		minoxidil oral	1	
ENTRESTO	3		MULTAQ	3	
EXFORGE	E		NEXLETOL	2	
ezetimibe	1		NEXLIZET	2	
fenofibrate oral tablet	1		nifedipine er	1	
FENOGLIDE	E		nifedipine er osmotic release	1	
flecainide acetate	1		nitroglycerin sublingual	1	
FUROSCIX	3		NITROSTAT	3	
furosemide oral tablet	1		NORLIQVA	3	
gemfibrozil oral	1		NORVASC	E	
guanfacine hcl	1		olmesartan medoxomil oral	1	
HEMANGEOL	3		olmesartan medoxomil-hctz	1	
hydralazine hcl oral	1		omega-3-acid ethyl esters	1	
hydrochlorothiazide oral	1		PACERONE	3	
HYZAAR	E		pravastatin sodium	1	
INDERAL LA	E		prazosin hcl oral	1	
irbesartan	1		PROCARDIA XL	E	
irbesartan-hydrochlorothiazide	1		propranolol hcl er	1	
isosorbide mononitrate er	1		propranolol hcl oral tablet	1	
labetalol hcl oral	1		ramipril	1	
LASIX	3		REPATHA	2	
LIPITOR	E		REPATHA PUSHTRONEX SYSTEM	2	
lisinopril oral	1		REPATHA SURECLICK	2	
lisinopril-hydrochlorothiazide	1		rosuvastatin calcium	1	
LOPID	3		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
LOPRESSOR	3		simvastatin oral tablet 80 mg	1	
losartan potassium oral	1		SOAANZ	3	
losartan potassium-hctz	1				

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Drug Name	Drug Tier	Requirements & Limits
spironolactone oral tablet	1	
TEKTURN	3	
TEKTURN HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
telmisartan	1	
TENORMIN	E	
THALITONE	3	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	3	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	3	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
amphet-dextroamphet 3-bead er	1	
APTENSIO XR	3	
atomoxetine hcl	1	
AZSTARYS	2	
CONCERTA	E	

Drug Name	Drug Tier	Requirements & Limits
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
FOCALIN	3	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	2	
lisdexamfetamine dimesylate	1	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	
methylphenidate hcl er (xr)	1	
methylphenidate hcl er oral tablet extended release	1	
methylphenidate hcl oral tablet	1	
MYDAYIS	3	
RELEXXII	E	
RITALIN	E	
RITALIN LA	E	
STRATTERA	E	
VYVANSE	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	2	PA, SP
AVONEX PREFILLED	2	PA, SP
BAFIERTAM	2	PA, SP
BETASERON	2	PA, SP
COPAXONE	E	PA, SP
EXTAVIA	E	PA, ST, SP
fingolimod hcl	1	PA, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, SP

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
glatiramer acetate	1	PA, SP	CIBINQO	2	PA, SP
glatopa	1	PA, SP	CLEOCIN-T	3	
KESIMPTA	2	PA, SP	clindacin etz external swab	1	
MAVENCLAD	3	PA, ST, SP	clindacin-p	1	
MAYZENT STARTER PACK	3	PA, SP	CLINDAGEL	3	
PLEGRIDY INTRAMUSCULAR	3	PA	clindamycin phosphate external lotion	1	
PLEGRIDY STARTER PACK	3	PA, SP	clindamycin phosphate external solution	1	
PLEGRIDY SUBCUTANEOUS	3	PA, SP	clindamycin phosphate external swab	1	
REBIF	3	PA, SP	clindamycin phosphate gel 1 % external	1	(generic for Cleocin-T)
REBIF TITRATION PACK	3	PA, SP	clindamycin phosphate gel 1 % external	1	(generic for Clindagel)
Central Nervous System Agents - Miscellaneous			clobetasol propionate external cream	1	
AUSTEDO	2	PA, SP	clobetasol propionate external ointment	1	
AUSTEDO XR	2	SP	clobetasol propionate external solution	1	
AUSTEDO XR PATIENT TITRATION	2	SP	clotrimazole-betamethasone external cream	1	
LYRICA ORAL CAPSULE	3		DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, SP
pregabalin oral capsule	1		DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA
RADICAVA ORS	3	PA, SP	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, SP
RADICAVA ORS STARTER KIT	3	PA, SP	EFUDEX	3	
TEGLUTIK	3	PA	ENSTILAR	3	
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	PA	EUCRISA	3	ST
ZEPOSIA	3	PA, ST, SP	FINACEA EXTERNAL FOAM	2	
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, SP	FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
ZEPOSIA STARTER KIT	3	PA, ST, SP	fluorouracil external cream 5 %	1	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions			hydrocortisone external cream 1 %	E	
chlorhexidine gluconate mouth/throat	1		hydrocortisone external cream 2.5 %	1	
lidocaine hcl mouth/throat	1				
lidocaine viscous hcl	1				
PERIDEX	3				
periogard	1				
Dermatological Agents - Drugs for Skin Conditions					
AKLIEF	3	PA			
ala-cort	E				
AMZEEQ	3				
AVITA EXTERNAL CREAM 0.025 %	3	PA			
CARAC	3				

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

Drug Name	Drug Tier	Requirements & Limits
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	
AQINJECT PEN NEEDLE	2	
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE insulin syringes	2	
BD ULTRA-FINE PEN NEEDLES	2	
BD ULTRA-FINE U-500 insulin syringes	2	
BD ULTRA-FINE VEO insulin syringes	2	
BIOTEL CARE TEST STRIPS	E	
BLOOD GLUCOSE TEST STRIPS	E	
BLOOD GLUCOSE TEST STRIPS 333	E	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP	2	

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

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

Drug Name	Drug Tier	Requirements & Limits
RELION TRUE METRIX TEST STRIPS	E	
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	
RIGHTEST GT333 GLUCOSE TEST	E	
TECHLITE INSULIN SYRINGES	2	(ARKRAY)
TECHLITE PEN NEEDLES	2	(ARKRAY)
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	
TRUETRACK TEST	E	
UNISTRIPI1 GENERIC	E	
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR KWIKPEN	E	
BASAGLAR TEMPO PEN	E	
HUMALOG INJECTION	3	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG SUBCUTANEOUS	2	
HUMALOG TEMPO PEN	3	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	

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Drug Name	Drug Tier	Requirements & Limits
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN GLARGINE	E	
INSULIN GLARGINE MAX SOLOSTAR	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen)
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	3	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
SEMGLEE	E	
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	

Drug Name	Drug Tier	Requirements & Limits
Diabetes - Non-Insulin Agents		
ACTOS	E	
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	3	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	3	
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE AUTOINJECTOR	2	PA, ST
BYETTA 10 MCG PEN	2	PA, ST
BYETTA 5 MCG PEN	2	PA, ST
glimepiride	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	
GLUCOTROL XL	3	
GLUMETZA	3	
glyburide oral	1	
GLYXAMBI	2	ST
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl er (mod)	1	
metformin hcl er (osm)	1	
metformin hcl oral tablet	1	
MOUNJARO	2	PA, ST
ONGLYZA	E	
OZEMPIC	2	PA, ST
pioglitazone hcl	1	

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Drug Name	Drug Tier	Requirements & Limits
RYBELSUS	2	PA, ST
saxagliptin hcl	1	
SOLIQUA	2	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA, ST
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	3	PA, SP
ARANESP (ALBUMIN FREE)	2	SP
DOPTLET	3	PA, SP
ELOCTATE	3	PA, SP
EMPAVELI	2	PA, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
IDELVION	3	SP
JIVI	3	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP

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

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Drug Name	Drug Tier	Requirements & Limits
DODEX	3	
DRISDOL	3	
ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT)	3	
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	
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetracyclin	1	
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	

Drug Name	Drug Tier	Requirements & Limits
PYLERA	3	
rabeprazole sodium oral tablet delayed release	1	
sucralfate oral tablet	1	
VOQUEZNA	E	
VOQUEZNA DUAL PAK	E	
VOQUEZNA TRIPLE PAK	E	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	2	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
gavilyte-c	1	H
gavilyte-g	1	H
GLYCATE	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
GOLYTELY	3	
LINZESS	2	
MOTEGRITY	3	PA
MOVIPREP	2	
na sulfate-k sulfate-mg sulf	1	
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	3	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbic	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA
VIBERZI	3	

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Drug Name	Drug Tier	Requirements & Limits
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, SP
TEGSEDI	2	PA, SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	E	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
tiopronin	1	SP
VELPHORO	2	
VESICARE	3	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	

Drug Name	Drug Tier	Requirements & Limits
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	
altavera	1	H
ANNOVERA	3	
apri	1	H
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	3	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	
CLIMARA PRO	2	
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	2	

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Drug Name	Drug Tier	Requirements & Limits
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2	
dotti	1	
drosiprenone-ethinyl estradiol	1	H
DUAVEE	3	
ELESTRIN	3	
eluryng	1	H
emoquette oral tablet 0.15-30 mg-mcg	1	H
enilloring	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.025 mg/24hr transdermal	3	
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	3	
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.05 mg/24hr transdermal	3	
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot)

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.075 mg/24hr transdermal	3	
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.1 mg/24hr transdermal	3	
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara)
estradiol vaginal	1	
ESTRING	2	
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
femynor oral tablet 0.25-35 mg-mcg	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	1	H
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

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
larin fe 1.5/30	1	H	norethin ace-eth estrad-fe oral tablet	1	H
larin fe 1/20	1	H	norethindrone acetate oral	1	
larissia oral tablet 0.1-20 mg-mcg	1	H	norethindrone acet-ethinyl est	1	H
lessina	1	H	norethindrone oral	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	norgestimate-eth estradiol	1	H
levora 0.15/30 (28)	1	H	norgestimate-ethinyl estradiol triphasic	1	H
lillow oral tablet 0.15-30 mg-mcg	1	H	norlyda	1	H
LO LOESTRIN FE	1	H	norlyroc	1	H
LOESTRIN 1.5/30 (21)	E		NUVARING	E	
LOESTRIN 1/20 (21)	E		nymyo	1	H
LOESTRIN FE 1.5/30	E		ocella	1	H
LOESTRIN FE 1/20	E		orsythia	1	H
loryna	1	H	portia-28	1	H
lo-zumandimine	1	H	PREMARIN ORAL	2	
luteria	1	H	PREMARIN VAGINAL	3	
lyleq	1	H	PREMPHASE	2	
lyllana	1		PREMPRO	2	
lyza	1	H	previfem oral tablet 0.25-35 mg-mcg	1	H
marlissa	1	H	progesterone oral	1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H	PROMETRIUM	E	
medroxyprogesterone acetate oral	1		PROVERA	3	
MENOSTAR	3		reclipsen	1	H
microgestin 1.5/30	1	H	sharobel	1	H
microgestin 1/20	1	H	sprintec 28	1	H
microgestin 24 fe	1	H	sronyx	1	H
microgestin fe 1.5/30	1	H	syeda	1	H
microgestin fe 1/20	1	H	tarina 24 fe	1	H
mili	1	H	tarina fe 1/20 eq	1	H
MINIVELLE	E		tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
mono-lynyah	1	H	tri femynor	1	H
MYFEMBREE	2		tri-estarylla	1	H
NATAZIA	1		tri-lynyah	1	H
nikki	1	H	tri-lo-estarylla	1	H
nora-be	1	H	tri-lo-marzia	1	H
norelgestromin-eth estradiol	1	H	tri-lo-mili	1	H

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Drug Name	Drug Tier	Requirements & Limits
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
tulana oral tablet 0.35 mg	1	H
VAGIFEM	E	
VEOZAH	3	
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	
vylibra	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	3	
DEXABLISS	3	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
HEMADY	3	
HIDEX 6-DAY	3	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	3	
Hormonal Agents - Other		
cabergoline	1	
LANREOTIDE ACETATE	E	SP
NGENLA	3	PA, SP
NOC DURNA	3	
NORDITROPIN FLEXPOR	2	PA, SP
NUTROPIN AQ NUSPIN 10	2	PA, SP
NUTROPIN AQ NUSPIN 20	2	PA, SP
NUTROPIN AQ NUSPIN 5	2	PA, SP
OMNITROPE	2	PA, SP
ORIAHNN	2	
ORILISSA	2	
SKYTROFA	3	PA, SP
SOMATULINE DEPOT	3	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	
ANDROGEL PUMP	E	
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	E	
DEPO-TESTOSTERONE	3	
FORTESTA	E	
NATESTO	E	
TESTIM	1	
testosterone cypionate intramuscular	1	
VOGELXO	E	
VOGELXO PUMP	E	

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Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	2	
CYTOMEL	E	
ERMEZA	2	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	3	
thyroid oral	1	
TIROSINT-SOL	2	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), SP
ADALIMUMAB-ADBM (2 PEN)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBM (2 SYRINGE)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBM(CD/UC/HS STRT)	2	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADBM(PS/UV STARTER)	2	PA, SP (manufactured by Boehringer Ingelheim)

Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-FKJP	E	PA, SP
ADBRY	2	PA, SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA, SP
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, SP
CINRYZE	3	PA, SP
COSENTYX (300 MG DOSE)	3	PA, ST, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST
COSENTYX SENSOREADY (300 MG)	3	PA, ST, SP
COSENTYX SENSOREADY PEN	3	PA, ST, SP
COSENTYX UNOREADY	3	PA, ST, SP
ENBREL	2	PA, SP
ENBREL MINI	2	PA, SP
ENBREL SURECLICK	2	PA, SP
HADLIMA	2	PA, SP
HADLIMA PUSHTOUCH	2	PA, SP
HAEGARDA	2	PA, SP
HUMIRA (2 PEN)	2	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
HUMIRA (2 SYRINGE)	2	PA, SP
HUMIRA-CD/UC/HS STARTER	2	PA, SP
HUMIRA-PED<40KG CROHNS STARTER	2	PA, SP
HUMIRA-PED>=40KG CROHNS START	2	PA, SP
HUMIRA-PED>=40KG UC STARTER	2	PA, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	2	PA, SP
HUMIRA-PSORIASIS/UVEIT STARTER	2	PA, SP
HYFTOR	3	
HYRIMOZ	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER	E	PA, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, SP
HYRIMOZ-PED>=40KG CROHN START	E	PA, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, SP
IMURAN	E	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, SP
KINERET	3	PA, ST, SP
LITFULO	3	PA, SP
LUPKYNIS	3	PA, SP
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, ST
OLUMIANT ORAL TABLET 2 MG	2	PA, ST, SP
OMVOH	3	PA, SP
ORENCIA CLICKJECT	3	PA, ST, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA, ST, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	3	PA, SP
OTEZLA ORAL TABLET	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
OTREXUP	E	
PROGRAF ORAL CAPSULE	3	
RASUVO	2	
RINVOQ	2	PA, SP
RUCONEST	3	PA, SP
SIMPONI	2	PA, SP
SKYRIZI PEN	2	PA, SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP
STELARA SUBCUTANEOUS	2	PA, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST
TREMFYA	2	PA, SP
TREXALL	2	
XELJANZ	2	PA, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP
YUFLYMA (2 SYRINGE)	E	PA, SP

Immunological Agents - Drugs for Vaccination

BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
SHINGRIX	3	H

Infertility Agents

cetrorelix acetate	1	PA, ST, SP
CETROTIDE	3	PA, ST, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP

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Drug Name	Drug Tier	Requirements & Limits
CLOMID	2	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Ferring), SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/Organon), SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
MENOPUR	3	SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	E	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
PROCTOFOAM HC	2	
UCERIS ORAL	1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
teriparatide	E	PA, ST, SP

Drug Name	Drug Tier	Requirements & Limits
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALtrol ORAL CAPSULE	3	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	3	
AZASITE	3	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION 0.3 %	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
ILEVRO	3	
INVELTYS	3	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate ophthalmic gel	1	
loteprednol etabonate ophthalmic suspension 0.2 %	1	
loteprednol etabonate ophthalmic suspension 0.5 %	1	
MAXITROL OPHTHALMIC SUSPENSION	3	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	3	
moxifloxacin hcl (2x day)	1	

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Drug Name	Drug Tier	Requirements & Limits
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMZY	3	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
BETIMOL	2	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic solution 0.1 %	E	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1	
brimonidine tartrate-timolol	E	
COMBIGAN	1	
COSOPT	3	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	

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

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Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	

Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate	1	
BROMFED DM	3	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	

Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

ADVAIR DISKUS	E	
ADVAIR HFA	2	RS
AIRDUO RESPICLICK 113/14	E	
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
AIRSUPRA	3	

Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ANORO ELLIPTA	3	
ARNUITY ELLIPTA	1	
ATROVENT HFA	2	
BEVESPI AEROSPHERE	2	
BREO ELLIPTA	2	RS
breyana	E	RS
BREZTRI AEROSPHERE	3	RS
budesonide inhalation	1	
budesonide-formoterol fumarate	E	RS
COMBIVENT RESPIMAT	2	
FASENRA PEN	3	PA
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	
FLUTICASONE FUROATE-VILANTEROL	2	RS
FLUTICASONE PROPIONATE HFA	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	

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Drug Name	Drug Tier	Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA
PERFOROMIST	3	
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	
PROVENTIL HFA	E	
PULMICORT SUSPENSION	E	
QVAR REDHALER	1	
SEREVENT DISKUS	2	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	1	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	1	RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
tiotropium bromide monohydrate	E	
TRELEGY ELLIPTA	3	RS
VENTOLIN HFA	E	
wixela inhub	1	

Drug Name	Drug Tier	Requirements & Limits
XOPENEX HFA	3	
YUPELRI	3	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	PA, SP
BRONCHITOL	3	PA, ST, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, SP
KITABIS PAK	E	PA, SP
PULMOZYME	2	PA, SP
TOBI NEBULIZER	E	PA, SP
TOBI PODHALER	3	PA, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, (generic for Tob), SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	3	PA, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, SP
OPSUMIT	2	PA, SP
REVATIO ORAL TABLET	E	SP
sildenafil citrate oral tablet 20 mg	1	
TADLIQ	3	PA, SP
TRACLEER 62.5 MG, 125 MG	2	PA, SP
TYVASO	2	PA
TYVASO DPI MAINTENANCE KIT	2	PA, SP
TYVASO DPI TITRATION KIT	2	PA, SP
TYVASO REFILL	2	PA
TYVASO STARTER	2	PA
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
cyclobenzaprine hcl oral	1	
FEXMID	E	

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Drug Name	Drug Tier	Requirements & Limits
methocarbamol oral	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	3	
DAYVIGO	3	
eszopiclone	1	
LUMRYZ	3	PA, SP
LUNESTA	E	
modafinil oral	1	
PROVIGIL	E	
RESTORIL	3	
SODIUM OXYBATE	3	PA, SP (Manufactured by Hikma)
SUNOSI	2	PA
temazepam	1	
WAKIX	3	PA, SP
XYWAV	3	PA, SP
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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ELESTRIN.	24	EPIPEN 2-PAK	31	EXKIVITY	11
eletriptan hydrobromide	11	EPIPEN JR 2-PAK	31	EXTAVIA.	15
ELIQUIS	9	EQ BLOOD GLUCOSE TEST	18	EYSUVIS.	29
ELIQUIS DVT/PE STARTER PACK.	9	ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT)	22	ezetimibe	14
ELOCTATE	21	ergocalciferol oral capsule	22	F	
eluryng	24	ERIVEDGE	11	falmina	24
EMBRACE BLOOD GLUCOSE TEST.	18	ERLEADA ORAL TABLET 240 MG . .	11	famotidine oral suspension reconstituted	22
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	18	ERLEADA ORAL TABLET 60 MG . .	11	FASENRA PEN.	31
		ERMEZA.	27	FEMARA.	11
		errin.	24	femynor oral tablet 0.25-35 mg-mcg.	24
				fenofibrate oral tablet	14
				FENOGLIDE.	14



heather	24	hydrocortisone external cream 1 % . . .	16	INDOMETHACIN ORAL CAPSULE 20 MG	8
HEMADY	26	hydrocortisone external cream 2.5 %	16	indomethacin oral capsule 25 mg, 50 mg	8
HEMANGEOL	14	hydrocortisone external ointment 1 %, 2.5 %	17	INSULIN GLARGINE	20
HEMLIBRA	21	hydrocortisone oral	26	INSULIN GLARGINE MAX SOLOSTAR	20
HEMOFIL M	21	hydromorphone hcl oral tablet	8	INSULIN GLARGINE SOLOSTAR . . .	20
HIDEX 6-DAY	26	hydroxychloroquine sulfate oral	12	INSULIN LISPRO	20
HUMALOG INJECTION	19	hydroxyzine hcl oral tablet	13	INSULIN LISPRO (1 UNIT DIAL)	20
HUMALOG KWIKPEN	19	hydroxyzine pamoate oral	13	INSULIN LISPRO JUNIOR KWIKPEN	20
HUMALOG MIX 50/50 KWIKPEN . . .	19	HYFTOR	28	INSULIN LISPRO PROT & LISPRO . .	20
HUMALOG MIX 50/50 VIAL	19	HYRIMOZ	28	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	18
HUMALOG MIX 75/25 KWIKPEN . . .	19	HYRIMOZ-CROHNS/UC STARTER . . .	28	INTUNIV	15
HUMALOG MIX 75/25 VIAL	19	HYRIMOZ-PED<40KG CROHN STARTER	28	INVELTYS	29
HUMALOG SUBCUTANEOUS	19	HYRIMOZ-PED>=40KG CROHN START	28	ipratropium bromide nasal	31
HUMALOG TEMPO PEN	19	HYRIMOZ-PLAQUE PSORIASIS START	28	ipratropium-albuterol	32
HUMALOG U-100 JUNIOR KWIKPEN	19	HYZAAR	14	irbesartan	14
HUMATE-P	21			irbesartan-hydrochlorothiazide	14
HUMIRA (2 PEN)	27			isibloom	24
HUMIRA (2 SYRINGE)	28			isosorbide mononitrate er	14
HUMIRA-CD/UC/HS STARTER	28			ISTALOL	30
HUMIRA-PED<40KG CROHNS STARTER	28			IYUZEH	30
HUMIRA-PED>=40KG CROHNS START	28				
HUMIRA-PED>=40KG UC STARTER	28				
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN- INJECTOR KIT 40 MG/0.8ML	28				
HUMIRA-PSORIASIS/UEIT STARTER	28				
HUMULIN 70/30 KWIKPEN	19				
HUMULIN 70/30 VIAL	20				
HUMULIN N KWIKPEN	20				
HUMULIN N VIAL	20				
HUMULIN R U-500 KWIKPEN	20				
HUMULIN R U-500 VIAL	20				
HUMULIN R VIAL	20				
hydralazine hcl oral	14				
hydrochlorothiazide oral	14				
hydrocodone-acetaminophen oral tablet	8				

I

IBRANCE ORAL CAPSULE	11
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8
ICLUSIG ORAL TABLET 10 MG, 30 MG	12
ICLUSIG ORAL TABLET 15 MG, 45 MG	12
IDELVION	21
IDHIFA	12
ILEVRO	29
IMBRUVICA ORAL CAPSULE	12
IMBRUVICA ORAL TABLET	12
IMITREX	11
IMPOYZ	17
IMURAN	28
IMVEXXY MAINTENANCE PACK . . .	21
IMVEXXY STARTER PACK	21
INBRIJA	12
incassia	24
INDERAL LA	14

J

jantoven	9
JARDIANCE	20
jasmiel	24
jencycla	24
JENTADUETO	20
JENTADUETO XR	20
JIVI	21
JORNAY PM	15
juleber	24
JULUCA	13
junel 1/20	24
junel 1.5/30	24
junel fe 1/20	24

junel fe 1.5/30	24	LANREOTIDE ACETATE	26	LITFULO	28
junel fe 24	24	LANTUS SOLOSTAR	20	lithium carbonate er	13
K		LANTUS U-100 VIAL	20	lithium carbonate oral capsule	13
K-TAB	22	larin 1/20	24	LITHOBID	13
kalliga	24	larin 1.5/30	24	LO LOESTRIN FE	25
KEPPRA ORAL TABLET	10	larin 24 fe	24	lo-zumandimine	25
KESIMPTA	16	larin fe 1/20	25	LOESTRIN 1/20 (21)	25
ketoconazole external cream	11	larin fe 1.5/30	25	LOESTRIN 1.5/30 (21)	25
ketoconazole external shampoo	11	larissia oral tablet 0.1-20 mg-mcg	25	LOESTRIN FE 1/20	25
ketorolac tromethamine oral	8	LASIX	14	LOESTRIN FE 1.5/30	25
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	28	latanoprost ophthalmic	30	LOKELMA	22
KINERET	28	LATUDA	12	LOPID	14
KITABIS PAK	32	LEDIPASVIR-SOFOSBUVIR	13	LOPRESSOR	14
KLISYRI	17	lenalidomide	12	lorazepam oral tablet	13
KLONOPIN	13	lessina	25	loryna	25
klor-con 10	22	letrozole oral	12	losartan potassium oral	14
klor-con m10	22	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	32	losartan potassium-hctz	14
klor-con m15	22	levetiracetam oral tablet	10	LOTEMAX OPHTHALMIC GEL	29
klor-con m20	22	levo-t	27	LOTEMAX OPHTHALMIC OINTMENT	29
klor-con oral tablet extended release	22	levocetirizine dihydrochloride oral tablet	31	LOTEMAX OPHTHALMIC SUSPENSION	29
KLOXXADO	8	levofloxacin oral tablet	9	LOTEMAX SM	29
KOATE	21	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	25	LOTENSIN	14
KOATE-DVI	21	levora 0.15/30 (28)	25	loteprednol etabonate ophthalmic gel	29
KOGENATE FS	21	levothyroxine sodium oral tablet	27	loteprednol etabonate ophthalmic suspension 0.2 %	29
KOSELUGO	12	levoxyl	27	loteprednol etabonate ophthalmic suspension 0.5 %	29
KOVALTRY	21	LEXAPRO	10	LOTREL	14
KRINTAFEL	12	LIALDA	29	lovastatin oral	14
kurvelo	24	lidocaine hcl mouth/throat	16	LOVAZA	14
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	12	lidocaine viscous hcl	16	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	10
L		LIKMEZ	9	LUMAKRAS	12
labetalol hcl oral	14	lillow oral tablet 0.15-30 mg-mcg	25	LUMIGAN	30
LAGEVRIO	13	LINZESS	22	LUMRYZ	33
LAMICTAL ORAL TABLET	10	liothyronine sodium oral	27	LUNESTA	33
lamotrigine oral tablet	10	LIPITOR	14	LUPKYNIS	28
LANCETS	17-19	lisdexamphetamine dimesylate	15	lurasidone hcl	12
		lisinopril oral	14	lutera	25
		lisinopril-hydrochlorothiazide	14		

lyleq	25	methocarbamol oral	33	misoprostol oral	22
lyllana	25	methotrexate sodium oral	28	MITIGARE	11
LYMEPAK ORAL TABLET 100 MG . . .	9	methylphenidate hcl er (cd)	15	MM BLULINK GLUCOSE TEST	18
LYNPARZA	12	methylphenidate hcl er (la)	15	MM EASY TOUCH GLUCOSE METER	18
LYRICA ORAL CAPSULE	16	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	15	MOBIC ORAL TABLET 15 MG, 7.5 MG	8
LYUMJEV KWIKPEN	20	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	15	modafinil oral	33
LYUMJEV TEMPO PEN	20	methylphenidate hcl er (osm) oral tablet extended release 72 mg.	15	mondoxyne nl	9
LYUMJEV VIAL	20	methylphenidate hcl er (xr)	15	mono-lynyah	25
lyza	25	methylphenidate hcl er oral tablet extended release	15	montelukast sodium oral tablet	32
M		methylphenidate hcl er (xr)	15	montelukast sodium oral tablet chewable	32
MACROBID	9	methylphenidate hcl oral tablet	15	morphine sulfate er oral tablet extended release	8
MACRODANTIN	9	methylprednisolone oral tablet therapy pack	26	MOTEGRITY	22
marlissa	25	metoclopramide hcl oral tablet	11	MOTPOLY XR	10
MAVENCLAD	16	metoprolol succinate er	14	MOUNJARO	20
MAVYRET ORAL PACKET	13	metoprolol tartrate oral	14	MOVIPREP	22
MAXALT	11	METROCREAM	17	MOXEZA OPHTHALMIC SOLUTION 0.5 %	29
MAXALT-MLT	11	metronidazole external cream	17	moxifloxacin hcl (2x day)	29
MAXITROL OPHTHALMIC SUSPENSION	29	metronidazole oral tablet	9	moxifloxacin hcl ophthalmic	30
MAXZIDE	14	metronidazole vaginal	9	MS CONTIN	8
MAXZIDE-25	14	MICARDIS	14	MULPLETA	21
MAYZENT STARTER PACK	16	MICRODOT TEST	18	MULTAQ	14
MEDROL ORAL TABLET THERAPY PACK	26	microgestin 1/20	25	mupirocin external	9
medroxyprogesterone acetate intramuscular suspension prefilled syringe	25	microgestin 1.5/30	25	mycophenolate mofetil oral tablet . . .	28
medroxyprogesterone acetate oral . .	25	microgestin 24 fe	25	MYDAYIS	15
meloxicam oral tablet	8	microgestin fe 1/20	25	MYFEMBREE	25
MENOPUR	29	microgestin fe 1.5/30	25	N	
MENOSTAR	25	mili	25	na sulfate-k sulfate-mg sulf.	22
mesalamine oral tablet delayed release 1.2 gm	29	MINILINK REAL-TIME TRANSMITTER	18	nabumetone oral	8
mesalamine oral tablet delayed release 800 mg	29	MINIMED 630G GUARDIAN PRESS .	18	NALOCET	8
metformin hcl er	20	MINIPRESS	14	naloxone hcl injection solution prefilled syringe	8
metformin hcl er (mod)	20	MINIVELLE	24, 25	naloxone hcl nasal	8
metformin hcl er (osm)	20	minocycline hcl oral capsule	9	naltrexone hcl oral	8
metformin hcl oral tablet	20	minoxidil oral	14	NAPROSYN ORAL TABLET	8
methimazole oral	27	mirtazapine oral tablet	10	naproxen oral tablet	8
		MIRVASO	17		



NARCAN	8	norlyda	25	NUTROPIN AQ NUSPIN 5	26
NASCOBAL	22	norlyroc	25	NUVARING	25
NATAZIA	25	nortriptyline hcl oral capsule	10	NUVESSA	9
NATESTO	26	NORVASC	14	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	21
NAYZILAM	10	NOURIANZ	12	NUWIQ INTRAVENOUS KIT 1500 UNIT	21
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	30	NOVAREL	29	NUZYRA ORAL	9
neomycin-polymyxin-hc otic suspension	30	NOVOEIGHT	21	nymyo	25
NEULASTA	21	NOVOFINE AUTOCOVER PEN NEEDLE	18	nystatin external cream	11
NEUPRO	12	NOVOFINE PEN NEEDLE	18	nystatin mouth/throat	11
NEURONTIN ORAL CAPSULE	10	NOVOFINE PLUS PEN NEEDLE	19		
NEURONTIN ORAL TABLET	10	NOVOLIN 70/30 FLEXPEN	20		
NEUTEK 2TEK TEST	18	NOVOLIN 70/30 FLEXPEN RELION	20		
NEVANAC	30	NOVOLIN 70/30 RELION	20		
NEXLETOL	14	NOVOLIN 70/30 VIAL	20		
NEXLIZET	14	NOVOLIN N FLEXPEN	20		
NGENLA	26	NOVOLIN N FLEXPEN RELION	20		
nifedipine er	14	NOVOLIN N RELION	20		
nifedipine er osmotic release	14	NOVOLIN N VIAL	20		
nikki	25	NOVOLIN R FLEXPEN	20		
nitrofurantoin macrocrystal	9	NOVOLIN R FLEXPEN RELION	20		
nitrofurantoin monohydrate macrocrystals	9	NOVOLIN R RELION	20		
nitroglycerin sublingual	14	NOVOLIN R VIAL	20		
NITROSTAT	14	NOVOTWIST PEN NEEDLE	19		
NIVA THYROID	27	np thyroid	27		
NOC DURNA	26	NUBEQA	12		
nora-be	25	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	32		
NORDITROPIN FLEXPEN	26	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	32		
norelgestromin-eth estradiol	25	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	32		
norethin ace-eth estrad-fe oral tablet	25	NUCYNTA	8		
norethindrone acet-ethinyl est	25	NUCYNTA ER	8		
norethindrone acetate oral	25	NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	22		
norethindrone oral	25	NURTEC	11		
norgestimate-eth estradiol	25	NUTROPIN AQ NUSPIN 10	26		
norgestimate-ethinyl estradiol triphasic	25	NUTROPIN AQ NUSPIN 20	26		
NORITATE	17				
NORLIQVA	14				

O

ocella	25
OCUFLOX	30
ODOMZO	12
OFEV	32
ofloxacin ophthalmic	30
ofloxacin otic	30
olanzapine oral tablet	12
olmesartan medoxomil oral	14
olmesartan medoxomil-hctz	14
OLUMIANT ORAL TABLET 1 MG, 4 MG	28
OLUMIANT ORAL TABLET 2 MG	28
OMECLAMOX-PAK	22
omega-3-acid ethyl esters	14
omeprazole oral capsule delayed release	22
OMNIPOD 5 G6 INTRO (GEN 5)	19
OMNIPOD 5 G6 PODS (GEN 5)	19
OMNITROPE	26
OMVOH	28
ON CALL EXPRESS BLOOD GLUCOSE	19
ON CALL EXPRESS MONITORING SYS	19
ondansetron hcl oral tablet	11
ondansetron odt	11



ONETOUCH DELICA PLUS LANCETS.....	19	oxybutynin chloride er	23	PLAVIX	12
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE.....	19	oxybutynin chloride oral tablet.....	23	PLEGRIDY INTRAMUSCULAR	16
ONETOUCH ULTRA 2 KIT W/DEVICE	19	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8	PLEGRIDY STARTER PACK.....	16
ONETOUCH ULTRA IN VITRO STRIP	19	oxycodone hcl oral tablet 5 mg	8	PLEGRIDY SUBCUTANEOUS	16
ONETOUCH ULTRASOFT LANCETS.....	19	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG..	8	PLENVU	22
ONETOUCH VERIO FLEX SYSTEM KIT.....	19	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg.....	8	polymyxin b-trimethoprim.....	30
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE.....	19	OZEMPIC	20	POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%... 30	
ONETOUCH VERIO KIT W/DEVICE .	19			POMALYST	12
ONETOUCH VERIO REFLECT KIT W/DEVICE	19	P		portia-28.....	25
ONETOUCH VERIO TEST STRIPS ..	19	PACERONE	14	potassium chloride crys er.....	22
ONGLYZA.....	20	PAMELOR	10	potassium chloride er.....	22
OPSUMIT	32	PANCREAZE	23	potassium citrate er.....	22
OPTIUMEZ TEST.....	19	PANRETIN	17	PRADAXA ORAL CAPSULE	10
OPZELURA	17	pantoprazole sodium oral tablet delayed release	22	pramipexole dihydrochloride	12
ORENCIA CLICKJECT	28	PARADIGM REAL-TIME TRANSMITTER	19	pravastatin sodium	14
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	28	paroxetine hcl oral tablet	10	prazosin hcl oral	14
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	28	PAXIL ORAL TABLET	10	PRECISION XTRA	19
ORFADIN ORAL CAPSULE	23	PAXLOVID (150/100).....	13	PRECISION XTRA BLOOD GLUCOSE	19
ORFADIN ORAL SUSPENSION.....	23	PAXLOVID (300/100).....	13	PRED FORTE.....	30
ORGOVYX	12	PEDIAPRED	26	PRED MILD	30
ORIAHNN.....	26	peg 3350-kcl-na bicarb-nacl	22	prednisolone acetate ophthalmic ... 30	
ORILISSA.....	26	peg-3350/electrolytes.....	22	PREDNISOLONE ACETATE P-F.... 30	
orsythia.....	25	peg-3350/electrolytes/ascorbat	22	prednisolone oral solution	26
oseltamivir phosphate oral capsule..	13	peg-kcl-nacl-nasulf-na asc-c	22	prednisolone sodium phosphate oral solution	26
OSPHERA	21	penicillin v potassium oral tablet	9	prednisone oral tablet.....	26
OTEZLA ORAL TABLET	28	PERCOCET	8	prednisone oral tablet therapy pack .	26
OTREXUP.....	28	PERFOROMIST	32	pregabalin oral capsule	16
OVIDREL	29	PERIDEX.....	16	PREGNYL.....	29
OXAYDO ORAL TABLET 5 MG, 7.5 MG	8	periogard	16	PREMARIN ORAL	25
oxcarbazepine oral tablet.....	10	PERTZYE	23	PREMARIN VAGINAL	25
		phenazo oral tablet 200 mg	23	PREMIUM BLOOD GLUCOSE TEST. 19	
		phenazopyridine hcl oral	23	PREMPHASE.....	25
		pioglitazone hcl	20	PREMPRO	25
		PIP BLOOD GLUCOSE TEST STRIP .	19	previfem oral tablet 0.25-35 mg-mcg	25
		PLAQUENIL	12	PREZCOBIX.....	13
				PRISTIQ	10

PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	32
PROCARDIA XL	14
prochlorperazine maleate oral	11
PROCTOFOAM HC	29
progesterone oral	25
PROGRAF ORAL CAPSULE	28
PROLATE ORAL TABLET	8
promethazine hcl oral tablet	11
promethazine-dm	31
PROMETRIUM	25
propranolol hcl er	14
propranolol hcl oral tablet	14
PROSCAR	23
PROTONIX ORAL TABLET DELAYED RELEASE	22
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	17
PROVENTIL HFA	31, 32
PROVERA	23, 25
PROVIGIL	33
PROZAC	10
pseudoephedrine-bromphen-dm	31
PTS PANELS EGLU TEST	19
PULMICORT SUSPENSION	32
PULMOZYME	32
PYLERA	22
PYRIDIUM	23

Q

quetiapine fumarate	12
QUINTET AC BLOOD GLUCOSE TEST	19
QUINTET BLOOD GLUCOSE TEST	19
QVAR REDHALER	32

R

rabeprazole sodium oral tablet delayed release	22
RADICAVA ORS	16

RADICAVA ORS STARTER KIT	16
ramipril	14
RASUVO	28
REBIF	16
REBIF TITRATION PACK	16
reclipsen	25
RECOMBINATE	21
REGLAN	11
RELAFEN DS	8
RELAFEN ORAL TABLET 500 MG, 750 MG	8
RELEXXII	15
RELION TRUE MET AIR GLUC METER	19
RELION TRUE METRIX TEST STRIPS	19
RELION ULTIMA GLUCOSE SYSTEM	19
RELION ULTIMA TEST	19
RELPAK	11
REMERON	10
REPATHA	14
REPATHA PUSHTRONEX SYSTEM	14
REPATHA SURECLICK	14
RESTASIS	30
RESTASIS MULTIDOSE	30
RESTORIL	33
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	21
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	21
RETEVMO	12
RETIN-A EXTERNAL CREAM	17
REVATIO ORAL TABLET	32
REVLIMID	12
REXULTI	12
RHOFADE	17
RHOPRESSA	30
RIGHTEST GT333 GLUCOSE TEST	19
RINVOQ	28

RISPERDAL ORAL TABLET	12
risperidone oral tablet	12
RITALIN	15
RITALIN LA	15
rizatriptan benzoate	11
ROBINUL	22
ROBINUL-FORTE	22
ROCALTROL ORAL CAPSULE	29
ROCKLATAN	30
ropinirole hcl	12
rosadan external cream 0.75 %	17
rosuvastatin calcium	14
roweepra	10
ROXICODONE ORAL TABLET 15 MG, 30 MG	8
ROXICODONE ORAL TABLET 5 MG	8
RUCONEST	28
RUKOBIA	13
RYBELSUS	21

S

SANTYL	17
saxagliptin hcl	21
scopolamine	11
SEMGLEE	20
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	20
SEREVENT DISKUS	32
SEROQUEL	12
sertraline hcl oral tablet	10
sharobel	25
SHINGRIX	28
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	21
sildenafil citrate oral tablet 20 mg	32
SIMPONI	28
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	14
simvastatin oral tablet 80 mg	14
SINGULAIR ORAL TABLET	32



SINGULAIR ORAL TABLET CHEWABLE	32	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	31	TEGLUTIK	16
SITAVIG	13	SYMLINPEN 120	21	TEGSEDI.	23
SKYRIZI PEN	28	SYMLINPEN 60	21	TEKTURNA	15
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	28	SYMPAZAN	10	TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	15
SKYTROFA	26	SYMPROIC.	22	telmisartan	15
SOAANZ.	14	SYNJARDY.	21	temazepam	33
SODIUM OXYBATE.	33	SYNJARDY XR.	21	TEMOVATE EXTERNAL CREAM 0.05 %	17
SOFOSBUVIR-VELPATASVIR.	13	SYNTHROID.	27	TEMOVATE EXTERNAL OINTMENT 0.05 %	17
solifenacin succinate.	23			TEMPO REFILL	19
SOLQUA	21			TEMPO WELCOME.	19
SOMATULINE DEPOT.	26			TENORMIN	15
SOOLANTRA.	17			terbinafine hcl oral.	11
SPIRIVA HANDIHALER.	32			teriparatide.	29
SPIRIVA RESPIMAT	32			teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	29
spironolactone oral tablet.	15			TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR 620 MCG/2.48ML	29
sprintec 28	25			TESTIM.	26
sronyx	25			testosterone cypionate intramuscular.	26
STELARA SUBCUTANEOUS	28			TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	32
STENDRA.	21			THALITONE	15
STIOLTO RESPIMAT	32			THIOLA.	23
STIVARGA	12			THIOLA EC.	23
STRATTERA	15			THYQUIDITY	27
STRENSIQ	23			thyroid oral	27
STRIVERDI RESPIMAT	32			TIGLUTIK ORAL SUSPENSION 50 MG/10ML	16
SUBOXONE	8			timolol maleate (once-daily)	30
subvenite	10			timolol maleate ocudose	30
sucalfate oral tablet	22			timolol maleate ophthalmic solution	30
SUFLAVE	22			timolol maleate pf	30
sulfamethoxazole-trimethoprim oral tablet.	9			TIMOPTIC OCUDOSE.	30
sumatriptan succinate oral.	11			TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	30
SUNOSI	33			tiopronin	23
SUPREP BOWEL PREP KIT	22				
SUTAB	22				
syeda	25				
SYMBICORT	32				
SYMFI	13				
SYMFI LO	13				

T

TABRECTA.	12		
TACLONEX SUSPENSION	17		
tacrolimus external	17		
tacrolimus oral.	28		
tadalafil oral	21		
TADLIQ.	32		
tafluprost (pf)	30		
TAGRISSO	12		
TAKHZYRO	28		
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	28		
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	28		
TAMIFLU ORAL CAPSULE.	13		
tamoxifen citrate oral tablet 10 mg	12		
tamoxifen citrate oral tablet 20 mg	12		
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TAPERDEX 12-DAY	26		
TAPERDEX 6-DAY	26		
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TARGADOX	9		
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tarina fe 1/20 eq.	25		
tarina fe 1/20 oral tablet 1-20 mg-mcg	25		
TASIGNA	12		
TAVALISSE.	21		
TECHLITE INSULIN SYRINGES.	19		
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ZOLMITRIPTAN NASAL SOLUTION	
2.5 MG	11
ZOLOFT ORAL TABLET	11
zolpidem tartrate er.	33
zolpidem tartrate oral tablet	33
ZOMIG NASAL SOLUTION 2.5 MG . .	11
ZOMIG NASAL SOLUTION 5 MG . . .	11
ZONEGRAN	10
zonisamide oral	10
ZORYVE EXTERNAL CREAM	17
ZTLIDO	8
ZUBSOLV	8
zumandimine	26
ZYLET	30
ZYLOPRIM ORAL TABLET	
100 MG, 300 MG	11
ZYPREXA ORAL	12

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
<https://www.hhs.gov/ocr/complaints/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. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួសភាសាដទៃទៀតក្នុងចំណុំនេះ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានសេវាបំពេញតាមតម្រូវការរបស់អ្នក។

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

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

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

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