



Your 2021 Prescription Drug List

Essential 4-Tier

Effective May 1, 2021



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2021 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, All Savers, Golden Rule, Neighborhood Health 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	9
Anti-Addiction / Substance Abuse Treatment Agents	9
Antibacterials	
Drugs for Infections	10
Anticoagulants	
Drugs to Treat or Prevent Blood Clots	11
Anticonvulsants	
Drugs for Seizures	11
Antidementia Agents	
Drugs for Alzheimer's Disease and Dementia	12
Antidepressants	
Drugs for Depression	12
Antiemetics	
Drugs for Nausea and Vomiting	12
Antifungals	
Drugs for Fungal Infections	13
Antigout Agents	
Drugs for Gout	13
Antimigraine Agents	
Drugs for Migraines	13
Antineoplastics	
Drugs for Cancer	13
Antiparasitics	
Drugs for Parasitic Infections	14
Antiparkinson Agents	
Drugs for Parkinson's Disease	14
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention	14
Antipsychotics	
Drugs for Mood Disorders	14
Antivirals	
Drugs for Viral Infections	14
Anxiolytics	
Drugs for Anxiety	15
Bipolar Agents	
Drugs for Mood Disorders	15
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions	15
Central Nervous System Agents	
Drugs for Attention Deficit Disorder	17
Drugs for Multiple Sclerosis	18
Miscellaneous	18
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions	18



Dermatological Agents	
Drugs for Skin Conditions	19
Diabetes	
Glucose Monitoring	21
Insulin	22
Non-Insulin Agents	23
Drugs for Blood Disorders	23
Drugs for Sexual Dysfunction.	24
Electrolytes / Vitamins	24
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer.	24
Drugs for Bowel, Intestine and Stomach Conditions	24
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment	25
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions.	25
Drugs for Prostate Conditions	25
Hormonal Agents	
Hormone Replacement and Birth Control	25
Oral Steroids	29
Other	29
Testosterone Replacement.	29
Thyroid	29
Immunological Agents	
Drugs for Immune System Stimulation or Suppression.	30
Infertility Agents.	30
Inflammatory Bowel Disease Agents.	31
Metabolic Bone Disease Agents	
Drugs for Osteoporosis.	31
Other	31
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation	31
Drugs for Glaucoma	32
Drugs for Miscellaneous Eye Conditions	32
Otic Agents	
Drugs for Ear Conditions.	32
Respiratory	
Drugs for Anaphylaxis.	32
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold	32
Drugs for Asthma and COPD	33
Drugs for Cystic Fibrosis.	34
Drugs for Pulmonary Hypertension	34
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm.	34
Sleep Disorder Agents	34
Index.	35

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 health plan 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 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 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 ID card or call the toll-free phone number on your 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 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 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.

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine oral capsule	NF	QL
ARYMO ER	NF	PA, ST, QL
BELBUCA	NF	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	NF	QL
DILAUDID ORAL	4	
DUROLANE	NF	
DVORAH	NF	QL
endocet	1	
ESGIC	4	QL
EUFLEXXA	NF	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	NF	PA, ST, QL
FIORICET	4	QL
GELSYN-3	NF	
HYALGAN	NF	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
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 er	NF	PA, ST, QL
hydromorphone hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
hydromorphone hcl rectal	1	
HYSINGLA ER	NF	PA, ST, QL
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	NF	PA, ST, QL
lidocaine external ointment	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
lorcet	1	
lorcet hd	1	
lorcet plus	1	
LORTAB	4	
MORPHABOND ER	NF	PA, ST, QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	NF	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	NF	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO	NF	QL
OXYCODONE HCL ER	NF	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN	NF	PA, ST, QL
premium lidocaine	2	QL
PRIMLEV	NF	
SODIUM HYALURONATE INTRA-ARTICULAR	NF	
SUBSYS	NF	PA, 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	Drug Name	Drug Tier	Requirements & Limits
SUPARTZ FX	NF		indomethacin oral capsule 25 mg, 50 mg	1	
tramadol hcl er (biphasic)	NF	QL	ketorolac tromethamine oral	1	
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	NF	QL	meloxicam oral	1	
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL	MOBIC	4	
tramadol hcl er oral tablet extended release 24 hour	2	QL	nabumetone oral	1	
tramadol hcl oral tablet 50 mg	1	QL	NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	NF	
TRILURON	NF		NAPROSYN ORAL SUSPENSION	4	PA
TYLENOL WITH CODEINE #3	4		naproxen dr	1	
ULTRAM	4	QL	naproxen oral suspension	1	PA
VANATOL LQ	2	PA, QL	naproxen oral tablet	1	
VANATOL S	2	PA, QL	naproxen sodium er	NF	
vicodin hp oral tablet 10-300 mg	NF		naproxen sodium oral tablet 275 mg, 550 mg	1	
XTAMPZA ER	2	PA, QL	PENNSAID	NF	
ZEBUTAL	4	QL	QMIIZ ODT	NF	
ZOHYDRO ER	NF	PA, ST, QL	RELAFEN DS	NF	
ZTLIDO	NF	PA, QL	SPRIX	NF	QL
Analgesics - Drugs for Pain and Inflammation			VIVLODEX	NF	QL
celecoxib oral	2	QL	VOLTAREN	NF	
diclofenac potassium	1		ZIPSOR	NF	
diclofenac sodium er	1		Anti-Addiction / Substance Abuse Treatment Agents		
diclofenac sodium oral	1		BUNAVAIL	NF	PA, QL
diclofenac sodium transdermal gel 1 %	NF		buprenorphine hcl sublingual	1	QL
diclofenac sodium transdermal solution	NF		buprenorphine hcl-naloxone hcl	2	QL
EC-NAPROSYN	3		CHANTIX	4	PA, H
ec-naproxen	1		CHANTIX CONTINUING MONTH PAK	4	PA, H
ENOVARX-DICLOFENAC SODIUM	NF		CHANTIX STARTING MONTH PAK	4	PA, H
etodolac	1		EVZIO	NF	PA, QL
etodolac er	1		naloxone hcl injection solution	1	
ibu	1		naloxone hcl injection solution cartridge	1	
ibuprofen oral suspension	NF		naloxone hcl injection solution prefilled syringe	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1		naltrexone hcl oral	1	
INDOCIN ORAL	NF		NARCAN	2	QL
INDOCIN RECTAL	3		ZUBSOLV	2	QL
indomethacin er	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	Drug Name	Drug Tier	Requirements & Limits
Antibacterials - Drugs for Infections					
AEMCOLO	NF	QL	doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
amoxicillin	1		doxycycline monohydrate oral capsule 150 mg, 75 mg	NF	
amoxicillin-potassium clavulanate er	NF		doxycycline monohydrate oral suspension reconstituted	3	
amoxicillin-potassium clavulanate oral	1		doxycycline monohydrate oral tablet	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	NF		FLAGYL	4	
avidoxy	1		KEFLEX	4	
azithromycin oral	1		LEVAQUIN ORAL TABLET 500 MG, 750 MG	4	
BACTRIM	4		levofloxacin oral	1	
BACTRIM DS	4		MACROBID	4	
cefadroxil	1		MACRODANTIN	4	
cefdinir	1		metronidazole oral	1	
cefuroxime axetil	1		metronidazole vaginal	2	
CENTANY	4	QL	minocycline hcl er oral tablet extended release 24 hour	NF	PA
CENTANY AT	NF		minocycline hcl oral capsule	1	
cephalexin	1		minocycline hcl oral tablet	NF	
CIPRO ORAL TABLET	4		MINOLIRA	NF	PA
ciprofloxacin hcl oral	1		mondoxyne nl oral capsule 100 mg	1	
clarithromycin er	2		mondoxyne nl oral capsule 75 mg	NF	
clarithromycin oral suspension reconstituted	2		morgidox oral	2	
clarithromycin oral tablet	1		mupirocin calcium	3	QL
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		mupirocin external	1	QL
CLEOCIN ORAL CAPSULE 75 MG	2		nitrofurantoin macrocrystal oral	1	
clindamycin hcl oral	1		nitrofurantoin monohydrate macrocrystals	1	
CLINDESSE	2		NUVESSA	NF	
coremino	NF	PA	NUZYRA	4	QL
DIFICID	4	QL	okebo	NF	
DORYX MPC	NF		penicillin v potassium	1	
doxycycline hyclate oral capsule	2		sulfamethoxazole-trimethoprim oral	1	
doxycycline hyclate oral tablet 100 mg	2		sulfatrim pediatric	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	NF		vandazole	2	
doxycycline hyclate oral tablet 20 mg	1		VIBRAMYCIN ORAL CAPSULE	4	
doxycycline hyclate oral tablet delayed release	NF		VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4	
			XENLETA	4	

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
XEPI	3	QL
XIFAXAN	NF	PA, QL
XIMINO	NF	PA
ZITHROMAX ORAL	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL
jantoven	1	
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	4	
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA, ST
DEPAKOTE SPRINKLES	4	PA, ST
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
epitol	1	
gabapentin oral	1	
KEPPRA ORAL	4	PA, ST
KEPPRA XR	4	PA, ST
LAMICTAL	4	PA, ST
LAMICTAL ODT ORAL KIT	4	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA, ST

Drug Name	Drug Tier	Requirements & Limits
LAMICTAL STARTER	4	PA, ST
LAMICTAL XR ORAL KIT	NF	PA, ST
lamotrigine er	NF	PA
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	2	
levetiracetam oral	1	
NAYZILAM	3	PA, QL
NEURONTIN	4	PA, ST
oxcarbazepine	1	
OXTELLAR XR	NF	PA, ST
roweepra	1	
roweepra xr	2	
SPRITAM	NF	PA, ST
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	4	
TOPAMAX	4	PA, ST
TOPAMAX SPRINKLE	4	PA, ST
topiramate er	NF	PA, ST
topiramate oral	1	
TRILEPTAL	4	PA, ST
TROKENDI XR	NF	PA, ST
VALTOCO	3	PA, QL
VIMPAT ORAL SOLUTION	3	PA
VIMPAT ORAL TABLET	NF	PA
XCOPRI	NF	PA
ZONEGRAN	4	PA, ST
zonisamide 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).



Drug Name	Drug Tier	Requirements & Limits
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	NF	
donepezil hcl oral tablet dispersible	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	
citalopram hydrobromide	1	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	4	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	NF	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	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	
fluvoxamine maleate er	4	QL
FORFIVO XL	NF	QL
mirtazapine oral	1	
nortriptyline hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
PAMELOR	4	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	4	
REMERON	4	
REMERON SOLTAB	4	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	NF	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	NF	QL
VIIBRYD	4	QL
VIIBRYD STARTER PACK	4	
Antiemetics - Drugs for Nausea and Vomiting		
BONJESTA	NF	PA
doxylamine-pyridoxine	NF	PA
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	NF	
ondansetron hcl oral	1	
ondansetron odt	1	
phenadoz	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP (1.5 MG)	4	
VARUBI (180 MG DOSE)	NF	QL
ZOFRAN	4	
ZUPLENZ	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
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	NF	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	4	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	4	
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	4	ST, QL
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	ST, QL
ketoconazole external shampoo	1	
ketodan external foam	3	ST, QL
NIZORAL	4	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	NF	
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	NF	
colchicine oral tablet	NF	
COLCRYS	NF	
febuxostat	NF	ST, QL
GLOPERBA	4	PA
MITIGARE	2	
ZYLOPRIM	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
AMERGE	4	QL
eletriptan hydrobromide	NF	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
naratriptan hcl	1	QL
ONZETRA XSAIL	NF	QL
REYVOW	2	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	NF	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	3	PA, QL, SP
ALUNBRIG	3	PA, QL, SP
anastrozole oral	1	
bexarotene	NF	SP
CALQUENCE	3	PA, QL, SP
capecitabine	2	QL, SP
ERLEADA	3	PA, QL, SP
IBRANCE ORAL CAPSULE	3	PA, QL, SP
IDHIFA	3	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
KOSELUGO	3	PA, QL, SP
letrozole oral	1	
LYNPARZA	3	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	3	PA, QL, SP
PURIXAN	4	PA, SP
REVLIMID	3	PA, QL, SP
ROZLYTREK	3	PA, QL, SP
SOLTAMOX	NF	
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

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
VITRAKVI	3	PA, QL, SP
ZEJULA	3	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
MALARONE	4	
permethrin external	1	
Antiparkinson Agents - Drugs for Parkinson's Disease		
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	4	PA
INBRIJA	4	PA, QL, SP
KYNMOBI	4	PA, QL, SP
MIRAPEX	4	
NOURIANZ	NF	PA, QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	NF	
ropinirole hcl	1	
ropinirole hcl er	NF	
RYTARY	NF	
SINEMET	4	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
ZONTIVITY	4	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MYCITE	NF	PA, QL
aripiprazole oral solution	4	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	NF	QL
LATUDA	NF	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
risperidone	1	

Drug Name	Drug Tier	Requirements & Limits
SAPHRIS	NF	ST, QL
VRAYLAR	NF	ST, QL
ziprasidone hcl	2	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	NF	ST, QL
BARACLUDE ORAL SOLUTION	3	SP
CIMDUO	3	QL, SP
DESCOVY	NF	PA, ST, QL, SP
DOVATO	3	QL, SP
emtricitabine-tenofovir df	1	QL, H
entecavir	3	SP
EPCLUSA	2	PA, QL, SP
GENVOYA	4	QL
HARVONI ORAL TABLET 45-200 MG	3	PA, ST, QL, SP
HARVONI ORAL TABLET 90-400 MG	2	PA, ST, QL, SP
ISENTRESS	3	
ISENTRESS HD	3	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
LEDIP-SOFOSB ORAL TABLET 90-400MG	2	PA, ST, QL, SP
MAVYRET	3	PA, QL, SP
NORVIR ORAL PACKET	3	
NORVIR ORAL SOLUTION	3	
ODEFSEY	4	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	3	
PREZISTA	3	
ritonavir	3	
RUKOBIA	4	PA
SITAVIG	NF	QL
SOFOS/VELPAT ORAL TABLET 400-100	2	PA, QL, SP
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	4	QL
SYMFI	3	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
SYMFI LO	3	QL
TEMIXYS	NF	QL
tenofovir disoproxil fumarate	3	
TIVICAY	4	
TRIUMEQ	3	QL
TRUVADA	NF	QL
valacyclovir hcl oral	1	QL
VEMLIDY	4	ST, SP
VIREAD ORAL POWDER	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	3	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	3	PA, QL, SP
ZOVIRAX ORAL SUSPENSION	4	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL	4	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	

Drug Name	Drug Tier	Requirements & Limits
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	4	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	4	
ALDACTONE	4	
aliskiren fumarate	NF	
ALTACE	4	
ALTOPREV	NF	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	4	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BIDIL	2	
bisoprolol fumarate	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	NF	
CALAN SR	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	NF	
CARDURA	4	
CAROSPIR	4	PA
cartia xt	2	
carvedilol	1	
CATAPRES	4	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	NF	
COREG	4	

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	Drug Name	Drug Tier	Requirements & Limits
CORGARD	4		lisinopril-hydrochlorothiazide	1	
CORLANOR	3	PA, QL	LOPID	4	
diltiazem hcl er coated beads	2		LOPRESSOR	4	
diltiazem hcl er oral capsule extended release 12 hour	1		losartan potassium	1	
diltiazem hcl oral	1		losartan potassium-hctz	1	
dilt-xr	1		LOTENSIN	4	
doxazosin mesylate oral	1		LOTENSIN HCT	4	
DYAZIDE	4		lovastatin	1	H
EDARBI	3		matzim la	2	
EDARBYCLOR	3		MAXZIDE	4	
enalapril maleate oral	1		MAXZIDE-25	4	
EPANED	4	PA	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
EZALLOR SPRINKLE	3	PA	metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
ezetimibe	2		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
ezetimibe-simvastatin	NF		metoprolol tartrate oral tablet 37.5 mg, 75 mg	NF	
fenofibrate oral capsule 150 mg, 50 mg	NF		MINIPRESS	4	
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	NF		minitran	1	
fenofibrate oral tablet 160 mg, 145 mg, 54 mg	2		MULTAQ	NF	PA
flecainide acetate	1		nadolol oral	1	
FLOLIPID	4	PA	NEXLETOL	2	PA, ST, QL
furosemide oral	1		NEXLIZET	2	PA, ST, QL
gemfibrozil oral	1		niacin (antihyperlipidemic)	NF	
GONITRO	NF	QL	niacin er (antihyperlipidemic)	NF	
guanfacine hcl	1		niacor	NF	
HEMANGEOL	NF		NIASPAN	2	
hydralazine hcl oral	1		nifedipine er	1	
hydrochlorothiazide oral	1		nifedipine er osmotic release	1	
HYZAAR	4		nifedipine oral	1	
irbesartan	1		NITRO-BID	2	
irbesartan-hydrochlorothiazide	1		NITRO-DUR	3	
isosorbide mononitrate	1		nitroglycerin sublingual	1	
isosorbide mononitrate er	1		nitroglycerin transdermal	1	
KAPSPARGO SPRINKLE	4		nitroglycerin translingual	NF	QL
labetalol hcl oral	1		NITROMIST	4	QL
LASIX	4		NITROSTAT	4	
LIPOFEN	NF		nitro-time	1	
lisinopril 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).



Drug Name	Drug Tier	Requirements & Limits
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	1	
PRALUENT	3	PA, ST, QL
PRAVACHOL	4	
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	4	
PROCARDIA	4	
PROCARDIA XL	4	
propranolol hcl er	2	
propranolol hcl oral	1	
QBRELIS	4	PA
quinapril hcl	1	
ramipril	1	
ranolazine er	2	
REPATHA	3	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	3	PA, ST, QL
REPATHA SURECLICK	3	PA, ST, QL
rosuvastatin calcium	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	4	PA
spironolactone oral	1	
TEKTURN HCT	NF	
telmisartan	2	
TOPROL XL	4	
torsemide	1	
triamterene-hctz	1	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	NF	PA
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	

Drug Name	Drug Tier	Requirements & Limits
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM	4	
WELCHOL	2	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	4	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	2	QL
ADHANSIA XR	NF	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	NF	QL
APTENSIO XR	NF	PA, QL
atomoxetine hcl	4	QL
CONCERTA	2	PA, QL
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	3	PA, QL
dextroamphetamine sulfate er	3	PA, QL
dextroamphetamine sulfate oral solution	1	PA
dextroamphetamine sulfate oral tablet	3	PA
FOCALIN	4	PA
guanfacine hcl er	2	QL
JORNAY PM	NF	PA, QL
metadate er	NF	PA, QL
METHYLIN	4	PA
methylphenidate hcl er	NF	PA, QL
methylphenidate hcl er (cd)	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	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
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA
methylphenidate hcl oral tablet chewable	3	PA
MYDAYIS	NF	PA, QL
PROCENTRA	3	PA
QUILLICHEW ER	NF	PA, QL
QUILLIVANT XR	NF	PA, QL
relexxii	NF	PA, QL
RITALIN	4	PA
VYVANSE	NF	PA, QL
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	NF	PA

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 CAPSULE	3	PA, QL, SP
BETASERON	3	PA, QL, SP
dalfampridine er	3	PA, QL, SP
dimethyl fumarate	3	PA, QL, SP
EXTAVIA	NF	PA, ST, QL, SP
GILENYA	4	PA, QL, SP
glatiramer acetate	3	PA, QL, SP
glatopa	3	PA, QL, SP
KESIMPTA	3	PA, QL, SP
MAVENCLAD (10 TABS)	4	PA, ST, QL, SP
MAVENCLAD (4 TABS)	4	PA, ST, QL, SP
MAVENCLAD (5 TABS)	4	PA, ST, QL, SP
MAVENCLAD (6 TABS)	4	PA, ST, QL, SP
MAVENCLAD (7 TABS)	4	PA, ST, QL, SP
MAVENCLAD (8 TABS)	4	PA, ST, QL, SP
MAVENCLAD (9 TABS)	4	PA, ST, QL, SP
MAYZENT	4	PA, QL, SP
MAYZENT STARTER PACK	4	PA, QL, SP
PLEGRIDY	4	PA, QL, SP
PLEGRIDY STARTER PACK	4	PA, QL, SP
REBIF	NF	PA, QL, SP
REBIF REBIDOSE	NF	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
REBIF REBIDOSE TITRATION PACK	NF	PA, QL, SP
REBIF TITRATION PACK	NF	PA, QL, SP
TECFIDERA	NF	PA, QL, SP
ZEPOSIA	4	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	3	PA, QL, SP
LYRICA CR	NF	ST, QL
NUEDEXTA	2	PA
pregabalin oral capsule	2	QL
pregabalin oral solution	NF	QL
RILUTEK	4	SP
riluzole	1	SP
TIGLUTIK	4	PA

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	4	
neutral sodium fluoride	1	
paroex	1	
PERIDEX	4	
perigard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	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
sodium fluoride 5000 plus	1	
sodium fluoride dental	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	NF	PA
ACZONE	NF	QL
ALA SCALP	4	
ala-cort external cream 1 %	NF	
ala-cort external cream 2.5 %	1	
ALDARA	4	QL
ALTRENO	NF	PA, QL
amnesteem	2	
AMZEEQ	NF	PA, QL
avar cleanser	1	
AVAR LS CLEANSER	NF	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
avita	NF	PA, QL
azelaic acid external	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	3	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	2	
CLEOCIN-T EXTERNAL GEL	4	QL
CLEOCIN-T EXTERNAL LOTION	4	

Drug Name	Drug Tier	Requirements & Limits
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	NF	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	NF	
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	NF	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	NF	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	NF	QL
clobetasol propionate external solution	1	QL
clodan external shampoo	NF	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external gel 5 %	NF	QL
DERMA-SMOOTH/FS BODY	4	QL
DERMA-SMOOTH/FS SCALP	4	
DESONATE	NF	ST, QL
desonide external	3	QL
DESOWEN	3	QL
DIPROLENE	4	

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	Drug Name	Drug Tier	Requirements & Limits
DIPROLENE AF	4		mometasone furoate external	1	
DUPIXENT	4	PA, ST, QL, SP	myorisan	2	
EFUDEX	4		neuac external gel	3	QL
ENSTILAR	4	QL	NORITATE	NF	
EUCRISA	3	ST, QL	PICATO	NF	QL
EVOCLIN	4		PLEXION	NF	
FINACEA	4		PLEXION CLEANSER	NF	
fluocinolone acetonide body	3	QL	PLEXION CLEANSING CLOTH	NF	
fluocinolone acetonide external cream	3	QL	RHOFADE	4	PA, QL
fluocinolone acetonide external ointment	2	QL	rosadan external cream	1	
fluocinolone acetonide external solution	3	QL	rosadan external gel	1	
fluocinolone acetonide scalp	3		SERNIVO	NF	QL
fluocinonide external cream 0.05 %	1		SOOLANTRA CREAM 1%	NF	QL
fluocinonide external cream 0.1 %	NF	QL	sss 10-5	1	
fluocinonide external gel	1		sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
fluocinonide external ointment	1		sulfacetamide sodium-sulfur external cream 9.8-4.8 %	NF	
fluocinonide external solution	1		sulfacetamide sodium-sulfur external emulsion	1	
FLUOROPLEX	4		sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	NF	
FLUOROURACIL EXTERNAL CREAM 0.5 %	4		sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
fluorouracil external cream 5 %	1		sulfacetamide sodium-sulfur external lotion 10-5 %	1	
fluorouracil external solution	1		sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	NF	
hydrocortisone external cream 1 %	NF		sulfacetamide sodium-sulfur external pad	1	
hydrocortisone external cream 2.5 %	1		sulfacetamide sodium-sulfur external suspension 10-5 %	1	
hydrocortisone external lotion 2.5 %	1		sulfacetamide sodium-sulfur external suspension 8-4 %	NF	
hydrocortisone external ointment 1 %, 2.5 %	1		surfacleane 8/4	NF	
imiquimod external	1	QL	sulfamez wash	1	
IMIQUIMOD PUMP	NF	QL	SUMADAN WASH	NF	
IMPOYZ	NF	QL	SUMAXIN	4	
isotretinoin oral	2		SUMAXIN WASH	3	
METROCREAM	4		TACLONEX EXTERNAL SUSPENSION	NF	QL
METROLOTION	4		tazarotene external	NF	PA, QL
metronidazole external cream	1		TAZORAC	NF	PA, QL
metronidazole external gel 0.75 %	1				
metronidazole external gel 1 %	NF				
metronidazole external lotion	1				
MIRVASO	4	PA, 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	Drug Name	Drug Tier	Requirements & Limits
TEMOVATE	4	QL	ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	NF	
TEXACORT	2		ACCU-CHEK SMARTVIEW TEST STRIPS	NF	QL
TOLAK	NF		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
tretinoin external cream	3	QL	BD ULTRA-FINE PEN NEEDLES	2	
tretinoin external gel 0.01 %, 0.05 %	NF	QL	CONTOUR NEXT, NEXT EZ, NEXT ONE MONITOR	2	
tretinoin gel 0.025 % external	NF		CONTOUR NEXT LNK MONITOR	E	
tretinoin gel 0.025 % external	NF	QL	CONTOUR NEXT TEST STRIP	2	QL
triamcinolone acetonide external aerosol solution	2	QL	CONTOUR TEST STRIP	NF	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1		DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
triamcinolone acetonide external cream 0.5 %	1	QL	DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
triamcinolone acetonide external lotion	1		EASYPLUS BLOOD GLUCOSE TEST	NF	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		FREESTYLE LIBRE 14 DAY READER	3	PA, QL
triamcinolone acetonide external ointment 0.05 %	NF		FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
trianex	NF		FREESTYLE LIBRE READER	3	PA, QL
triderm external cream 0.1 %	1		FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL
triderm external cream 0.5 %	1	QL	FREESTYLE PRECISION NEO TEST	NF	QL
TRIDESILON	3	QL	GUARDIAN CONNECT TRANSMITTER	3	PA, QL
VERDESO	NF	QL	GUARDIAN LINK 3 TRANSMITTER	3	
zenatane	2		GUARDIAN SENSOR (3)	3	PA
ZYCLARA	NF	QL	INSULIN SYRINGES	2	
ZYCLARA PUMP	NF	QL	LANCETS	1	
Diabetes - Glucose Monitoring			NOVOFINE AUTOCOVER PEN NEEDLE	2	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	NF		NOVOFINE PEN NEEDLE	2	
ACCU-CHEK AVIVA DEVICE	NF		NOVOFINE PLUS PEN NEEDLE	2	
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	NF		ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ACCU-CHEK AVIVA PLUS TEST STRIPS	NF	QL	ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	1	QL
ACCU-CHEK COMPACT PLUS CARE KIT	NF				
ACCU-CHEK COMPACT PLUS TEST STRIPS	NF	QL			
ACCU-CHEK GUIDE KIT W/DEVICE	3				
ACCU-CHEK GUIDE ME KIT W/DEVICE	3				
ACCU-CHEK GUIDE TEST STRIPS	3	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	Drug Name	Drug Tier	Requirements & Limits
ONETOUGH ULTRA MINI KIT W/DEVICE	1		HUMALOG U-100 JUNIOR KWIKPEN	2	QL
ONETOUGH VERIO FLEX SYSTEM KIT W/DEVICE	1		HUMULIN 70/30 KWIKPEN	2	QL
ONETOUGH VERIO IQ SYSTEM	1		HUMULIN 70/30 VIAL	2	QL
ONETOUGH VERIO KIT W/DEVICE	1		HUMULIN N KWIKPEN	2	QL
ONETOUGH VERIO SYNC SYSTEM KIT W/DEVICE	1		HUMULIN N VIAL	2	QL
ONETOUGH VERIO TEST STRIPS	1	QL	HUMULIN R U-500 KWIKPEN	2	QL
PRECISION LINK	NF		HUMULIN R U-500 VIAL (CONCENTRATED)	2	QL
PRECISION PCX PLUS TEST	NF	QL	HUMULIN R VIAL	2	QL
PRECISION QID MONITOR	NF		INSULIN ASPART	NF	ST, QL
PRECISION QID TEST	NF	QL	INSULIN ASPART FLEXPEN	NF	ST, QL
PRECISION SOF-TACT MONITOR	NF		INSULIN ASPART PENFILL	NF	ST, QL
PRECISION SOF-TACT TEST	NF	QL	INSULIN LISPRO	NF	QL
PRECISION XTRA BLOOD GLUCOSE	NF	QL	INSULIN LISPRO (1 UNIT DIAL)	NF	QL
PRECISION XTRA DEVICE	NF		LANTUS SOLOSTAR	2	QL
PRECISION XTRA KIT	NF		LANTUS U-100 VIAL	2	QL
PRECISION XTRA MONITOR	NF		LEVEMIR U-100 FLEXTOUCH	NF	QL
RELION BLOOD GLUCOSE TEST	NF	QL	LEVEMIR U-100 VIAL	NF	ST, QL
RELION ULTIMA TEST	NF	QL	LYUMJEV KWIKPEN	2	QL
SOFTCLIX	1		LYUMJEV VIAL	2	QL
TRUE METRIX BLOOD GLUCOSE TEST	NF	QL	NOVOLIN 70/30 FLEXPEN	NF	ST, QL
TRUETRACK TEST	NF	QL	NOVOLIN 70/30 FLEXPEN RELION	NF	ST, QL
Diabetes - Insulin			NOVOLIN 70/30 RELION	NF	ST, QL
ADMELOG	NF	QL	NOVOLIN 70/30 VIAL	NF	ST, QL
ADMELOG SOLOSTAR	NF	QL	NOVOLIN N FLEXPEN	NF	ST, QL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT	NF	PA, QL	NOVOLIN N FLEXPEN RELION	NF	ST, QL
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	NF	PA, QL	NOVOLIN N RELION	NF	ST, QL
BASAGLAR KWIKPEN	NF	QL	NOVOLIN N VIAL	NF	ST, QL
HUMALOG	2	QL	NOVOLIN R FLEXPEN	NF	ST, QL
HUMALOG KWIKPEN	2	QL	NOVOLIN R FLEXPEN RELION	NF	ST, QL
HUMALOG MIX 50/50 KWIKPEN	2	QL	NOVOLIN R RELION	NF	ST, QL
HUMALOG MIX 50/50 VIAL	2	QL	NOVOLIN R VIAL	NF	ST, QL
HUMALOG MIX 75/25 KWIKPEN	2	QL	NOVOLOG FLEXPEN	NF	ST, QL
HUMALOG MIX 75/25 VIAL	2	QL	NOVOLOG PENFILL	NF	ST, QL
			NOVOLOG U-100 VIAL	NF	ST, QL
			TOUJEO MAX SOLOSTAR	3	QL
			TOUJEO SOLOSTAR	3	QL
			TRESIBA	NF	QL
			TRESIBA FLEXTOUCH	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	Drug Name	Drug Tier	Requirements & Limits
Diabetes - Non-Insulin Agents			NESINA	2	QL
ADLYXIN	NF	PA, ST, QL	ONGLYZA	2	QL
ADLYXIN STARTER PACK	NF	PA, ST, QL	OSENI	2	QL
ALOGLIPTIN BENZOATE	NF	QL	OZEMPIC	2	PA, ST, QL
ALOGLIPTIN-METFORMIN HCL	NF	QL	pioglitazone hcl	1	QL
ALOGLIPTIN-PIOGLITAZONE	NF	QL	RYBELSUS	2	PA, ST, QL
AMARYL	4		SOLIQUA	2	QL
BAQSIMI ONE PACK	2	QL	SYMLINPEN 120	NF	QL
BAQSIMI TWO PACK	2	QL	SYMLINPEN 60	NF	QL
BYDUREON	2	PA, ST, QL	SYNJARDY	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL	SYNJARDY XR	2	QL
BYETTA 10 MCG PEN	2	PA, ST, QL	TRADJENTA	2	QL
BYETTA 5 MCG PEN	2	PA, ST, QL	TRIJARDY XR	2	QL
FARXIGA	NF	ST, QL	TRULICITY	2	PA, ST, QL
glimepiride	1		VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (2 Pak)	2	PA, ST, QL
glipizide er	1		VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3 Pak)	3	PA, ST, QL
glipizide ir	1		Drugs for Blood Disorders		
glipizide xl	1		ADVATE	3	SP
GLUCAGON EMERGENCY KIT INJECTION KIT	2	QL	ADYNOVATE	4	PA, SP
GLUCOTROL	4		AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA, SP
GLUCOTROL XL	4		AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
GLUCOVANCE ORAL TABLET 5-500 MG	4		ARANESP (ALBUMIN FREE)	3	QL, SP
glyburide oral	1		ELOCTATE	NF	PA, SP
glyburide-metformin	1		JIVI	4	PA, SP
GLYXAMBI	2	ST, QL	KOGENATE FS	3	SP
GVOKE HYPOPEN, PFS	2	QL	KOVALTRY	3	SP
JANUVIA	NF	ST, QL	MULPLETA	3	PA, QL, SP
JARDIANCE	2	ST, QL	NEULASTA	4	SP
JENTADUETO	2	QL	NOVOEIGHT	3	SP
JENTADUETO XR	2	QL	NUWIQ	3	SP
KAZANO	2	QL	RECOMBINATE	3	SP
KOMBIGLYZE XR	2	QL	RETACRIT	3	QL, SP
metformin hcl er	1		ZARXIO	3	SP
metformin hcl er (mod)	NF	PA	ZIEXTENZO	4	SP
metformin hcl er (osm)	NF	PA			
METFORMIN HCL ORAL SOLUTION	3				
metformin hcl oral tablet	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
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
IMVEXXY MAINTENANCE PACK	3	QL
IMVEXXY STARTER PACK	3	QL
INTRAROSA	NF	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral tablet 10 mg, 20 mg	2	QL
tadalafil oral tablet 2.5 mg, 5 mg	2	ST, QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
DRISDOL	4	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
klor-con sprinkle	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multivitamins/fluoride	1	
mvc-fluoride	1	
NASCOBAL	4	
POLY-VI-FLOR	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	4	
UROCIT-K 15	4	

Drug Name	Drug Tier	Requirements & Limits
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX SPRINKLE	NF	QL
CYTOTEC	4	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	4	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium tablet delayed release 20 mg oral	1	
pantoprazole sodium tablet delayed release 20 mg oral	NF	
pantoprazole sodium tablet delayed release 40 mg oral	1	
pantoprazole sodium tablet delayed release 40 mg oral	NF	
PROTONIX ORAL PACKET	NF	
PYLERA	NF	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	NF	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	4	
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	4	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
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBIID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LOMOTIL	4	
MOTTEGRITY	3	PA, QL
MOVIPREP	3	QL
NULEV	4	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL, H
PLENVU	3	QL
PREPOPIK	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	NF	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA, QL
TRULANCE	4	PA, ST, QL
URSO 250	4	
URSO FORTE	4	
ursodiol oral	1	
VIBERZI	4	PA, QL
ZELNORM	3	PA, ST, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA, SP
clovique	NF	PA, SP
CREON	2	
CUPRIMINE	NF	SP
DEPEN TITRATABS	3	SP
ENDARI	4	PA, QL
nitisinone	NF	PA, SP
NITYR	NF	PA, SP
ORFADIN ORAL CAPSULE 20 MG	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
ORFADIN ORAL SUSPENSION	3	PA, SP
PANCREAZE	NF	ST
penicillamine oral capsule	4	SP
PERTZYE	4	ST
STRENSIQ	3	PA, QL, SP
TEGSEDI	3	PA, QL, SP
trientine hcl	NF	PA, SP
VIOKACE	4	ST
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
DITROPAN XL	3	
GELNIQUE	NF	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
solifenacin	3	
TOVIAZ	3	
VELPHORO	2	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
PROSCAR	4	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
amethia lo	4	
apri	1	H
ashlyna	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
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	3	
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	4	
ayuna	1	H
azurette	2	
balziva	2	
bekyree	2	
BIJUVA	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	2	
camila	1	H
camrese	3	
camrese lo	4	
chateal	1	H
chateal eq	1	H
CLIMARA PRO	3	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	3	
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	

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, 0.75 MG/0.75GM, 1 MG/GM	3	
dotti	NF	QL
drospiren-eth estrad-levomefol	NF	
drospirenone-ethinyl estradiol	NF	
DUAVEE	NF	QL
ELESTRIN	3	
elinest	1	H
eluryng	NF	
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE ORAL	4	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal (generic MINIVELLE)	2	QL
estradiol patch twice weekly 0.025 mg/24hr transdermal (generic VIVELLE-DOT)	NF	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic MINIVELLE)	2	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic VIVELLE-DOT)	NF	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal (generic MINIVELLE)	2	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal (generic VIVELLE-DOT)	NF	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal (generic MINIVELLE)	2	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal (generic VIVELLE-DOT)	NF	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal (generic MINIVELLE)	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
estradiol patch twice weekly 0.1 mg/24hr transdermal (generic VIVELLE-DOT)	NF	QL
estradiol transdermal patch weekly (generic CLIMARA)	1	QL
estradiol vaginal cream	4	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	NF	
EVAMIST	2	
falmina	1	H
fayosim	NF	
femynor	1	H
gianvi	NF	
hailey 1.5/30	2	
hailey 24 fe	3	
heather	1	H
incassia	1	H
introvale	2	H
isibloom	1	H
jasmiel	NF	
jencycla	1	H
jolessa	2	H
juleber	1	H
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	3	
kalliga	1	H
kariva	2	
kurvelo	1	H
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	3	
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H

Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth est & eth est	NF	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg	4	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow	1	H
LO LOESTRIN FE	NF	
LOESTRIN 1.5/30 (21)	4	
LOESTRIN 1/20 (21)	4	
LOESTRIN FE 1.5/30	4	
LOESTRIN FE 1/20	4	
loryna	NF	
LOSEASONIQUE	4	
low-ogestrel	1	H
lo-zumandimine	NF	
lutra	1	H
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
melodetta 24 fe	NF	
MENOSTAR	3	QL
mibelas 24 fe	NF	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MIRCETTE	4	
mono-lynh	1	H
NATAZIA	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	Drug Name	Drug Tier	Requirements & Limits
necon 0.5/35 (28)	1	H	reclipsen	1	H
nikki	NF		rivelsa	NF	
nora-be	1	H	setlakin	2	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	3		sharobel	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H	simliya	2	
norethin ace-eth estrad-fe oral tablet chewable	NF		simpesse	3	
norethindrone acetate oral	1		sprintec 28	1	H
norethindrone acet-ethinyl est	2		sronyx	1	H
norethindrone oral	1	H	syeda	NF	
norgestimate-eth estradiol	1	H	tarina 24 fe	3	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2		tarina fe 1/20	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	tarina fe 1/20 eq	1	H
norlyda	1	H	TAYTULLA	NF	
norlyroc	1	H	tri femynor	1	H
nortrel 0.5/35 (28)	1	H	tri-estarylla	1	H
nortrel 1/35 (21)	1	H	tri-linyah	1	H
nortrel 1/35 (28)	1	H	tri-lo-estarylla	2	
NUVARING	1	H	tri-lo-mili	2	
ocella	NF		tri-lo-sprintec	2	
ogestrel	2		tri-mili	1	H
orsythia	1	H	tri-previfem	1	H
ORTHO MICRONOR	4		tri-sprintec	1	H
philith	2		tri-vylibra	1	H
pimtrea	2		tri-vylibra lo	2	
pirmella 1/35	1	H	tulana	1	H
portia-28	1	H	tydemy	NF	
PREMARIN ORAL	NF		vienva	1	H
PREMARIN VAGINAL	3		viorele	2	
PREMPHASE	3		VIVELLE-DOT	2	QL
PREMPRO	NF		vyfemla	2	
previfem	1	H	vylibra	1	H
progesterone micronized oral	2		wera	1	H
PROVERA	4		xulane	3	H
			YASMIN 28	2	
			YAZ	2	
			yuvaferm	2	
			zarah	NF	
			zumandimine	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
Hormonal Agents - Oral Steroids		
CORTEF	4	
DECADRON	NF	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DEXPAK 10 DAY	4	
DEXPAK 13 DAY	4	
DEXPAK 6 DAY	4	
DXEVO 11-DAY	NF	
HIDEX 6-DAY	NF	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
MILLIPRED	2	
MILLIPRED DP	2	
MILLIPRED DP 12-DAY	2	
ORAPRED ODT	4	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	NF	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	4	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	2	
DDAVP INJECTION	4	
DDAVP ORAL	4	

Drug Name	Drug Tier	Requirements & Limits
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	NF	PA, QL, SP
GENOTROPIN MINIQUEL	NF	PA, QL, SP
HUMATROPE	NF	PA, QL, SP
NOCURNA	3	PA, QL
NORDITROPIN FLEXP	NF	PA, QL, SP
NUTROPIN AQ NUSPIN 10	3	PA, QL, SP
NUTROPIN AQ NUSPIN 20	3	PA, QL, SP
NUTROPIN AQ NUSPIN 5	3	PA, QL, SP
octreotide	1	PA, SP
OMNITROPE	NF	PA, QL, SP
ORIAHNN	4	PA, QL
ORILISSA	4	PA, QL
SOMATULINE DEPOT	NF	SP
STIMATE	NF	
ZOMACTON	NF	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	NF	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	NF	
NATESTO	NF	PA, QL
STRIANT	NF	PA, QL
TESTIM	2	PA, QL
TESTOSTERONE CYPIONATE INJECTION	NF	
testosterone cypionate intramuscular	NF	
testosterone enanthate intramuscular	1	
testosterone transdermal	NF	PA, QL
XYOSTED	NF	PA
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levoxyl	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
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	NF	
TAPAZOLE	4	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
TIROSINT	NF	
TIROSINT-SOL	4	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	

Immunological Agents - Drugs for Immune System Stimulation or Suppression

ACTEMRA ACTPEN	4	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	4	PA, ST, QL, SP
ASTAGRAF XL	NF	SP
AZASAN	4	SP
azathioprine oral	1	SP
CIMZIA PREFILLED KIT	3	PA, QL, SP
CIMZIA STARTER KIT	3	PA, QL, SP
COSENTYX (300 MG DOSE)	4	PA, ST, QL, SP
COSENTYX 150 MG/ML	4	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	4	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	4	PA, ST, QL, SP
cyclosporine modified	1	SP
ENBREL	NF	PA, ST, QL, SP
ENBREL MINI	NF	PA, ST, QL, SP
ENBREL SURECLICK	NF	PA, ST, QL, SP
ENVARUSUS XR	NF	SP
FIRAZYR	3	PA, QL, SP
gengraf	1	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
HUMIRA PEN-CD/UC/HS STARTER	3	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
icatibant acetate	NF	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	3	SP
OLUMIANT	3	PA, QL, SP
ORENCIA	4	PA, ST, QL, SP
ORENCIA CLICKJET	4	PA, ST, QL, SP
OTEZLA	3	PA, QL, SP
OTREXUP	NF	QL
PROGRAF ORAL PACKET	4	PA, SP
RAPAMUNE ORAL SOLUTION	4	SP
RASUVO	2	QL
RINVOQ	3	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	3	PA, QL, SP
sirolimus oral solution	3	SP
sirolimus oral tablet	1	SP
SKYRIZI (150 MG DOSE)	3	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	NF	PA, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
tacrolimus oral	1	SP
TAKHZYRO	3	PA, QL, SP
TREMFYA	3	PA, QL, SP
TREXALL	2	
XELJANZ	3	PA, ST, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3	PA, ST, QL, SP

Infertility Agents

chorionic gonadotropin intramuscular	4	SP
CRINONE VAGINAL GEL 4 %	4	ST
CRINONE VAGINAL GEL 8 %	4	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Ferring)	4	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
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous (Merck/ Organon)	2	QL, SP
novarel intramuscular solution reconstituted 10000 unit	3	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	4	SP
pregnyl	1	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	4	
ANALPRAM HC SINGLES	4	
ANALPRAM-HC EXTERNAL CREAM	4	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
budesonide er	NF	
budesonide oral	2	
CORTIFOAM	2	
DIPENTUM	NF	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
mesalamine er	NF	
mesalamine oral	NF	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
PENTASA	NF	
PROCORT	NF	
PROCTOFOAM HC	2	
SFROWASA	NF	
sulfasalazine oral tablet	1	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BONIVA ORAL	4	
FORTEO	NF	PA, ST, SP
FOSAMAX	4	

Drug Name	Drug Tier	Requirements & Limits
ibandronate sodium oral	2	
TERIPARATIDE (RECOMBINANT)	NF	PA, SP
TYMLOS	NF	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
ROCALTROL	4	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	NF	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H
FLAREX	2	
ILEVRO	NF	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACAPT	3	QL
LOTEMAX OPHTHALMIC GEL	NF	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	4	QL
LOTEMAX SM	3	QL
loteprednol etabonate	3	QL
MAXITROL	4	
MOXEZA	4	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	

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
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	QL
olopatadine hcl ophthalmic solution 0.2 %	NF	QL
PAZEO	NF	QL
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	4	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	ST
TOBRADEX OPHTHALMIC SUSPENSION	4	QL
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	3	QL
TOBREX OPHTHALMIC SOLUTION	4	QL
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	NF	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN	2	QL
COSOPT	4	
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

Drug Name	Drug Tier	Requirements & Limits
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	3	
TIMOPTIC	4	
TIMOPTIC OCUDOSE 0.25 %	2	
TIMOPTIC-XE	4	
travoprost (bak free)	2	QL
VYZULTA	NF	ST, QL
XELPROS	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	NF	PA, QL
RESTASIS	NF	PA, QL
RESTASIS MULTIDOSE	NF	PA, QL
XIIDRA	NF	PA, QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	NF	ST
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	NF	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	NF	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	NF	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic EPIPEN JR)	2	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	NF	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic EPIPEN)	2	QL
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	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
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	NF	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-cpm polst er	NF	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	NF	QL
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	4	
TUSSICAPS	4	PA, QL
XHANCE	NF	QL
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	3	QL
ADVAIR HFA	3	QL
AIRDUO RESPICLICK 113/14	NF	QL
AIRDUO RESPICLICK 232/14	NF	QL
AIRDUO RESPICLICK 55/14	NF	QL
albuterol sulfate er	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (ProAir HFA or Proventil HFA)	2	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (Ventolin HFA)	NF	QL
albuterol sulfate inhalation	1	
albuterol sulfate oral	3	PA
ALVESCO	NF	QL
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	2	QL

Drug Name	Drug Tier	Requirements & Limits
ASMANEX (120 METERED DOSES)	NF	QL
ASMANEX (14 METERED DOSES)	NF	QL
ASMANEX (30 METERED DOSES)	NF	QL
ASMANEX (60 METERED DOSES)	NF	QL
ASMANEX (7 METERED DOSES)	NF	QL
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	NF	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL
BREZTRI	3	QL
budesonide inhalation	2	QL
COMBIVENT RESPIMAT	4	QL
EASIVENT	3	
FASENRA	NF	PA, QL, SP
FASENRA PEN	4	PA, QL, SP
FLOVENT DISKUS	2	QL
FLOVENT HFA	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	NF	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INCRUSE ELLIPTA	NF	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	NF	QL
montelukast sodium oral packet	2	
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	4	PA, QL, SP
PERFOROMIST	NF	QL
PROAIR DIGIHALER	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
PROAIR HFA	NF	QL
PROAIR RESPICLICK	NF	QL
PROVENTIL HFA	NF	QL
PULMICORT FLEXHALER	2	QL
QVAR REDHALER	NF	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL
TRELEGY ELLIPTA	3	QL
VENTOLIN HFA	NF	QL
wixela inhub	NF	QL
XOPENEX HFA	NF	QL
YUPELRI	4	PA, QL

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

KITABIS PAK	NF	PA, QL, SP
PULMOZYME	3	PA, QL, SP
TOBI PODHALER	NF	PA, QL, SP
tobramycin nebulization solution 300 mg/4ml inhalation	3	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	NF	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	NF	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	3	PA, QL, SP
ambrisentan	3	PA, QL, SP
bosentan	3	PA, QL, SP
OPSUMIT	3	PA, QL, SP
ORENITRAM	4	PA, QL, SP
sildenafil citrate oral tablet	1	QL, SP
TRACLEER	3	PA, QL, SP
TYVASO	3	PA, SP
TYVASO REFILL	3	PA, SP
TYVASO STARTER	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral	1	
carisoprodol oral tablet 250 mg	NF	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	NF	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	NF	
FEXMID	NF	
metaxalone	3	
methocarbamol oral	1	
OZOBAX	4	PA
ROBAXIN-750	4	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL CAPSULE	4	

Sleep Disorder Agents

BELSOMRA	NF	ST
DAYVIGO	NF	ST, QL
EDLUAR	NF	QL
eszopiclone	2	QL
modafinil	2	PA, QL
RESTORIL	4	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	NF	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	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).



Index

A

ABILIFY MYCITE	14	ADLYXIN STARTER PACK	23	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	32
ABSORICA	19	ADMELOG	22	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	32
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	21	ADMELOG SOLOSTAR	22	alprazolam er	15
ACCU-CHEK AVIVA DEVICE	21	ADVAIR DISKUS	33	alprazolam intensol	15
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	21	ADVAIR HFA	33	alprazolam oral	15
ACCU-CHEK AVIVA PLUS TEST STRIPS	21	ADVATE	23	alprazolam xr	15
ACCU-CHEK COMPACT PLUS CARE KIT	21	ADYNOVATE	23	ALREX	31
ACCU-CHEK COMPACT PLUS TEST STRIPS	21	AEMCOLO	10	ALTACE	15
ACCU-CHEK GUIDE KIT W/DEVICE	21	afirmelle	25	altavera	25
ACCU-CHEK GUIDE ME KIT W/DEVICE	21	AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT	22	ALTOPREV	15
ACCU-CHEK GUIDE TEST STRIPS	21	AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	22	ALTRENO	19
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	21	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	23	ALUNBRIG	13
ACCU-CHEK SMARTVIEW TEST STRIPS	21	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	23	ALVESCO	33
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	21	AIMOVIG	13	alyacen 1/35	25
ACCUPRIL	15	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	13	AMARYL	23
acetaminophen-codeine	8	AIRDUO RESPICLICK 113/14	33	ambrisentan	34
acetaminophen-codeine #2	8	AIRDUO RESPICLICK 232/14	33	AMERGE	13
acetaminophen-codeine #3	8	AIRDUO RESPICLICK 55/14	33	amethia	25
acetaminophen-codeine #4	8	ALA SCALP	19	amethia lo	25
acetazolamide er	15	ala-cort external cream 1 %	19	amiodarone hcl oral	15
acetazolamide oral	15	ala-cort external cream 2.5 %	19	amitriptyline hcl oral	12
ACIPHEX SPRINKLE	24	albuterol sulfate er	33	amlodipine besylate oral	15
ACTEMRA ACTPEN	30	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	33	amlodipine besylate-benazepril hcl	15
ACTEMRA SUBCUTANEOUS	30	albuterol sulfate inhalation	33	amlodipine besylate-valsartan	15
ACTIGALL	24	albuterol sulfate oral	33	amnesteem	19
ACULAR	31	ALDACTONE	15	amoxicillin	10
ACULAR LS	31	ALDARA	19	amoxicillin-potassium clavulanate er	10
ACUVAIL	31	ALECENSA	13	amoxicillin-potassium clavulanate oral	10
acyclovir oral	14	alendronate sodium	31	amphetamine-dextroamphetamine	17
ACZONE	19	alfuzosin hcl er	25	amphetamine-dextroamphetamine er	17
ADALAT CC ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG	15	aliskiren fumarate	15	AMZEEQ	19
ADDERALL XR	17	allopurinol oral	13	ANALPRAM HC	31
ADDYI	24	ALOGLIPTIN BENZOATE	23	ANALPRAM HC SINGLES	31
ADEMPAS	34	ALOGLIPTIN-METFORMIN HCL	23	ANALPRAM-HC EXTERNAL CREAM	31
ADHANSIA XR	17	ALOGLIPTIN-PIOGLITAZONE	23	ANALPRAM-HC EXTERNAL LOTION	31
ADLYXIN	23	ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	25	ANASPAZ	24
				anastrozole oral	13
				ANDRODERM	29
				ANORO ELLIPTA	33
				apap-caff-dihydrocodeine oral capsule	8



apri	25	AVAR-E EMOLLIENT.	19	betamethasone dipropionate aug external lotion	19
APRISO	31	AVAR-E GREEN.	19	betamethasone dipropionate aug external ointment.	19
APTENSIO XR	17	AVAR-E LS	19	betamethasone dipropionate external cream.	19
ARAKODA	14	aviane	26	betamethasone dipropionate external lotion	19
ARANESP (ALBUMIN FREE)	23	avidoxy	10	betamethasone dipropionate external ointment.	19
ARICEPT ORAL TABLET 10 MG, 5 MG	12	avita.	19	BETASERON	18
aripiprazole oral solution	14	AVONEX PEN.	18	BETIMOL	32
aripiprazole oral tablet	14	AVONEX PREFILLED	18	BEVESPI AEROSPHERE	33
aripiprazole oral tablet dispersible	14	AYGESTIN	26	BEVYXXA.	11
ARMOUR THYROID	29	ayuna	26	bexarotene	13
ARNUITY ELLIPTA	33	AZASAN	30	BIDIL	15
ARYMO ER.	8	AZASITE.	31	BIJUVA	26
ashlyna	25	azathioprine oral	30	bimatoprost ophthalmic	32
ASMANEX (120 METERED DOSES)	33	azelaic acid external	19	bisoprolol fumarate	15
ASMANEX (14 METERED DOSES)	33	azelastine hcl nasal solution 0.1 %, 137 mcg/spray.	32	bisoprolol-hydrochlorothiazide	15
ASMANEX (30 METERED DOSES)	33	azelastine hcl nasal solution 0.15 %	32	blisovi 24 fe	26
ASMANEX (60 METERED DOSES)	33	azelastine hcl ophthalmic	31	blisovi fe 1/20.	26
ASMANEX (7 METERED DOSES)	33	azithromycin oral	10	blisovi fe 1.5/30	26
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT	33	AZOPT	32	BONIVA ORAL.	31
ASTAGRAF XL	30	AZULFIDINE.	31	BONJESTA.	12
atenolol oral	15	AZULFIDINE EN-TABS	31	bosentan	34
atenolol-chlorthalidone.	15	azurette.	26	bp 10-1	19
atomoxetine hcl	17			BREO ELLIPTA	33
atorvastatin calcium oral tablet 10 mg, 20 mg	15			BREZTRI	33
atorvastatin calcium oral tablet 40 mg, 80 mg	15			briellyn	26
atovaquone-proguanil hcl.	14			BRILINTA	14
ATRIPLA	14			brimonidine tartrate ophthalmic solution 0.15 %	32
ATROVENT HFA	33			brimonidine tartrate ophthalmic solution 0.2 %	32
AUBAGIO	18			bromfed dm	33
aubra.	26			budesonide er	31
aubra eq	26			budesonide inhalation.	33
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML	10			budesonide oral.	31
aurovela 1/20	26			BUNAVAIL	9
aurovela 1.5/30	26			buprenorphine hcl sublingual	9
aurovela 24 fe.	26			buprenorphine hcl-naloxone hcl	9
aurovela fe 1/20.	26			bupropion hcl er (sr)	12
aurovela fe 1.5/30	26			bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	12
AURYXIA	25			BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	12
AUSTEDO.	18			bupropion hcl oral.	12
AUVI-Q	32			buspirone hcl oral	15
AVALIDE.	15				
avar cleanser	19				
AVAR LS CLEANSER	19				

B

baclofen oral	34	betamethasone dipropionate aug external cream.	19
BACTRIM	10	betamethasone dipropionate aug external gel.	19
BACTRIM DS	10		
BAFIERTAM CAPSULE.	18		
balziva.	26		
BAQSIMI ONE PACK.	23		
BAQSIMI TWO PACK	23		
BARACLUDE ORAL SOLUTION	14		
BASAGLAR KWIKPEN	22		
BD ULTRA-FINE PEN NEEDLES	21		
bekyree.	26		
BELBUCA.	8		
BELSOMRA	34		
benazepril hcl oral.	15		
benazepril-hydrochlorothiazide	15		
benzonatate oral capsule 100 mg, 200 mg	33		
benzonatate oral capsule 150 mg	33		
BESIVANCE	31		
betamethasone dipropionate aug external cream.	19		
betamethasone dipropionate aug external gel.	19		



butalbital-apap-cafeine oral capsule 50-300-40 mg	8
butalbital-apap-cafeine oral capsule 50-325-40 mg	8
butalbital-apap-cafeine oral tablet	8
BYDUREON	23
BYDUREON BCISE AUTOINJECTOR	23
BYETTA 10 MCG PEN.	23
BYETTA 5 MCG PEN.	23
BYSTOLIC	15

C

cabergoline	29
CALAN SR	15
calcipotriene-betameth diprop external ointment.	19
calcitriol external	19
calcitriol oral.	31
CALQUENCE	13
camila	26
camrese	26
camrese lo	26
capecitabine	13
CAPEX	19
CARAC	19
carbamazepine er oral capsule extended release 12 hour.	11
carbamazepine er oral tablet extended release 12 hour.	11
carbamazepine oral	11
CARBATROL	11
carbidopa-levodopa	14
carbidopa-levodopa er	14
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	15
CARDURA	15
carisoprodol oral tablet 250 mg.	34
carisoprodol oral tablet 350 mg.	34
CAROSPIR	15
cartia xt.	15
carvedilol	15
CATAPRES	15
cavarest	18
cefadroxil	10
cefdinir	10
cefuroxime axetil	10
celecoxib oral.	9
CENTANY	10

CENTANY AT	10
cephalexin	10
CEQUA	32
CERDELGA	25
CHANTIX	9
CHANTIX CONTINUING MONTH PAK	9
CHANTIX STARTING MONTH PAK	9
chateal	26
chateal eq.	26
chlorhexidine gluconate mouth/throat	18
chlorthalidone	15
chorionic gonadotropin intramuscular.	30
ciclodan	13
ciclopirox external gel	13
ciclopirox external shampoo	13
ciclopirox external solution.	13
ciclopirox treatment	13
CILOXAN OPHTHALMIC OINTMENT	31
CILOXAN OPHTHALMIC SOLUTION	31
CIMDUO	14
CIMZIA PREFILLED KIT	30
CIMZIA STARTER KIT	30
CIPRO ORAL TABLET	10
CIPRODEX	32
ciprofloxacin hcl ophthalmic	31
ciprofloxacin hcl oral.	10
citalopram hydrobromide.	12
claravis	19
clarithromycin er	10
clarithromycin oral suspension reconstituted	10
clarithromycin oral tablet	10
CLENPIQ	24
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	10
CLEOCIN ORAL CAPSULE 75 MG	10
CLEOCIN-T EXTERNAL GEL	19
CLEOCIN-T EXTERNAL LOTION	19
CLIMARA	26, 27
CLIMARA PRO	26
clindacin etz external swab	19
clindacin-p	19
CLINDAGEL	19
clindamycin hcl oral	10

clindamycin phos-benzoyl perox external gel 1.2-5 %	19
clindamycin phosphate external foam	19
clindamycin phosphate external lotion	19
clindamycin phosphate external solution	19
clindamycin phosphate external swab	19
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	19
CLINDESSE	10
clinpro 5000	18
clobetasol propionate external cream	19
clobetasol propionate external foam	19
clobetasol propionate external gel	19
clobetasol propionate external liquid	19
clobetasol propionate external lotion	19
clobetasol propionate external ointment	19
clobetasol propionate external shampoo	19
clobetasol propionate external solution	19
clodan external shampoo	19
clonazepam oral	15
clonidine hcl oral	15
clopidogrel bisulfate oral	14
clotrimazole-betamethasone external cream	19
clotrimazole-betamethasone external lotion	19
clovique	25
COLCHICINE ORAL CAPSULE	13
colchicine oral tablet	13
COLCRYS	13
colesevelam hcl	15
COMBIGAN	32
COMBIVENT RESPIMAT	33
CONCERTA	17
CONTOUR NEXT, NEXT EZ, NEXT ONE MONITOR	21
CONTOUR NEXT LNK MONITOR	21
CONTOUR NEXT TEST STRIP	21
CONTOUR TEST STRIP	21
CONZIP	8
COREG	15



coremino	10
CORGARD	16
CORLANOR	16
CORTEF	29
CORTIFOAM	31
COSENTYX (300 MG DOSE)	30
COSENTYX 150 MG/ML	30
COSENTYX SENSOREADY (300 MG)	30
COSENTYX SENSOREADY PEN	30
COSOPT	32
COUMADIN	11
CREON	25
CRESEMBA ORAL	13
CRINONE VAGINAL GEL 4 %	30
CRINONE VAGINAL GEL 8 %	30
cryselle-28	26
CUPRIMINE	25
cyclafem 1/35	26
cyclobenzaprine hcl er	34
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	34
cyclobenzaprine hcl oral tablet 7.5 mg	34
cyclosporine modified	30
cyproheptadine hcl oral	33
cyred	26
cyred eq	26
CYTOTEC	24

D

dalfampridine er	18
dapsone external gel 5 %	19
dasetta 1/35	26
daysee	26
DAYVIGO	34
DDAVP INJECTION	29
DDAVP ORAL	29
deblitane	26
DECADRON	29
delyla	26
denta 5000 plus	18
dentagel	18
DEPAKOTE	11
DEPAKOTE ER	11
DEPAKOTE SPRINKLES	11
DEPEN TITRATABS	25

DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	26
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	26
DEPO-SUBQ PROVERA 104	26
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	29
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	29
DERMA-SMOOTH/FS BODY	19
DERMA-SMOOTH/FS SCALP	19
DESCOVY	14
desmopressin acetate injection	29
desmopressin acetate oral	29
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	26
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	26
DESONATE	19
desonide external	19
DESOWEN	19
desvenlafaxine succinate er	12
dexamethasone intensol	29
dexamethasone oral elixir	29
dexamethasone oral solution	29
dexamethasone oral tablet	29
dexamethasone oral tablet therapy pack	29
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	21
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	21
DEXILANT	24
dexmethylphenidate hcl	17
dexmethylphenidate hcl er	17
DEXPAK 10 DAY	29
DEXPAK 13 DAY	29
DEXPAK 6 DAY	29
dextroamphetamine sulfate er	17
dextroamphetamine sulfate oral solution	17
dextroamphetamine sulfate oral tablet	17
diazepam intensol	15
diazepam oral	15

diclofenac potassium	9
diclofenac sodium er	9
diclofenac sodium oral	9
diclofenac sodium transdermal gel 1 %	9
diclofenac sodium transdermal solution	9
dicyclomine hcl oral	24
DIFICID	10
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	13
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	13
DIFLUCAN ORAL TABLET 50 MG	13
DILAUDID ORAL	8
dilt-xr	16
diltiazem hcl er coated beads	16
diltiazem hcl er oral capsule extended release 12 hour	16
diltiazem hcl oral	16
dimethyl fumarate	18
DIPENTUM	31
diphenoxylate-atropine	24
DIPROLENE	19, 20
DIPROLENE AF	20
DITROPAN XL	25
divalproex sodium er	11
divalproex sodium oral capsule delayed release sprinkle	11
divalproex sodium oral tablet delayed release	11
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	26
donepezil hcl oral tablet 10 mg, 5 mg	12
donepezil hcl oral tablet 23 mg	12
donepezil hcl oral tablet dispersible	12
DORYX MPC	10
dorzolamide hcl-timolol mal	32
dorzolamide hcl-timolol mal pf	32
dotti	26
DOVATO	14
doxazosin mesylate oral	16
doxepin hcl oral capsule	12
doxepin hcl oral concentrate	12
doxycycline hyclate oral capsule	10
doxycycline hyclate oral tablet 100 mg	10
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	10

doxycycline hyclate oral tablet 20 mg	10
doxycycline hyclate oral tablet delayed release	10
doxycycline monohydrate oral capsule 100 mg, 50 mg	10
doxycycline monohydrate oral capsule 150 mg, 75 mg.	10
doxycycline monohydrate oral suspension reconstituted	10
doxycycline monohydrate oral tablet.	10
doxylamine-pyridoxine	12
DRISDOL	24
DRIZALMA SPRINKLE	12
drosipren-eth estrad-levomefol	26
drosiprenone-ethinyl estradiol	26
DUAVEE	26
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	12
duloxetine hcl oral capsule delayed release particles 40 mg	12
DUOPA	14
DUPIXENT	20
DUROLANE	8
DVORAH.	8
DXEVO 11-DAY.	29
DYAZIDE.	16

E

EASIVENT	33
EASYPLUS BLOOD GLUCOSE TEST	21
EC-NAPROSYN	9
ec-naproxen.	9
ed-spaz.	24
EDARBI.	16
EDARBYCLOR.	16
EDLUAR	34
EFUDEX	20
ELESTRIN.	26
eletriptan hydrobromide	13
ELIMITE	14
elinest	26
ELIQUIS	11
ELIQUIS DVT/PE STARTER PACK.	11
ELOCTATE	23
eluryng	26
EMGALITY	13

EMGALITY (300 MG DOSE).	13
emoquette	26
emtricitabine-tenofovir df	14
enalapril maleate oral	16
ENBREL	30
ENBREL MINI.	30
ENBREL SURECLICK.	30
ENDARI.	25
endocet	8
ENDOMETRIN	30
ENOVARX-DICLOFENAC SODIUM	9
enoxaparin sodium	11
enskyce	26
ENSTILAR	20
entecavir.	14
ENVARSUS XR	30
EPANED	16
EPCLUSA.	14
epinephrine injection solution auto- injector 0.15 mg/0.15ml.	32
epinephrine solution auto-injector 0.15 mg/0.3ml injection.	32
epinephrine solution auto-injector 0.3 mg/0.3ml injection	32
EPIPEN	32
EPIPEN JR	32
epitol	11
ERGOCAL	24
ergocalciferol oral capsule	24
ERLEADA	13
errin.	26
erythromycin ophthalmic	31
escitalopram oxalate oral solution.	12
escitalopram oxalate oral tablet.	12
ESGIC	8
estarylla	26
ESTRACE ORAL	26
estradiol oral	26
estradiol patch twice weekly 0.025 mg/24hr transdermal	26
estradiol patch twice weekly 0.0375 mg/24hr transdermal	26
estradiol patch twice weekly 0.05 mg/24hr transdermal	26
estradiol patch twice weekly 0.075 mg/24hr transdermal	26
estradiol patch twice weekly 0.1 mg/24hr transdermal	26, 27
estradiol transdermal patch weekly.	27
estradiol vaginal cream.	27

estradiol vaginal tablet	27
ESTRING	27
ESTROGEL	27
eszopiclone	34
etodolac	9
etodolac er.	9
etonogestrel-ethinyl estradiol.	27
EUCRISA	20
EUFLEXXA.	8
euthyrox	29
EVAMIST	27
EVOCLIN	20
EVZIO	9
EXTAVIA.	18
EXTINA.	13
EZALLOR SPRINKLE	16
ezetimibe	16
ezetimibe-simvastatin	16

F

falmina	27
FARXIGA	23
FASENRA.	33
FASENRA PEN.	33
fayosim	27
febuxostat	13
femynor.	27, 28
fenofibrate oral capsule 150 mg, 50 mg	16
fenofibrate oral tablet 120 mg, 40 mg, 48 mg.	16
fenofibrate oral tablet 160 mg, 145 mg, 54 mg.	16
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr.	8
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	8
FEXMID.	34
FINACEA	20
finasteride oral tablet 5 mg.	25
FIORICET	8
FIRAZYR	30
FLAGYL	10
FLAREX	31
flecainide acetate	16
FLOLIPID	16
FLORIVA PLUS	24
FLOVENT DISKUS.	33



FLOVENT HFA	33	FREESTYLE LIBRE SENSOR SYSTEM	21	GYNAZOLE-1	13
fluconazole oral	13	FREESTYLE PRECISION NEO TEST	21	H	
fluocinolone acetonide body	20	furosemide oral	16	HAEGARDA	30
fluocinolone acetonide external cream	20	G		hailey 1.5/30.	27
fluocinolone acetonide external ointment	20	gabapentin oral	11	hailey 24 fe	27
fluocinolone acetonide external solution	20	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	30, 31	HALCION	15
fluocinolone acetonide scalp	20	gavilyte-c	24	HARVONI ORAL TABLET 45-200 MG	14
fluocinonide external cream 0.05 %	20	gavilyte-g	24	HARVONI ORAL TABLET 90-400 MG	14
fluocinonide external cream 0.1 %	20	GELNIQUE	25	heather	27
fluocinonide external gel	20	GELSYN-3	8	HEMANGEOL	16
fluocinonide external ointment.	20	gemfibrozil oral	16	HIDEX 6-DAY	29
fluocinonide external solution	20	gengraf	30	HUMALOG	22
fluoridex	18	GENOTROPIN	29	HUMALOG KWIKPEN.	22
fluoridex enhanced whitening	18	GENOTROPIN MINISQUICK.	29	HUMALOG MIX 50/50 KWIKPEN	22
FLUOROPLEX	20	GENVOYA.	14	HUMALOG MIX 50/50 VIAL	22
FLUOROURACIL EXTERNAL CREAM 0.5 %	20	gianvi.	27	HUMALOG MIX 75/25 KWIKPEN	22
fluorouracil external cream 5 %	20	GILENYA.	18	HUMALOG MIX 75/25 VIAL	22
fluorouracil external solution	20	glatiramer acetate	18	HUMALOG U-100 JUNIOR KWIKPEN	22
fluoxetine hcl oral capsule	12	glatopa	18	HUMATROPE.	29
fluoxetine hcl oral capsule delayed release	12	glimepiride	23	HUMIRA	30
fluoxetine hcl oral solution	12	glipizide er	23	HUMIRA PEDIATRIC CROHNS START.	30
fluoxetine hcl oral tablet 10 mg	12	glipizide ir	23	HUMIRA PEN.	30
fluoxetine hcl oral tablet 20 mg	12	glipizide xl.	23	HUMIRA PEN-CD/UC/HS STARTER	30
fluoxetine hcl oral tablet 60 mg	12	GLOPERBA	13	HUMIRA PEN-PS/UV/ADOL HS START.	30
fluticasone propionate nasal	33	GLUCAGON EMERGENCY KIT INJECTION KIT	23	HUMULIN 70/30 KWIKPEN	22
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/ dose, 500-50 mcg/dose	33	GLUCOTROL	23	HUMULIN 70/30 VIAL	22
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT.	33	GLUCOTROL XL	23	HUMULIN N KWIKPEN.	22
fluvoxamine maleate	12	GLUCOVANCE ORAL TABLET 5-500 MG	23	HUMULIN N VIAL	22
fluvoxamine maleate er.	12	glyburide oral	23	HUMULIN R U-500 KWIKPEN	22
FOCALIN	17	glyburide-metformin	23	HUMULIN R U-500 VIAL (CONCENTRATED)	22
folic acid oral tablet 1 mg	24	GLYXAMBI	23	HUMULIN R VIAL	22
FOLLISTIM AQ.	30	GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	24	HYALGAN.	8
FORFIVO XL.	12	GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	24	hydralazine hcl oral	16
FORTEO	31	GONITRO.	16	hydrochlorothiazide oral	16
FOSAMAX	31	guanfacine hcl	16, 17	hydrocodone polst-cpm polst er	33
FREESTYLE LIBRE 14 DAY READER.	21	guanfacine hcl er.	17	hydrocodone-acetaminophen oral solution 10-325 mg/15ml	8
FREESTYLE LIBRE 14 DAY SENSOR.	21	GUARDIAN CONNECT TRANSMITTER	21	hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	8
FREESTYLE LIBRE READER.	21	GUARDIAN LINK 3 TRANSMITTER	21	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8
		GUARDIAN SENSOR (3).	21		
		GVOKE HYPOPEN, PFS	23		

hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8
hydrocort-pramoxine (perianal)	31
hydrocortisone ace-pramoxine external cream 1-1 %	31
hydrocortisone external cream 1 %	20
hydrocortisone external cream 2.5 %	20
hydrocortisone external lotion 2.5 %	20
hydrocortisone external ointment 1 %, 2.5 %	20
hydrocortisone oral	29
hydromorphone hcl er	8
hydromorphone hcl oral	8
hydromorphone hcl rectal	8
hydroxychloroquine sulfate oral	14
hydroxyzine hcl oral	15
hydroxyzine pamoate oral	15
hyoscyamine sulfate er	25
hyoscyamine sulfate oral	25
hyoscyamine sulfate sl	25
hyoscyamine sulfate sublingual	25
hyosyne	25
HYSINGLA ER	8
HYZAAR	16

I

ibandronate sodium oral	31
IBRANCE ORAL CAPSULE	13
ibu	9
ibuprofen oral suspension	9
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	9
icatibant acetate	30
IDHIFA	13
ILEVRO	31
imatinib mesylate	13
imiquimod external	20
IMIQUIMOD PUMP	20
IMPOYZ	20
IMVEXXY MAINTENANCE PACK	24
IMVEXXY STARTER PACK	24
INBRIJA	14
incassia	27
INCRUSE ELLIPTA	33
INDOCIN ORAL	9
INDOCIN RECTAL	9
indomethacin er	9

indomethacin oral capsule 25 mg, 50 mg	9
INSULIN ASPART	22
INSULIN ASPART FLEXPEN	22
INSULIN ASPART PENFILL	22
INSULIN LISPRO	22
INSULIN LISPRO (1 UNIT DIAL)	22
INSULIN SYRINGES	21
INTRAROSA	24
introvale	27
INVELTYS	31
ipratropium bromide nasal	33
ipratropium-albuterol	33
irbesartan	16
irbesartan-hydrochlorothiazide	16
ISENTRESS	14
ISENTRESS HD	14
isibloom	27
isosorbide mononitrate	16
isosorbide mononitrate er	16
isotretinoin oral	20
ISTALOL	32

J

jantoven	11
JANUVIA	23
JARDIANCE	23
jasmiel	27
jencycla	27
JENTADUETO	23
JENTADUETO XR	23
JIVI	23
jolessa	27
JORNAY PM	17
juleber	27
JULUCA	14
junel 1/20	27
junel 1.5/30	27
junel fe 1/20	27
junel fe 1.5/30	27
junel fe 24	27

K

K-TAB	24
KADIAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG	8
kalliga	27

KAPSPARGO SPRINKLE	16
kariva	27
KAZANO	23
KEFLEX	10
KEPPRA ORAL	11
KEPPRA XR	11
KESIMPTA	18
ketoconazole external cream	13
ketoconazole external foam	13
ketoconazole external shampoo	13
ketodan external foam	13
ketorolac tromethamine ophthalmic	31
ketorolac tromethamine oral	9
KITABIS PAK	34
klor-con	24
klor-con 10	24
klor-con m10	24
KLOR-CON M15	24
klor-con m20	24
klor-con sprinkle	24
KOGENATE FS	23
KOMBIGLYZE XR	23
KOSELUGO	13
KOVALTRY	23
KRINTAFEL	14
kurvelo	27
KYNMOBI	14

L

labetalol hcl oral	16
LAMICTAL	11
LAMICTAL ODT ORAL KIT	11
LAMICTAL ODT ORAL TABLET DISPERSIBLE	11
LAMICTAL STARTER	11
LAMICTAL XR ORAL KIT	11
lamotrigine er	11
lamotrigine oral tablet	11
lamotrigine oral tablet chewable	11
lamotrigine oral tablet dispersible	11
lamotrigine starter kit-blue	11
lamotrigine starter kit-green	11
lamotrigine starter kit-orange	11
LANCETS	21
LANTUS SOLOSTAR	22
LANTUS U-100 VIAL	22
larin 1/20	27
larin 1.5/30	27



OTEZLA	30	phenazo oral tablet 200 mg	25	pregabalin oral solution	18
OTREXUP	30	phenazopyridine hcl oral tablet		pregnyl	31
OVIDREL	31	100 mg, 200 mg.	25	PREMARIN ORAL	28
OXAYDO	8	philith	28	PREMARIN VAGINAL	28
oxcarbazepine	11	PICATO	20	premium lidocaine	8
OXTELLAR XR	11	pimtrea	28	PREMPHASE	28
oxybutynin chloride er	25	pioglitazone hcl	23	PREMPRO	28
oxybutynin chloride oral	25	pirmella 1/35	28	PREPOPIK	25
OXYCODONE HCL ER	8	PLEGRIDY	18	PREVIDENT 5000 BOOSTER PLUS .	18
oxycodone hcl oral capsule	8	PLEGRIDY STARTER PACK	18	PREVIDENT 5000 DRY MOUTH . . .	18
oxycodone hcl oral concentrate		PLENVU	25	PREVIDENT 5000 ORTHO	
100 mg/5ml	8	PLEXION	20	DEFENSE	18
oxycodone hcl oral solution	8	PLEXION CLEANSER	20	PREVIDENT 5000 PLUS	18
oxycodone hcl oral tablet	8	PLEXION CLEANSING CLOTH	20	PREVIDENT DENTAL	18
oxycodone-acetaminophen oral		POLY-VI-FLOR	24	PREVIDENT MOUTH/THROAT	18
tablet 10-325 mg, 2.5-325 mg,		polymyxin b-trimethoprim.	32	previfem	28
5-325 mg, 7.5-325 mg	8	POLYTRIM	32	PREZCOBIX	14
OXYCONTIN	8	portia-28	28	PREZISTA	14
OZEMPIC	23	potassium chloride crys er	24	PRIMLEV	8
OZOBAX	34	potassium chloride er	24	PRINIVIL	17
		potassium chloride oral	24	PROAIR DIGIHALER	33
		potassium citrate er	24	ProAir HFA	33, 34
		PRADAXA	11	PROAIR RESPICLICK	34
		PRALUENT	17	PROCARDIA	17
		pramipexole dihydrochloride	14	PROCARDIA XL	17
		pramipexole dihydrochloride er . . .	14	PROCENTRA	18
		PRAVACHOL	17	prochlorperazine maleate oral . . .	12
		pravastatin sodium	17	PROCORT	31
		prazosin hcl oral	17	PROCTOFOAM HC	31
		PRECISION LINK	22	progesterone micronized oral	28
		PRECISION PCX PLUS TEST	22	PROGRAF ORAL PACKET	30
		PRECISION QID MONITOR	22	promethazine hcl oral solution . . .	33
		PRECISION QID TEST	22	promethazine hcl oral syrup	33
		PRECISION SOF-TACT MONITOR	22	promethazine hcl oral tablet	12
		PRECISION SOF-TACT TEST	22	promethazine hcl rectal	12
		PRECISION XTRA BLOOD		promethazine-codeine	33
		GLUCOSE	22	promethazine-dm	33
		PRECISION XTRA DEVICE	22	promethegan	12
		PRECISION XTRA KIT	22	propranolol hcl er	17
		PRECISION XTRA MONITOR	22	propranolol hcl oral	17
		PRED FORTE	32	PROSCAR	25
		PRED MILD	32	PROTONIX ORAL PACKET	24
		prednisolone acetate ophthalmic . .	32	Proventil HFA	33, 34
		prednisolone oral solution	29	PROVERA	26, 28
		prednisolone sodium phosphate		pseudoephedrine-bromphen-dm . .	33
		oral	29	PULMICORT FLEXHALER	34
		prednisone intensol	29	PULMOZYME	34
		prednisone oral	29	PURIXAN	13
		pregabalin oral capsule	18	PYLERA	24

P

PACERONE ORAL TABLET 100					
MG, 400 MG.	17				
pacerone oral tablet 200 mg	17				
PAMELOR	12				
PANCREAZE	25				
pantoprazole sodium tablet delayed					
release 20 mg oral	24				
pantoprazole sodium tablet delayed					
release 40 mg oral	24				
paroex	18				
paroxetine hcl	12				
paroxetine hcl er	12				
PAXIL ORAL SUSPENSION	12				
PAXIL ORAL TABLET	12				
PAZEO	32				
PEDIAPRED	29				
peg-3350/electrolytes	25				
penicillamine oral capsule	25				
penicillin v potassium	10				
PENNSAID	9				
PENTASA	31				
PERFOROMIST	33				
PERIDEX	18				
periogard	18				
permethrin external	14				
PERTZYE	25				
phenadoz	12				



PYRIDIDIUM 25

Q

QBRELIS 17
QMIIZ ODT 9
quetiapine fumarate 14
quetiapine fumarate er 14
QUFLORA PEDIATRIC 24
QUILLICHEW ER 18
QUILLIVANT XR 18
quinapril hcl 17
QVAR REDHALER 34

R

RABEPRAZOLE SODIUM ORAL
CAPSULE SPRINKLE 24
rabeprazole sodium oral tablet
delayed release 24
ramipril 17
ranolazine er 17
RAPAMUNE ORAL SOLUTION 30
RASUVO 30
RAYOS 29
REBIF 18
REBIF REBIDOSE 18
REBIF REBIDOSE TITRATION
PACK 18
REBIF TITRATION PACK 18
reclipsen 28
RECOMBINATE 23
REGLAN 12
RELAFEN DS 9
relexxii 18
RELION BLOOD GLUCOSE TEST 22
RELION ULTIMA TEST 22
REMERON 12
REMERON SOLTAB 12
REPATHA 17
REPATHA PUSHTRONEX
SYSTEM 17
REPATHA SURECLICK 17
RESTASIS 32
RESTASIS MULTIDOSE 32
RESTORIL 34
RETACRIT 23
REVLIMID 13
REYVOW 13
RHOFAD 20

RHOPRESSA 32
RILUTEK 18
riluzole 18
RINVOQ 30
risperidone 14
RITALIN 18
ritonavir 14
rivelsa 28
rizatriptan benzoate 13
ROBAXIN-750 34
ROCALTROL 31
ROCKLATAN 32
ropinirole hcl 14
ropinirole hcl er 14
rosadan external cream 20
rosadan external gel 20
rosuvastatin calcium 17
roweepra 11
roweepra xr 11
ROZLYTREK 13
RUCONEST 30
RUKOBIA 14
RYBELSUS 23
RYTARY 14

S

SAPHRIS 14
scopolamine 12
SEREVENT DISKUS 34
SERNIVO 20
sertraline hcl oral 12
setlakin 28
sf 18
sf 5000 plus 18
SFROWASA 31
sharobel 28
sildenafil citrate oral tablet 24, 34
sildenafil citrate oral tablet 100 mg,
25 mg, 50 mg 24
simliya 28
simpesse 28
SIMPONI 30
simvastatin oral tablet 10 mg,
20 mg, 40 mg, 5 mg 17
simvastatin oral tablet 80 mg 17
SINEMET 14
SINGULAIR ORAL PACKET 34
sirolimus oral solution 30
sirolimus oral tablet 30

SITAVIG 14
SKYRIZI (150 MG DOSE) 30
sodium fluoride 5000 plus 19
sodium fluoride dental 19
SODIUM HYALURONATE INTRA-
ARTICULAR 8
SOFOS/VELPAT ORAL TABLET
400-100 14
SOFOSBUVIR-VELPATASVIR 14
SOFTCLIX 21, 22
solifenacin 25
SOLQUA 23
SOLTAMOX 13
SOMA ORAL TABLET 350 MG 34
SOMATULINE DEPOT 29
SOOLANTRA CREAM 1% 20
sotalol hcl oral 17
SOTYLIZE 17
SPIRIVA HANDIHALER 34
SPIRIVA RESPIMAT 34
spironolactone oral 17
sprintec 28 28
SPRITAM 11
SPRIX 9
sronyx 28
sss 10-5 20
STELARA SUBCUTANEOUS
SOLUTION 30
STELARA SUBCUTANEOUS
SOLUTION PREFILLED SYRINGE 30
STENDRA 24
STIMATE 29
STRENSIQ 25
STRIANT 29
STRIBILD 14
STRIVERDI RESPIMAT 34
SUBSYS 8
subvenite 11
subvenite starter kit-blue 11
subvenite starter kit-green 11
subvenite starter kit-orange 11
sucralfate oral suspension 24
sucralfate oral tablet 24
sulfacetamide sodium-sulfur
external cream 10-2 %, 10-5 % 20
sulfacetamide sodium-sulfur
external cream 9.8-4.8 % 20
sulfacetamide sodium-sulfur
external emulsion 20



sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	20
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	20
sulfacetamide sodium-sulfur external lotion 10-5 %	20
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	20
sulfacetamide sodium-sulfur external pad	20
sulfacetamide sodium-sulfur external suspension 10-5 %	20
sulfacetamide sodium-sulfur external suspension 8-4 %	20
sulfacleanse 8/4.	20
sulfamethoxazole-trimethoprim oral .	10
sulfamez wash	20
sulfasalazine oral tablet	31
sulfatrim pediatric	10
SUMADAN WASH	20
sumatriptan succinate oral	13
sumatriptan succinate refill	13
sumatriptan succinate subcutaneous	13
SUMAXIN	20
SUMAXIN WASH	20
SUNOSI	34
SUPARTZ FX	9
SUPREP BOWEL PREP KIT	25
syeda	28
SYMAX DUOTAB	25
symax-sl	25
symax-sr	25
SYMBICORT	34
SYMFI	14, 15
SYMFI LO	15
SYMJEPI	32
SYMLINPEN 120	23
SYMLINPEN 60	23
SYMPROIC	25
SYNJARDY	23
SYNJARDY XR	23
SYNTHROID	30

T

TACLONEX EXTERNAL SUSPENSION	20
tacrolimus oral	30
tadalafil oral tablet 10 mg, 20 mg . . .	24
tadalafil oral tablet 2.5 mg, 5 mg . . .	24

TAKHZYRO	30
tamoxifen citrate oral tablet 10 mg . .	13
tamoxifen citrate oral tablet 20 mg . .	13
tamsulosin hcl	25
TAPAZOLE	30
TAPERDEX 12-DAY	29
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	29
TAPERDEX 7-DAY	29
TARGRETIN EXTERNAL	13
TARGRETIN ORAL	13
tarina 24 fe	28
tarina fe 1/20	28
tarina fe 1/20 eq.	28
TASIGNA	13
TAYTULLA	28
tazarotene external	20
TAZORAC	20
TECFIDERA	18
TEGRETOL	11
TEGRETOL-XR	11
TEGSEDI	25
TEKTURN HCT	17
telmisartan	17
temazepam	34
TEMIXYS	15
TEMOVATE	21
tenofovir disoproxil fumarate	15
terazosin hcl	25
terbinafine hcl oral	13
terconazole	13
TERIPARATIDE (RECOMBINANT)	31
TESSALON PERLES	33
TESTIM	29
TESTOSTERONE CYPIONATE INJECTION	29
testosterone cypionate intramuscular	29
testosterone enanthate intramuscular	29
testosterone transdermal	29
TEXACORT	21
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	30
TIGLUTIK	18
timolol maleate ophthalmic gel forming solution	32
timolol maleate ophthalmic solution 0.25 %, 0.5 %	32

timolol maleate ophthalmic solution 0.5 % (daily)	32
TIMOPTIC	32
TIMOPTIC OCUDOSE 0.25 %	32
TIMOPTIC-XE	32
TIROSINT	30
TIROSINT-SOL	30
TIVICAY	15
tizanidine hcl oral capsule	34
tizanidine hcl oral tablet	34
TOBI PODHALER	34
TOBRADEX OPHTHALMIC OINTMENT	32
TOBRADEX OPHTHALMIC SUSPENSION	32
tobramycin nebulization solution 300 mg/4ml inhalation	34
tobramycin nebulization solution 300 mg/5ml inhalation	34
tobramycin ophthalmic	32
tobramycin-dexamethasone	32
TOBREX OPHTHALMIC OINTMENT	32
TOBREX OPHTHALMIC SOLUTION	32
TOLAK	21
TOPAMAX	11
TOPAMAX SPRINKLE	11
topiramate er	11
topiramate oral	11
TOPROL XL	17
torsemide	17
TOUJEO MAX SOLOSTAR	22
TOUJEO SOLOSTAR	22
TOVIAZ	25
TRACLEER	34
TRADJENTA	23
tramadol hcl er (biphasic)	9
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	9
tramadol hcl er oral capsule extended release 24 hour 150 mg . . .	9
tramadol hcl er oral tablet extended release 24 hour	9
tramadol hcl oral tablet 50 mg	9
TRANSDERM-SCOP (1.5 MG)	12
travoprost (bak free)	32
trazodone hcl oral	12
TRELEGY ELLIPTA	34



X

XARELTO	11
XARELTO STARTER PACK.	11
XCOPRI.	11
XELJANZ	30
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	30
XELPROS.	32
XENLETA	10
XEPI	11
XHANCE.	33
XIFAXAN.	11
XIIDRA	32
XIMINO	11
XOFLUZA (40 MG DOSE)	15
XOFLUZA (80 MG DOSE)	15
XOLEGEL	13
XOPENEX HFA.	34
XTAMPZA ER.	9
xulane	28
XYOSTED.	29
XYREM	34

Y

YASMIN 28.	28
YAZ	28
YUPELRI.	34
yuvaferm	28

Z

ZANAFLEX ORAL CAPSULE	34
zarah.	28
ZARXIO	23
ZEBUTAL	9
ZEJULA	14
ZELNORM	25
ZEMBRACE SYMTOUCH.	13
zenatane.	21
ZENPEP	25
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG.	18
ZEPATIER.	15
ZEPOSIA	18
ZETONNA.	33
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	17
ZIAC ORAL TABLET 5-6.25 MG	17

ZIEXTENZO	23
ziprasidone hcl.	14
ZIPSOR.	9
ZITHROMAX ORAL.	11
ZITHROMAX TRI-PAK.	11
ZITHROMAX Z-PAK.	11
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	17
ZOFRAN.	12
ZOHYDRO ER	9
zolpidem tartrate er.	34
zolpidem tartrate oral	34
zolpidem tartrate sublingual.	34
ZOMACTON.	29
ZONEGRAN	11
zonisamide oral	11
ZONTIVITY.	14
ZOVIRAX ORAL SUSPENSION	15
ZTLIDO.	9
ZUBSOLV.	9
zumandimine	28
ZUPLENZ.	12
ZYCLARA.	21
ZYCLARA PUMP.	21
ZYLOPRIM	13



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 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 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 معرّف العضوية.

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

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

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

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

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

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

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

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

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

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)**សម្រាប់ជំនួយភាសាដទៃយកតម្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានលេខស័ព្ទសម្រាប់ប្រើប្រាស់សេវា។

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.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdí ninaaltsoos nít'izí bee nééhozinígíí bine'déq' t'áá 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.

12/20 ©2021 Oxford Health Plans, LLC. All Rights Reserved. WF3888362-E 2021 Prescription Drug List — Essential 4-Tier

**United
Healthcare**