



Your 2026 Prescription Drug List

Traditional 3-Tier

Effective January 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2026 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, River Valley, Global Solutions, Oxford, Student Resources, UnitedHealthOne and Surest medical plans when sold in your market with a pharmacy benefit subject to the Traditional 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

You and your doctor can check the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand-name, and if there are coverage requirements or limits that apply. 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 phone number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. 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 your plan's member website listed on your member ID card at any time to check your medication coverage and lower-cost options.

Why are some medications excluded from coverage?

We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification)¹ if your plan covers other lower-cost medications. For example, there may be a lower-cost covered option or an over-the-counter medication that works the same way.² In some cases, the same product can be made by 2 or more drug companies, 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 your plan's member website listed on your member ID card at any time to check your medication coverage. Talk to your doctor to see if there are lower-cost options or over-the-counter medications available.

Who decides which medications are covered?

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, senior UnitedHealth Group® doctors and business leaders meet 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 full list of medications, and not all medications listed may be covered by your plan.

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic 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 plans, if a brand-name drug is filled, and a generic is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic.

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

An OTC medication may be the right 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. This allows you and your doctor to decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE. Generics are in lowercase.

Tier information

Replace with:

Using lower-tier medications may lower your 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.

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



Reading your PDL (continued)

Drug list information

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

E	May be excluded from coverage. May be subject to prior authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York – There are over-the-counter (OTC) or lower-cost covered options available.
H	Health Care Reform Preventive – This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	Prior authorization (sometimes referred to as precertification) ³ – Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered. ⁴
QL	Quantity limits ⁵ – The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ⁶ – Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty medication – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get 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. ⁵

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

4. For certain Student Resources plans, applies to specialty medications and topical retinoids only.

5. Not applicable to certain Student Resources plans.

6. Not applicable to Oxford and Student Resources plans.



Reading your PDL (continued)

Coverage details

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

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

Coverage is set by the member's prescription drug benefit plan. Please review your plan documents for coverage and cost-share.

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

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

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

Coverage is set by your prescription drug benefit plan. Please review your plan documents for coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.

- **Endocrine: growth hormone**

Coverage is set by your prescription drug plan. Please review your plan documents for coverage and cost-share.

- **Infertility**

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

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan. Please review your plan documents for coverage and cost-share.

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by your medical benefit plan. Please review your plan documents for benefit coverage, exclusions and cost-sharing. Find out more by calling the number on your member ID card.

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	E	
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
ESGIC ORAL TABLET 50-325-40 MG	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL
FIORICET	3	QL
FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 %	E	

Drug Name	Drug Tier	Requirements & Limits
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	E	PA, QL
PERCOCET	E	QL
premium lidocaine	1	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE	E	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
TRIDACAINE II	E	PA, QL
TRIDACAINE III	E	PA, QL
XTAMPZA ER	3	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	3	QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	E	
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	1	
DAYPRO	3	
diclofenac potassium oral tablet 25 mg	E	QL
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
DICLOFONO	E	

Drug Name	Drug Tier	Requirements & Limits
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	
etodolac	1	
FELDENE ORAL CAPSULE 20 MG	3	
ibuprofen oral suspension 100 mg/5ml	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
LODINE	E	
LOFENA	E	QL
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN	E	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
RELAFEN DS	E	
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
cvs nicotine polacrilex	1	H	NICORETTE MOUTH/THROAT LOZENGE	2	H
disulfiram oral	1		NICORETTE STARTER KIT	3	H
eq nicotine	1	H	nicotine mini	1	H
eq nicotine mouth/throat gum 4 mg	1	H	nicotine polacrilex mini	1	H
eq nicotine polacrilex	1	H	nicotine polacrilex mouth/throat	1	H
eq nicotine step 3	1	H	nicotine step 1	1	H
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H	nicotine step 2	1	H
ft naloxone hcl	1	QL	nicotine step 3	1	H
ft nicotine	1	H	nicotine transdermal patch 24 hour	1	H
ft nicotine mini	1	H	OPVEE	1	QL
gnp naloxone hcl	1	QL	qc nicotine transdermal system	1	H
gnp nicotine mini	1	H	ra mini nicotine	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H	ra nicotine mouth/throat gum 4 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H	ra nicotine polacrilex	1	H
gnp nicotine transdermal	1	H	ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
goodsense nicotine	1	H	REXTOVY	1	QL
habitrol	1	H	sm nicotine	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H	sm nicotine polacrilex	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H	sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H	SUBOXONE	E	PA, QL
KLOXXADO	1	QL	THRIVE	3	H
kls quit2	1	H	varenicline tartrate	1	PA, H
kls quit4	1	H	varenicline tartrate (starter)	1	PA, H
naloxone hcl injection solution prefilled syringe	1	QL	varenicline tartrate(continue)	1	PA, H
naloxone hcl nasal	1	QL	ZIMHI	2	QL
naltrexone hcl oral	1	QL	ZUBSOLV	1	QL
NARCAN	1	QL (includes Narcan OTC)	Antibacterials - Drugs for Infections		
NICODERM CQ	3	H	amoxicillin	1	
NICORETTE MINI	2	H	amoxicillin-potassium clavulanate	1	
NICORETTE MOUTH/THROAT GUM	3	H	ampicillin	1	
			AUGMENTIN	E	
			AUGMENTIN ES-600	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AVIDOXY	3		doxycycline monohydrate oral tablet	1	
azithromycin oral packet 1 gm	1		E.E.S. GRANULES	3	
BACTRIM	3		ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
BACTRIM DS	3		ERYPED 400	3	
cefadroxil oral capsule	1		erythromycin base oral tablet	1	
cefadroxil oral suspension reconstituted	1		erythromycin ethylsuccinate oral suspension reconstituted	1	
cefdinir	1		fidaxomicin oral tablet	1	QL
cefixime oral capsule	1		fosfomycin tromethamine	1	
cefpodoxime proxetil oral tablet	1		gentamicin sulfate external	1	QL
cefprozil	1		HIPREX	3	
cefuroxime axetil	1		levofloxacin oral tablet	1	
cephalexin	1		LIKMEZ	3	
CIPRO ORAL TABLET	3		linezolid oral tablet	1	
ciprofloxacin hcl oral	1		MACROBID	3	
clarithromycin oral tablet	1		MACRODANTIN	3	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3		methenamine hippurate	1	
CLEOCIN ORAL CAPSULE 75 MG	2		metronidazole oral tablet 125 mg	E	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3		metronidazole oral tablet 250 mg, 500 mg	1	
CLEOCIN VAGINAL CREAM	3		metronidazole vaginal	1	
clindamycin hcl oral	1		minocycline hcl oral capsule	1	
clindamycin palmitate hcl	1		MONDOXYNE NL	E	
clindamycin phosphate vaginal	1		moxifloxacin hcl oral	1	
CLINDESSE	2		mupirocin cream	1	QL
dicloxacillin sodium	1		mupirocin ointment	1	QL
DIFICID ORAL TABLET	E	QL	neomycin sulfate oral	1	
doxycycline hyclate oral capsule	1		nitrofurantoin macrocrystal	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1		nitrofurantoin monohydrate macrocrystals	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E		NUVESSA	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		NUZYRA ORAL	3	QL
doxycycline monohydrate oral capsule 150 mg, 75 mg	E		penicillin v potassium	1	
doxycycline monohydrate oral suspension reconstituted	1		SEYSARA	E	
			SILVADENE	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	1	
tinidazole oral	1	
trimethoprim oral	1	
VANCOCIN	3	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	E	QL
rivaroxaban	1	QL
warfarin sodium oral	1	

Drug Name	Drug Tier	Requirements & Limits
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	3	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	1	
divalproex sodium oral	1	
ELEPSIA XR	E	PA
EPIDIOLEX	3	PA, SP
epitol	1	
eslicarbazepine acetate	1	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
KEPPRA ORAL	3	PA	TOPAMAX SPRINKLE	3	PA
KEPPRA XR	3	PA	topiramate er oral capsule extended release 24 hour	E	
lacosamide oral	1		topiramate oral capsule sprinkle	1	
LAMICTAL	3	PA	topiramate oral tablet	1	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA	TRILEPTAL	3	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	TROKENDI XR	E	
lamotrigine er	1		valproic acid oral capsule	1	
lamotrigine oral tablet	1		valproic acid oral solution 250 mg/5ml	1	
lamotrigine oral tablet chewable	1		VALTOCO	3	PA, QL
lamotrigine oral tablet dispersible	1	PA	VIMPAT ORAL	3	PA
levetiracetam er	1		XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
levetiracetam oral solution	1		ZARONTIN	3	
levetiracetam oral tablet	1		ZONEGRAN	3	PA
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL	zonisamide oral	1	
MOTPOLY XR	3	PA	Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
MYSOLINE	2	PA	ARICEPT	E	
NAYZILAM	3	PA, QL	donepezil hcl oral tablet	1	
NEURONTIN	3	PA	EXELON	E	
ONFI	3	PA	memantine hcl er	1	
oxcarbazepine	1		memantine hcl oral tablet	1	
oxcarbazepine er	E		NAMENDA ORAL TABLET 10 MG, 5 MG	E	
perampanel	1	PA	NAMENDA TITRATION PAK	E	
phenobarbital oral tablet	1		NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E	
phenytek	1		rivastigmine	1	
phenytoin sodium extended	1		rivastigmine tartrate	1	
primidone oral tablet 125 mg	1	PA	Antidepressants - Drugs for Depression		
primidone oral tablet 250 mg, 50 mg	1		amitriptyline hcl oral	1	
roweepra	1		ANAFRANIL	E	
subvenite	1		AUVELITY	3	ST, QL
SYMPAZAN	3	PA	bupropion hcl er (sr)	1	
TEGRETOL ORAL TABLET	3		bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
TEGRETOL-XR	3				
TOPAMAX	3	PA			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL	PAXIL	E	
bupropion hcl oral	1		PAXIL CR	E	QL
CELEXA	E		PRISTIQ	E	QL
citalopram hydrobromide oral tablet	1		PROZAC	E	
clomipramine hcl oral	1		RALDESY	3	PA
CYMBALTA	E		REMERON	E	
desipramine hcl oral	1		REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
desvenlafaxine succinate er	1	QL	SERTRALINE HCL ORAL CAPSULE	E	QL
doxepin hcl oral capsule	1		sertraline hcl oral concentrate	1	
doxepin hcl oral concentrate	1		sertraline hcl oral tablet	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1		SPRAVATO (56 MG DOSE)	3	PA, QL
duloxetine hcl oral capsule delayed release particles 40 mg	E		SPRAVATO (84 MG DOSE)	3	PA, QL
EFFEXOR XR	E		trazodone hcl oral	1	
escitalopram oxalate oral solution 5 mg/5ml	1		TRINTELLIX	3	ST, QL
escitalopram oxalate oral tablet	1		venlafaxine hcl	1	
FETZIMA	3	ST, QL	venlafaxine hcl er oral capsule extended release 24 hour	1	
fluoxetine hcl oral capsule	1		venlafaxine hcl er oral tablet extended release 24 hour	E	QL
fluoxetine hcl oral solution	1		VIIBRYD	E	QL
fluoxetine hcl oral tablet 10 mg	1	QL	vilazodone hcl	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1		WAINUA	2	PA, QL, SP
fluvoxamine maleate	1		WELLBUTRIN SR	E	
fluvoxamine maleate er	1	QL	WELLBUTRIN XL	E	
FORFIVO XL	E	QL	ZOLOFT	E	
imipramine hcl oral	1		ZURZUVAE	2	PA, QL, SP
LEXAPRO	E		Antiemetics - Drugs for Nausea and Vomiting		
mirtazapine oral	1		ANTIVERT ORAL TABLET 50 MG	E	
NORPRAMIN	3		aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL
nortriptyline hcl oral capsule	1		DICLEGIS	E	PA
PAMELOR	E		doxylamine-pyridoxine	E	PA
paroxetine hcl er	1	QL	dronabinol	1	
paroxetine hcl oral tablet	1		EMEND BIPACK	E	QL
			MARINOL	E	
			meclizine hcl oral tablet	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
LOPROX EXTERNAL SHAMPOO 1 %	E	

Drug Name	Drug Tier	Requirements & Limits
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	QL
posaconazole oral tablet delayed release	1	
SPORANOX	3	QL
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	3	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	E	
colchicine oral	1	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	1	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
FROVA	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
frovatriptan succinate	1	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	3	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAX	E	QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
ZOMIG ORAL TABLET 5 MG	E	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	

Drug Name	Drug Tier	Requirements & Limits
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
ZILBRYSQ	3	PA, QL, SP
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	1	QL, SP
abiraterone acetate oral tablet 500 mg	E	QL, SP
ABIRTEGA	E	QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	2	PA, QL, SP
BESREMI	3	PA, QL, SP
bicalutamide	1	
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, SP
capecitabine	1	QL, SP
CASODEX	E	
COTELLIC	2	PA, QL, SP
dasatinib	1	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL, SP
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
exemestane	1	H-PA
EXKIVITY ORAL CAPSULE 40 MG	3	SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
GLEEVEC	E	QL, SP
HYDREA	E	
hydroxyurea oral	1	
IBRANCE ORAL TABLET	3	PA, ST, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate oral	1	QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMKELDI	3	QL, SP
JAKAFI	2	PA, QL, SP
KISQALI	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
nilotinib hcl	1	PA, ST, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	3	PA, QL, SP
SPRYCEL	E	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	E	PA, ST, QL, SP
temozolomide	1	SP
torpenz	1	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	QL
MALARONE	3	
mefloquine hcl	1	
MEPRON	E	

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Drug Name	Drug Tier	Requirements & Limits
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMEKTOL	3	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
DHIVY	E	
INBRIJA	3	PA, QL, SP
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
RYTARY	E	ST
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	E	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	1	
ticagrelor	1	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	QL

Drug Name	Drug Tier	Requirements & Limits
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
GEODON ORAL	E	
haloperidol oral	1	
INVEGA	E	QL
LATUDA	E	QL
lurasidone hcl	1	QL
olanzapine oral	1	
paliperidone er	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
VRAYLAR	3	QL
ziprasidone hcl	1	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
Antivirals - Drugs for Viral Infections		
acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	QL, H

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Drug Name	Drug Tier	Requirements & Limits
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
famciclovir oral	1	
GENVOYA	3	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	1	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
TAMIFLU	E	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALCYTE ORAL TABLET	E	
valganciclovir hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
VALTREX	E	QL
VEMLIDY	E	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX EXTERNAL OINTMENT	E	QL
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL ORAL CAPSULE 25 MG	3	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
acetazolamide oral	1		CARDIZEM CD	E	
ALDACTONE	E		CARDIZEM LA	E	
aliskiren fumarate	1		CARDURA	3	
ALTACE	E		cartia xt	1	
amiloride hcl oral	1		carvedilol	1	
amiodarone hcl oral	1		carvedilol phosphate er	E	
amlodipine besylate oral	1		CATAPRES-TTS-1	E	
amlodipine besylate-benazepril hcl	1		CATAPRES-TTS-2	E	
amlodipine besylate-valsartan	1		CATAPRES-TTS-3	E	
amlodipine-olmesartan	E		chlorthalidone	1	
ATACAND	E		cholestyramine light	1	
ATACAND HCT	E		cholestyramine oral	1	
atenolol oral	1		clonidine hcl oral	1	
atenolol-chlorthalidone	1		clonidine patch weekly 0.1 mg/24hr transdermal	1	
ATORVALIQ	3	PA	clonidine patch weekly 0.1 mg/24hr transdermal	1	(Patch)
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	clonidine patch weekly 0.2 mg/24hr transdermal	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		clonidine patch weekly 0.2 mg/24hr transdermal	1	(Patch)
AVALIDE	E		clonidine patch weekly 0.3 mg/24hr transdermal	1	
AVAPRO	E		clonidine patch weekly 0.3 mg/24hr transdermal	1	(Patch)
AZOR	E		colesevelam hcl oral tablet	1	
benazepril hcl oral	1		COLESTID ORAL TABLET	3	
benazepril-hydrochlorothiazide	1		colestipol hcl oral tablet	1	
BENICAR	E		COREG	E	
BENICAR HCT	E		COREG CR	E	
BETAPACE	E		CORGARD ORAL TABLET 20 MG, 40 MG	3	
bisoprolol fumarate oral tablet	1		CORLANOR	3	PA, QL
bisoprolol-hydrochlorothiazide	1		COZAAR	E	
bumetanide oral	1		CRESTOR	E	
BUMEX	3		digoxin oral tablet	1	
BYSTOLIC	E		diltiazem hcl er	1	
CAMZYOS	3	PA, QL, SP	diltiazem hcl er beads	1	
candesartan cilexetil	1		diltiazem hcl er coated beads	1	
candesartan cilexetil-hctz	1				
captopril oral	1				
CARDIZEM	E				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
diltiazem hcl oral	1		HEMICLOR	E	
dilt-xr	1		hydralazine hcl oral	1	
DIOVAN	E		hydrochlorothiazide oral	1	
DIOVAN HCT	E		HYZAAR	E	
dofetilide	1		icosapent ethyl	E	PA
doxazosin mesylate oral	1		indapamide	1	
EDARBI	E		INDERAL LA	E	
EDARBYCLOR	E		INSPIRA	E	
enalapril maleate oral solution	1	PA	INZIRQO	3	PA
enalapril maleate oral tablet	1		irbesartan	1	
enalapril-hydrochlorothiazide	1		irbesartan-hydrochlorothiazide	1	
ENTRESTO ORAL TABLET	E	PA, QL	ISORDIL TITRADOSE	E	
EPANED	3	PA	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
eplerenone	1		isosorbide dinitrate oral tablet 40 mg	E	
EXFORGE	E		isosorbide mononitrate er	1	
ezetimibe	1		ivabradine hcl	1	PA, QL
ezetimibe-simvastatin	1		KAPSPARGO SPRINKLE	3	
felodipine er	1		KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA, QL
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1		labetalol hcl oral	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E		LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1		LANOXIN ORAL TABLET 62.5 MCG	3	
fenofibrate oral tablet 120 mg, 40 mg	E		LASIX	3	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1		LIPITOR	E	
fenofibric acid oral capsule delayed release	1		lisinopril oral	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	E		lisinopril-hydrochlorothiazide	1	
flecainide acetate	1		LIVALO	E	ST
fosinopril sodium	1		LODOCO	3	QL
FUROSCIX	3	PA, QL	LOPID	3	
furosemide oral	1		LOPRESSOR ORAL TABLET	3	
gemfibrozil oral	1		losartan potassium oral	1	
guanfacine hcl	1		losartan potassium-hctz	1	
HEMANGEOL	3		LOTENSIN	3	
			LOTENSIN HCT	3	
			LOTREL	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
lovastatin oral	1	H	olmesartan medoxomil-hctz	1	
LOVAZA	E		olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg	E	
matzim la	1		olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg	E	QL
MAXZIDE ORAL TABLET 75-50 MG	3		omega-3-acid ethyl esters	1	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	3		PACERONE ORAL TABLET 100 MG, 400 MG	3	
metolazone	1		PACERONE ORAL TABLET 200 MG	3	
metoprolol succinate er	1		pentoxifylline er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		pitavastatin calcium	E	ST
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E		PRALUENT	E	PA, ST, QL
metoprolol-hydrochlorothiazide	1		pravastatin sodium	1	
mexiletine hcl oral	1		prazosin hcl oral	1	
MICARDIS	E		prevalite	1	
MICARDIS HCT	E		PROCARDIA XL	E	
midodrine hcl	1		propafenone hcl	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3		propafenone hcl er	1	
minoxidil oral	1		propranolol hcl er	1	
MULTAQ	3	PA	propranolol hcl oral	1	
nadolol oral	1		QUESTRAN	3	
nebivolol hcl	1		QUESTRAN LIGHT	3	
NEXLETOL	2	PA, ST, QL	ramipril	1	
NEXLIZET	2	PA, ST, QL	ranolazine er	1	
niacin er (antihyperlipidemic)	1		RECTIV	3	QL
nifedipine er	1		REPATHA	2	QL
nifedipine er osmotic release	1		REPATHA PUSHTRONEX SYSTEM	2	QL
nifedipine oral	1		REPATHA SURECLICK	2	QL
NITRO-BID	2		rosuvastatin calcium oral	1	
NITRO-DUR	3		RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E	
nitroglycerin rectal	1	QL	sacubitril-valsartan	1	PA, QL
nitroglycerin sublingual	1		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
nitroglycerin transdermal	1		simvastatin oral tablet 80 mg	1	
NITROSTAT	3		SOANZ	E	QL
NORLIQVA	3	PA			
NORVASC	E				
olmesartan medoxomil oral	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
sotalol hcl oral	1		VERELAN	3	
spironolactone oral tablet	1		VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
spironolactone-hctz	1		VERQUVO	3	PA, QL
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1		VYNDAQEL	2	PA, QL, SP
TEKTURNA	3		VYTORIN	E	
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3		WELCHOL ORAL TABLET	E	
telmisartan	1		ZESTORETIC	E	
telmisartan-hctz	1		ZESTRIL	E	
TENORETIC 100	E		ZETIA	E	
TENORETIC 50	E		ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
TENORMIN	E		ZIAC ORAL TABLET 5-6.25 MG	3	
THALITONE	E		ZOCOR	E	
tiadylt er	1		Central Nervous System Agents - Drugs for Attention Deficit Disorder		
TIAZAC	3		ADDERALL	E	
TIKOSYN	3		ADDERALL XR	E	QL
TOPROL XL	E		ADZENYS XR-ODT	E	QL
toremide	1		amphetamine sulfate	1	
trandolapril	1		amphetamine-dextroamphetamine	1	
triamterene-hctz	1		amphetamine-dextroamphetamine er	1	QL
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-25 MG	E		amphet-dextroamphet 3-bead er	1	QL
TRIBENZOR ORAL TABLET 40-5-12.5 MG	E	QL	APTENSIO XR	E	QL
TRICOR	E		atomoxetine hcl	1	QL
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG	E		AZSTARYS	3	ST, QL
VALSARTAN ORAL SOLUTION	3	PA	clonidine hcl er	1	
valsartan oral tablet	1		CONCERTA	E	QL
valsartan-hydrochlorothiazide	1		COTEMPLA XR-ODT	E	QL
VASCEPA	E	PA	DEXEDRINE	E	QL
VASERETIC	E		dexmethylphenidate hcl	1	
VASOTEC	E		dexmethylphenidate hcl er	1	QL
verapamil hcl er	1		dextroamphetamine sulfate er	1	QL
verapamil hcl oral	1		dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E		QELBREE	E	PA, QL
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	E	QL	QUILLICHEW ER	E	QL
EVEKEO	E		QUILLIVANT XR	E	QL
FOCALIN	3		RELEXXII	E	QL
FOCALIN XR	E	QL	RITALIN	E	
guanfacine hcl er	1		RITALIN LA	E	QL
INTUNIV	E		STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	E	QL
JORNAY PM	3	ST, QL	VYVANSE	E	QL
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E		ZENZEDI	E	
lisdexamfetamine dimesylate	1	QL	Central Nervous System Agents - Drugs for Multiple Sclerosis		
METADATE CD	E	QL	AMPYRA	E	PA, QL, SP
METHYLIN	3		AUBAGIO	E	PA, QL, SP
methylphenidate hcl er (cd)	1	QL	AVONEX PEN	2	PA, QL, SP
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL	AVONEX PREFILLED	2	PA, QL, SP
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1		BAFIERTAM	2	PA, QL, SP
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL	BETASERON	2	PA, QL, SP
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL	COPAXONE	E	PA, QL, SP
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL	dalfampridine er	1	PA, QL, SP
methylphenidate hcl er (xr)	E	QL	dimethyl fumarate oral	1	PA, QL, SP
methylphenidate hcl er oral tablet extended release	1	QL	EXTAVIA SUBCUTANEOUS KIT 0.3 MG	E	PA, ST, QL, SP
methylphenidate hcl er oral tablet extended release 24 hour	E	QL	fingolimod hcl	1	PA, QL, SP
methylphenidate hcl oral	1		GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
MYDAYIS	E	QL	GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
ONYDA XR	3	QL	glatiramer acetate	1	PA, QL, SP
			glatopa	1	PA, QL, SP
			KESIMPTA	2	PA, QL, SP
			MAVENCLAD	3	PA, ST, QL, SP
			MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
			MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA, QL, SP
			PLEGRIDY INTRAMUSCULAR	3	PA, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	1	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
NUDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	3	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	

Drug Name	Drug Tier	Requirements & Limits
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	3	
JUST RIGHT 5000 DENTAL GEL 1.1 %	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
SALAGEN	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
ACANYA	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
accutane	1		BLANCHE	E	
acitretin	1		CABTREO	E	QL
ACZONE	E	QL	calcipotriene external cream	1	QL
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	E		calcipotriene external ointment	1	
adapalene external gel	E	PA, QL	calcipotriene external solution	1	QL
adapalene-benzoyl peroxide external gel	1	QL	CALCITRENE	3	
ADEINZDE	E		CARAC EXTERNAL CREAM 0.5 %	E	
AKLIEF	3	PA, QL	CIBINQO	2	PA, QL, SP
ALA SCALP	3		ciclopirox olamine external suspension	1	
ala-cort	E		claravis	1	
alclometasone dipropionate	1		CLEOCIN-T	3	
ammonium lactate external	E		clindacin etz external swab	1	
amnesteem	1		clindacin-p	1	
AMZEEQ	3	QL	CLINDAGEL	E	QL
ARAZLO	E	PA, QL	clindamycin phos (once-daily) gel 1 % external	1	QL
ATRALIN	E	PA, QL	clindamycin phos (once-daily) gel 1 % external	E	(generic for Clindagel), QL
AVAR CLEANSER	3		clindamycin phos (twice-daily) gel 1 % external	1	QL
AVAR LS CLEANSER	E		clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T), QL
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL	clindamycin phos (twice-daily) gel 1 % external	E	(generic for Clindagel), QL
azelaic acid external	1		clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
AZELEX	3	QL	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL
BENZAMYCIN	2	QL	clindamycin phosphate external lotion	1	
benzoyl peroxide-erythromycin	1	QL	clindamycin phosphate external solution	1	
betamethasone dipropionate aug external cream	1		clindamycin phosphate external swab	1	
betamethasone dipropionate aug external lotion	1		clobetasol prop emollient base external cream 0.05 %	1	QL
betamethasone dipropionate aug external ointment	1		clobetasol propionate e	1	QL
betamethasone dipropionate external	1		CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	QL
betamethasone valerate external cream	1				
betamethasone valerate external lotion	1				
betamethasone valerate external ointment	1				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external cream 0.05 %	1	QL	DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
clobetasol propionate external foam	E	QL	EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
clobetasol propionate external gel	1	QL	EFUDEX EXTERNAL CREAM 5 %	3	
clobetasol propionate external liquid	1	QL	ELIDEL	E	QL
clobetasol propionate external ointment	1	QL	ENSTILAR	3	QL
clobetasol propionate external shampoo	E	QL	EPIDUO	E	QL
clobetasol propionate external solution	1	QL	EPIDUO FORTE	E	QL
CLOBEX EXTERNAL SHAMPOO	E	QL	ERYGEL	3	
CLOBEX SPRAY	E	QL	erythromycin external	1	
clodan	E	QL	EUCRISA	3	ST, QL
clotrimazole external cream	E		FINACEA EXTERNAL FOAM	3	
clotrimazole-betamethasone	1		FINACEA EXTERNAL GEL	E	
dapsone external	1	QL	fluocinolone acetonide body	1	QL
DERMACINRX UREA	E		fluocinolone acetonide external	1	QL
DERMA-SMOOTH/FS BODY	3	QL	fluocinolone acetonide scalp	1	
DERMA-SMOOTH/FS SCALP	3		fluocinonide external cream 0.05 %	1	
desonide external cream	1	QL	fluocinonide external cream 0.1 %	E	QL
desonide external lotion	1	QL	fluocinonide external gel	1	
desonide external ointment	1	QL	fluocinonide external ointment	1	
DESOWEN	3	QL	fluocinonide external solution	1	
desoximetasone external cream	1	QL	FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
desoximetasone external ointment	1	QL	fluorouracil external cream 5 %	1	
diclofenac sodium external gel 3 %	1	PA, QL	fluticasone propionate external cream	1	
DIFFERIN EXTERNAL GEL 0.3 %	E	PA, QL	fluticasone propionate external ointment	1	
DIPROLENE	3		halobetasol propionate external cream	1	QL
doxycycline	E		halobetasol propionate external ointment	1	QL
DRYSOL	3		hydrocortisone external cream 1 %	E	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	hydrocortisone external cream 2.5 %	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external lotion 2 %, 2.5 %	1		OVACE PLUS WASH EXTERNAL LIQUID	3	
hydrocortisone external ointment 1 %, 2.5 %	1		OVACE WASH	3	
hydrocortisone valerate external cream	1	QL	PANRETIN	3	
hydroquinone external	E		pimecrolimus	1	QL
HYDROXYM EXTERNAL CREAM	E		PLEXION CLEANSER	E	
imiquimod external cream 3.75 %	E	QL	podofilox external solution	1	
imiquimod external cream 5 %	1		RETIN-A	E	PA, QL
imiquimod pump	E	QL	RHOFADE	3	PA, QL
IMPOYZ	E	QL	SANTYL	3	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1		selenium sulfide external lotion	1	
isotretinoin oral capsule 25 mg, 35 mg	E	PA	sodium sulfacetamide wash	1	
ivermectin external cream	E	QL	SOOLANTRA	1	QL
KLARON	3		sulfacetamide sodium (acne)	1	
KLISYRI (250 MG)	3	ST, QL	sulfacetamide sodium external	1	
KLISYRI (350 MG)	3	ST, QL	sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
LOPROX EXTERNAL SUSPENSION 0.77 %	E		sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
METROCREAM	3		sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
METROGEL	E		sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
METROLOTION	3		SUMADAN WASH	E	
metronidazole external cream	1		SYNALAR	E	QL
metronidazole external gel 0.75 %	1		SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
metronidazole external gel 1 %	E		TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
metronidazole external lotion	1		TACLONEX EXTERNAL SUSPENSION	1	QL
MIRVASO	2	PA, QL	tacrolimus external	1	QL
mometasone furoate external	1		tazarotene external cream	1	PA, QL
NEMLUVIO	2	PA, QL, SP	TAZORAC EXTERNAL CREAM	3	PA, QL
neuac	1	QL	TOLAK	E	
NORITATE	E		TOPICORT	3	QL
ONEXTON	E	QL	TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3	QL
OPZELURA	3	PA, QL, SP	TREMFYA	2	PA, QL, SP
ORACEA	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tretinoin external cream	1	QL
tretinoin external gel	E	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
tritocin external ointment 0.05 %	E	
urea external cream 20 %, 40 %, 45 %	1	
urea external cream 39 %, 41 %, 47 %	E	
UREA EXTERNAL CREAM 39.5 %	E	
uredeb	E	
UREMEZ-40	3	
URESOL	E	
VANOS	E	QL
VTAMA	3	PA, QL
WINLEVI	E	PA, QL
xurea	E	
zenatane	1	
ZILXI	3	PA, ST, QL
ZORYVE EXTERNAL CREAM 0.15 %	3	PA
ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL
ZORYVE EXTERNAL FOAM	3	PA, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL

Drug Name	Drug Tier	Requirements & Limits
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE ME METER	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
AGAMATRIX PRESTO TEST	E	QL
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD BLUNT FILL NEEDLE W/ FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	QL
BD PEN NEEDLE MINI ULTRAFINE	2	QL
BD PEN NEEDLE NANO ULTRAFINE	2	QL
BD PEN NEEDLE ORIG ULTRAFINE	2	QL
BD PEN NEEDLE SHORT ULTRAFINE	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
BD VEO ULTRA-FINE INSULIN SYRINGES	2	
BD-ULTRA FINE INSULIN SYRINGES	2	
BIGFOOT UNITY PROGRAM	3	
BIOTEL CARE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CARESENS N PLUS BT	E	
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR MONITOR KIT W/ DEVICE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT	1	
CONTOUR NEXT GEN TEST STRIPS	1	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	1	
CONTOUR NEXT ONE KIT	1	

Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT TEST STRIPS	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
CVS TRUE METRIX GLUCOSE TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES CARE	E	
DIABETES MONITOR DIGIT ADD-ON	3	
DIABETES MONITOR DIGIT SOLN	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
EASY MAX BLOOD GLUCOSE TEST	E	QL
EASY MAX T1 GLUCOSE SYSTEM	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBECTA INSULIN SYRINGE	2	QL
EMBRACE BLOOD GLUCOSE TEST	E	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EQ BLOOD GLUCOSE TEST	E	QL	GUARDIAN CONNECT TRANSMITTER	3	PA, QL
EVERSENSE 365 SENSOR/HOLDER	E	PA	GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
EVERSENSE 365 SMART TRANSMIT	E	PA	GUARDIAN REAL-TIME REPLACE PED	3	PA
EVERSENSE E3 SENSOR/HOLDER	E	PA	GUARDIAN SENSOR 3	3	PA, QL
EVERSENSE E3 SMART TRANSMITTER	E	PA	GVOKE HYPOPEN 1-PACK	2	QL
EVERSENSE SENSOR/HOLDER	E	PA	GVOKE HYPOPEN 2-PACK	2	QL
EVERSENSE SMART TRANSMITTER	E	PA	GVOKE KIT	2	
FORA 6 CONNECT/GTEL TEST	E	QL	GVOKE PFS	2	
FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL	HEALTHPRO BLOOD GLUCOSE MONITO	E	
FORTISCARE TEST IN VITRO STRIP	E	QL	IHEALTH BLOOD GLUCOSE TEST STR	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	IHEALTH GLUCO+ KIT 10	E	
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	IHEALTH GLUCO+ KIT 100	E	
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA	INPEN	3	ST
FREESTYLE LIBRE 2 READER	3	PA, QL	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA	LANCETS	1	
FREESTYLE LIBRE 3 READER	3	PA	MICRODOT TEST	E	QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	MINILINK REAL-TIME TRANSMITTER	3	PA
FREESTYLE LIBRE READER	3	PA, QL	MINIMED 630G GUARDIAN PRESS	3	PA
FREESTYLE PRECISION NEO SYSTEM	E		MM BLOOD GLUCOSE SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL	MM BLOOD GLUCOSE SYSTEM REFILL	E	
FREESTYLE TEST	E	QL	MM BLULINK GLUCOSE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL	MM EASY TOUCH GLUCOSE METER	E	
GLUCOCARD SHINE TEST	E	QL			
GLUCOCARD VITAL TEST	E	QL			
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL			
GUARDIAN 4 TRANSMITTER	3	PA, QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2		PRECISION XTRA KIT W/DEVICE	E	
NEUTEK 2TEK TEST	E	QL	PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL	PTS PANELS EGLU TEST	E	QL
NOVOFINE PEN NEEDLE	2	QL	QUICK TOUCH BLOOD GLUCOSE	E	
NOVOFINE PLUS PEN NEEDLE	2	QL	QUICK TOUCH BLOOD GLUCOSE TEST	E	QL
NOVOPEN ECHO	3		QUINTET AC BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL	QUINTET BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 DEXCOM PODS	2	PA	RELION GLUCOSE TEST STRIPS	E	QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL	RELION TRUE MET AIR GLUC METER	E	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL	RELION TRUE METRIX TEST STRIPS	E	QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL	RELION ULTIMA GLUCOSE SYSTEM	E	
OMNIPOD 5 LIBRE INTRO KIT	2	PA	RELION ULTIMA TEST	E	QL
OMNIPOD 5 LIBRE PODS	2	PA	RIGHTEST GT333 GLUCOSE TEST	E	QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	SIMPLERA SENSOR	E	PA
ON CALL EXPRESS MONITORING SYS	E		SIMPLERA SYNC SENSOR	E	PA
ONETOUCH ULTRA 2 KIT W/ DEVICE	E		SIMPLERA SYSTEM	E	PA
ONETOUCH ULTRA BLUE TEST	E	QL	TECHLITE INSULIN SYRINGES	2	QL (Arkay)
ONETOUCH ULTRA TEST STRIPS	E	QL	TECHLITE PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO FLEX SYSTEM KIT	E		TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	E		TEMPO REFILL	E	
ONETOUCH VERIO KIT W/ DEVICE	E		TEMPO WELCOME	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E		TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH VERIO TEST STRIPS	E	QL	TRUE METRIX AIR GLUCOSE METER KIT	E	
OPTIUMEZ TEST	E	QL	TRUE METRIX BLOOD GLUCOSE TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA	TRUE METRIX GO GLUCOSE METER	E	
PIP BLOOD GLUCOSE TEST STRIP	E	QL	TRUE METRIX METER	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL	TRUE METRIX PRO BLOOD GLUCOSE	E	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
TWIST REFILL KIT	2	PA, QL	INSULIN GLARGINE	E	QL
TWIST REFILL KIT/INFUSION SET	2	PA, QL	INSULIN GLARGINE MAX SOLOSTAR	E	QL
TWIST STARTER KIT	2	PA, QL	INSULIN GLARGINE SOLOSTAR	E	QL
UNISTRIPI1 GENERIC	E	QL	INSULIN LISPRO	1	QL
VERISAFE SAFETY STERILE NEEDLE	2		INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
VIVAGUARD INO GLUCOSE METER KIT	E		INSULIN LISPRO KWIKPEN	2	QL
VIVAGUARD INO TEST STRIPS	E	QL	INSULIN LISPRO PROT & LISPRO	2	QL
Diabetes - Insulin			LANTUS SOLOSTAR	1	QL
ADMELOG	E	QL	LANTUS U-100 VIAL	1	QL
ADMELOG SOLOSTAR	E	QL	LYUMJEV KWIKPEN	2	QL
BASAGLAR KWIKPEN	E	QL	LYUMJEV TEMPO PEN	E	QL
BASAGLAR TEMPO PEN	E		LYUMJEV VIAL	1	QL
HUMALOG CARTRIDGE	2	QL	NOVOLIN 70/30 FLEXPEN	E	ST, QL
HUMALOG INJECTION	E	QL	NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
HUMALOG KWIKPEN	2	QL	NOVOLIN 70/30 RELION	E	ST, QL
HUMALOG MIX 50/50 KWIKPEN	2	QL	NOVOLIN 70/30 VIAL	E	ST, QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL	NOVOLIN N FLEXPEN	E	ST, QL
HUMALOG MIX 75/25 KWIKPEN	2	QL	NOVOLIN N FLEXPEN RELION	E	ST, QL
HUMALOG MIX 75/25 VIAL	1	QL	NOVOLIN N RELION	E	ST, QL
HUMALOG SUBCUTANEOUS	2	QL	NOVOLIN N VIAL	E	ST, QL
HUMALOG TEMPO PEN	E	QL	NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL	NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	ST, QL
HUMULIN 70/30 KWIKPEN	2	QL	NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	QL
HUMULIN 70/30 VIAL	1	QL	NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	E	ST, QL
HUMULIN N KWIKPEN	2	QL	NOVOLIN R RELION	E	ST, QL
HUMULIN N VIAL	1	QL	NOVOLIN R VIAL	E	ST, QL
HUMULIN R U-500 KWIKPEN	2	QL	NOVOLOG FLEXPEN	E	ST, QL
HUMULIN R U-500 VIAL	1	QL	NOVOLOG FLEXPEN RELION	E	ST, QL
HUMULIN R VIAL	1	QL	NOVOLOG RELION	E	ST, QL
INSULIN ASPART	E	ST, QL			
INSULIN ASPART FLEXPEN	E	ST, QL			
INSULIN DEGLUDEC FLEXTouch	E	QL			

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NOVOLOG U-100 VIAL	E	ST, QL	GLYXAMBI	2	ST, QL
TOUJEO MAX SOLOSTAR	2	QL	INVOKANA	E	ST, QL
TOUJEO SOLOSTAR	2	QL	JANUMET	E	ST, QL
TRESIBA FLEXTOUCH	E	QL	JANUVIA	E	ST, QL
Diabetes - Non-Insulin Agents			JARDIANCE	2	QL
acarbose oral	1		JENTADUETO	2	QL
ACTOPLUS MET	3	QL	JENTADUETO XR	2	QL
ACTOS	E	QL	KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL
ALOGLIPTIN BENZOATE	2	QL	liraglutide	1	PA, QL
BAQSIMI ONE PACK	2	QL	metformin hcl er	1	
BAQSIMI TWO PACK	2	QL	metformin hcl er (mod)	E	PA
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML	2	PA, QL	metformin hcl er (osm)	E	PA
DAPAGLIFLOZIN PRO- METFORMIN ER	E	ST, QL	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL	metformin hcl oral tablet 625 mg, 750 mg	E	
FARXIGA	E	ST, QL	MOUNJARO	2	PA, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		nateglinide	1	QL
glimepiride oral tablet 3 mg	E		NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	E	QL
glipizide er	1		ONGLYZA	E	QL
glipizide oral tablet 10 mg, 5 mg	1		OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	2	PA
glipizide oral tablet 2.5 mg	E		OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML, 8 MG/3ML	2	PA, QL
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1		pioglitazone hcl	1	QL
glipizide-metformin hcl	1		pioglitazone hcl-metformin hcl	1	QL
glucagon emergency kit 1 mg injection	1	QL	repaglinide	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	RYBELSUS	2	PA, QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)	saxagliptin hcl	1	QL
GLUCOTROL XL	3		saxagliptin-metformin er	1	QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA	SOLQUA	2	QL
glyburide oral	1		SYMLINPEN 120	3	QL
glyburide-metformin	1		SYMLINPEN 60	3	QL
			SYNJARDY	2	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
XIGDUO XR	E	ST, QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	3	PA, SP
ALVAIZ	3	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTelet	3	PA, QL, SP
ELOCTATE	3	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	
NIVESTYM	2	
NOVOEIGHT	2	SP

Drug Name	Drug Tier	Requirements & Limits
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
tranexamic acid oral	1	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA	2	PA, QL, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
avanafil	1	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHEA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	3	PA, QL
tadalafil oral	1	QL
varafenafil hcl oral tablet	1	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
ACCRUFER	E	
CARNITOR ORAL SOLUTION	3	
CARNITOR SF	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CO-NATAL FA	2		multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
cvs prenatal	E		multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
cyanocobalamin injection solution 1000 mcg/ml	1		multivitamin w/fluoride tablet chewable 1 mg oral	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3		multivitamin w/fluoride tablet chewable 1 mg oral	E	
cyanocobalamin nasal	1		multi-vitamin/fluoride	1	
DAVIMET-FLUORIDE	E		multivitamin/fluoride oral tablet chewable	1	
DENTA 5000 PLUS SENSITIVE	3		MULTI-VIT-FLOR	E	
DODEX INJECTION SOLUTION 1000 MCG/ML	3		NASCOBAL	3	
DRISDOL	3		NEONATAL COMPLETE	3	
ergocalciferol oral capsule	1		NEONATAL PLUS	3	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3		NEONATAL PRENATAL	E	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	E		NEONATAL VITAMIN	E	
FLORIVA PLUS	E		NIVA-PLUS	3	
FLOTREX	E		ONE VITE WOMENS	E	
FLUORIMAX 5000 SENSITIVE	3		ONE VITE WOMENS PLUS	3	
folic acid oral tablet 1 mg	1		ORACIT	2	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E		ORAL CITRATE	2	
klor-con	1		PHOSPHA 250 NEUTRAL	2	
klor-con 10	1		phosphorous	1	
klor-con m10	1		phospho-trin 250 neutral	1	
klor-con m15	1		pnv 27-ca/fe/fa	1	
klor-con m20	1		POKONZA	E	
K-PHOS-NEUTRAL	2		POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3		potassium chloride crys er	1	
levocarnitine oral solution	1		potassium chloride er	1	
levocarnitine sf	1		potassium chloride oral	1	
LOKELMA	3	PA, QL	potassium citrate er	1	
M-NATAL PLUS	3		prenatal oral tablet 27-0.8 mg	E	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		prenatal oral tablet 27-1 mg	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E		prenatal plus	1	
			prenatal plus vitamin/mineral	1	
			prenatal vitamins oral tablet 27-0.8 mg	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
PRENATE MINI	3	
PRENATOL-M	E	
PRENATRIX	E	
PRENATRYL	E	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA	3	PA, QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL

Drug Name	Drug Tier	Requirements & Limits
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	3	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	1	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	1	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	3	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	1	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATÉ	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL, H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	PA, ST, QL
IQIRVO	3	PA, ST, QL, SP
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	

Drug Name	Drug Tier	Requirements & Limits
LIBRAX	E	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
loperamide hcl oral capsule	E	
lubiprostone	1	PA, QL
MOTEGRITY	E	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	1	QL
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
prucalopride succinate	1	PA, QL
RELTONE	E	
REZDIFFRA	3	PA, QL
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ATTRUBY	2	PA, QL, SP
CARNITOR ORAL TABLET	3	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	E	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	E	PA, QL
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	1	PA, QL, SP
tolvaptan oral tablet therapy pack 30 & 15 mg	1	PA, QL
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
DETROL	E	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG	E	
ELMIRON	3	ST
GEMTESA	E	

Drug Name	Drug Tier	Requirements & Limits
mirabegron er	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
RENVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	E	
tropium chloride	1	
tropium chloride er	E	
VANRAFIA	3	PA, SP
VELPHORO	3	ST
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	1	
abigale lo	1	
ACTIVELLA	3	
afirmelle	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ALORA	3	QL	COVARYX	2	
altavera	1	H	COVARYX HS	3	
alyacen 1/35	1	H	cryselle-28	1	H
alyacen 7/7/7	1	H	cyred eq	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1		dasetta 1/35 (28)	1	H
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H	dasetta 7/7/7	1	H
ANNOVERA	3	QL	daysee	1	H
apri	1	H	deblitane	1	H
aranelle	1	H	DELESTROGEN	3	
ashlyna	1	H	delyla	1	H
aubra eq	1	H	DEPO-PROVERA	3	QL
aurovela 1.5/30	1	H	DEPO-SUBQ PROVERA 104	1	QL, H
aurovela 1/20	1	H	desogestrel-ethinyl estradiol	1	H
aurovela 24 fe	1	H	DIVIGEL	3	
aurovela fe 1.5/30	1	H	dotti	1	QL
aurovela fe 1/20	1	H	drosipren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E	
aviane	1	H	drosipren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
AYGESTIN ORAL TABLET 5 MG	3		drosiprenone-ethinyl estradiol	1	H
ayuna	1	H	DUAVEE	3	QL
azurette	1	H	EEMT	2	
balziva	1	H	EEMT HS	3	
BEYAZ	E		ELESTRIN	3	
BIJUVA	3		elinest	1	H
blisovi 24 fe	1	H	ELLA	1	QL, H
blisovi fe 1.5/30	1	H	eluryng	1	H
blisovi fe 1/20	1	H	emzahh	1	H
briellyn	1	H	enilloring	1	H
camila	1	H	enpresse-28	1	H
camrese	1	H	enskyce	1	H
camrese lo	1	H	errin	1	H
charlotte 24 fe	1	H	est estrogens-methyltest	1	
chateal eq	1	H	est estrogens-methyltest ds	1	
CLIMARA	E	QL	est estrogens-methyltest hs	1	
CLIMARA PRO	3	QL	estarylla	1	H
COMBIPATCH	3	QL	ESTRACE	E	
			estradiol oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	

Drug Name	Drug Tier	Requirements & Limits
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s.	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
ESTROGEL	3	QL
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
fayosim oral tablet 42-21-21-7 days	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
finzala	1	H
fyavolv	1	
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
leena	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	1	H
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
lutra	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H

Drug Name	Drug Tier	Requirements & Limits
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	
mono-lynyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
NEXTSTELLIS	E	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
norgestimate-ethinyl estradiol triphasic	1	H	sprintec 28	1	H
norlyroc	1	H	sronyx	1	H
nortrel 0.5/35 (28)	1	H	syeda	1	H
nortrel 1/35 (21)	1	H	tarina 24 fe	1	H
nortrel 1/35 (28)	1	H	tarina fe 1/20 eq	1	H
nortrel 7/7/7	1	H	tilia fe	1	H
NUVARING	E		tri-estarylla	1	H
nylia 1/35	1	H	tri-legest fe	1	H
nylia 7/7/7	1	H	tri-lynyah	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H	tri-lo-estarylla	1	H
ocella	1	H	tri-lo-marzia	1	H
PHEXXI	E	PA	tri-lo-mili	1	H
philith	1	H	tri-lo-sprintec	1	H
pimtrea	1	H	tri-mili	1	H
portia-28	1	H	tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
PREMARIN ORAL	3		tri-sprintec	1	H
PREMARIN VAGINAL	3		trivora (28)	1	H
PREMPHASE	3		tri-vylibra	1	H
PREMPRO	3		tri-vylibra lo	1	H
progesterone intramuscular	1		turqoz	1	H
progesterone oral	1		TWIRLA	E	
PROMETRIUM	E		TYBLUME	1	
PROVERA	3		tydemy oral tablet 3-0.03-0.451 mg	1	H
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E		VAGIFEM	E	
reclipsen	1	H	valtya 1/50	1	H
rivelsa	1	H	velivet	1	H
rosyrah	1	H	vestura	1	H
SAFYRAL	E		vienva	1	H
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E		viorele	1	H
setlakin	1	H	VIVELLE-DOT	E	QL
sharobel	1	H	volnea	1	H
simliya	1	H	vyfemla	1	H
simpesse	1	H	vylibra	1	H
SLYND	3	PA, ST	wera	1	H
			xarah fe	1	H
			xulane	1	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	E	
dexamethasone intensol	1	
dexamethasone oral	1	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 5 mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Other		
cabergoline	1	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
JATENZO	E	QL
KYZATREX	3	PA, QL
NATESTO	E	PA, QL
TESTIM	1	PA, QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
testosterone gel 12.5 mg/act (1%) transdermal	1	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	1	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	1	PA, QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL
TLANDO	E	PA, QL
UNDECATREX	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID	3	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	

Drug Name	Drug Tier	Requirements & Limits
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (Manufactured by Fresenius), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (Manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (Manufactured by Celltrion), SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-AATY (2 PEN)	E	PA, (Manufactured by Celltrion), QL, SP	ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (Manufactured by Celltrion), QL, SP	ADALIMUMAB-ADB(CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-AATY CD/UC/HS START	E	PA, (Manufactured by Celltrion), SP	ADALIMUMAB-ADB(PS/UV STARTER)	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA, (Manufactured by Boehringer Ingelheim), QL, SP	ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA, (Manufactured by Boehringer Ingelheim), QL, SP	ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, (Manufactured by Boehringer Ingelheim), QL, SP	ADBRY SOLUTION AUTO-INJECTOR	2	PA, QL, SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, QL, SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA 40 MG/0.8ML	E	PA, QL, SP
ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer Ingelheim), QL, SP	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, QL, SP
			AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP
			AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	PA, QL, SP
			ARAVA	E	
			AZASAN	3	
			azathioprine oral	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
BIMZELX	3	PA, ST, QL, SP	gengraf oral capsule	1	
CELLCEPT ORAL CAPSULE	E		HADLIMA	E	PA, QL, SP
CELLCEPT ORAL TABLET	E		HADLIMA PUSH TOUCH	E	PA, QL, SP
CIMZIA (2 SYRINGE)	2	PA, QL, SP	HAEGARDA	2	PA, QL, SP
CIMZIA-STARTER	2	PA, QL, SP	HULIO (2 PEN)	E	PA, QL, SP
CINRYZE	E	PA, QL, SP	HULIO (2 SYRINGE)	E	PA, QL, SP
COSENTYX (300 MG DOSE)	2	PA, QL, SP	HUMIRA (1 PEN)	E	PA, QL, SP
COSENTYX 75MG/0.5ML SUBCUTANEOUS	2	PA, QL, SP	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP	HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP	HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
COSENTYX SENSOREADY PEN	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	E	PA, QL, SP
COSENTYX UNOREADY	2	PA, QL, SP	HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	E	PA, QL, SP
cyclosporine modified oral capsule	1		HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, QL, SP
CYLTEZO (2 PEN)	E	PA, QL, SP	HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP
CYLTEZO (2 SYRINGE)	E	PA, QL, SP	HUMIRA-CD/UC/HS STARTER	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP	HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	E	PA, QL, SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP	HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, QL, SP
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP			
EMPAVELI	2	PA, QL, SP			
ENBREL	2	PA, QL, SP			
ENBREL MINI	2	PA, QL, SP			
ENBREL SURECLICK	2	PA, QL, SP			
ENTYVIO PEN	2	PA, QL, SP			
ENVARUSUS XR	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HUMIRA-PSORIASIS/UEVIT STARTER	E	PA, QL, SP	IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
HYFTOR	3	PA, QL	IMURAN	E	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	QL, SP	JYLAMVO	3	PA
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	E	SP	KEVZARA SUBCUTANEOUS PREFILLED SYRINGE	3	PA, ST, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, QL, SP	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP	leflunomide oral	1	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP	LITFULO	3	PA, QL, SP
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, SP	LUPKYNIS	3	PA, QL, SP
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	E	PA, SP	methotrexate sodium (pf)	1	
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP	methotrexate sodium injection solution	1	
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP	methotrexate sodium oral	1	
HYRIMOZ-PLAQ PSOR/UEVIT START	E	PA, QL, SP	mycophenolate mofetil oral capsule	1	
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP	mycophenolate mofetil oral tablet	1	
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	mycophenolate sodium	1	
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	E	PA, QL, SP	mycophenolic acid	1	
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP	MYFORTIC	E	
			MYHIBBIN	1	
			NEORAL ORAL CAPSULE	E	
			OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL, SP
			OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP
			OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
			OMVOH SUBCUTANEOUS PREFILLED SYRINGE	2	PA, (SUBCUTANEOUS), QL, SP
			OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
			ORENCIA CLICKJECT	3	PA, ST, QL, SP
			ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
			OTEZLA ORAL TABLET 20 MG	2	PA, QL, SP
			OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMLANDI (1 PEN)	E	PA, QL, SP
SIMLANDI (1 SYRINGE)	E	PA, QL, SP
SIMLANDI (2 PEN)	E	PA, QL, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	E	PA, QL, SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	E	PA, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, QL, SP
WEZLANA	2	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	
Immunological Agents - Drugs for Vaccination		
ABRYSVO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGRIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MODERNA COVID-19 VAC 6M-11Y	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX	3	H
SPIKEVAX	3	H
TENIVAC	3	H
TWINRIX	3	H
VAQTA	2	H
VARIVAX	3	H
VIVOTIF	E	
Infertility Agents		
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF	3	ST, SP
GONAL-F RFF REDIRECT	3	ST, SP
MENOPUR	3	QL, SP

Drug Name	Drug Tier	Requirements & Limits
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	3	
ANUSOL-HC RECTAL	E	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
CANASA	E	
COLAZAL	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral capsule delayed release 400 mg	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA	3	
sulfasalazine oral	1	
UCERIS ORAL	1	

Metabolic Bone Disease Agents - Drugs for Osteoporosis

ACTONEL	E	QL
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
EVISTA	E	
FORTEO	E	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet 150 mg, 35 mg	1	QL
risedronate sodium oral tablet 30 mg, 5 mg	1	
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	E	PA, SP
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP

Metabolic Bone Disease Agents - Other

calcitriol oral capsule	1	
cinacalcet hcl	1	

Drug Name	Drug Tier	Requirements & Limits
ROCALtrol ORAL CAPSULE	3	
SENSIPAR	E	
YORVIPATH	3	PA, QL, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic solution 0.07 %	E	
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	1	QL
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	1	
olopatadine hcl ophthalmic solution 0.2 %	E	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVY	3	PA, QL
ZYLET	3	

Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	E	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	1	QL
COMBIGAN	1	QL
COSOPT	3	
COSOPT PF	E	QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
dorzolamide hcl solution 2 % ophthalmic	1	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol hemihydrate	1	QL
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC OCUDOSE	3	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	3	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	1	QL
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	3	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	1	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	3	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
VEVYE	E	PA, QL
XIIDRA	3	PA, QL

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	1	

Drug Name	Drug Tier	Requirements & Limits
DERMOTIC	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	QL
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
NEFFY	3	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	

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

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
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See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
azelastine hcl nasal solution 0.15 %	E		ODACTRA	3	PA, QL
azelastine-fluticasone	E	QL	olopatadine hcl nasal	1	
benzonatate oral capsule 100 mg, 200 mg	1		PATANASE NASAL SOLUTION 0.6 %	E	
benzonatate oral capsule 150 mg	E		promethazine-codeine	1	PA, QL
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3		promethazine-dm	1	
bromphen-pseudoeph-dm	1		pseudoephedrine-bromphen-dm	1	
carbinoxamine maleate oral tablet 4 mg	1		PULMOSAL	2	
carbinoxamine maleate oral tablet 6 mg	E		RYALTRIS	E	QL
cetirizine hcl oral solution	E		ryvent	E	
CLARINEX	E		sodium chloride inhalation	1	
cyproheptadine hcl oral	1		XHANCE	E	ST, QL
desloratadine oral tablet	E		ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL
DYMISTA	E	QL	Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
flunisolide nasal	1		ACCOLATE	3	
fluticasone propionate nasal	1	QL	ADVAIR DISKUS	E	QL
g tussin ac	1		ADVAIR HFA	3	QL, RS
guaifenesin ac oral syrup 100-10 mg/5ml	1		AEROCHAMBER HOLDING CHAMBER	2	
guaifenesin-codeine	1		AEROCHAMBER PLS FLOVU MTHPIECE	2	
HYCODAN ORAL SOLUTION	E	PA, QL	AEROCHAMBER PLUS FLO-VU	2	
hydrocod poli-chlorphe poli er	1	PA, QL	AEROCHAMBER PLUS FLO-VU INTERM	2	
hydrocodone bit-homatrop mbr oral solution	1	PA, QL	AEROCHAMBER PLUS FLO-VU LARGE	2	
hydromet	1	PA, QL	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
HYPERSAL	2		AEROCHAMBER PLUS FLO-VU SMALL	2	
ipratropium bromide nasal	1		AEROCHAMBER PLUS FLO-VU W/MASK	2	
levocetirizine dihydrochloride oral	1		AEROCHAMBER2GO ANTI-STATIC	2	
maxi-tuss ac	1		AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	E	QL
mometasone furoate nasal	1	QL			
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3				
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E				

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	E	QL
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for Ventolin HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX HFA	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREATHE COMFORT CHAMBER/ ADULT	2	
BREATHE COMFORT CHAMBER/ CHILD	2	

Drug Name	Drug Tier	Requirements & Limits
BREO ELLIPTA	3	QL, RS
breyna	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	3	QL
DALIRESP	E	QL
DULERA	E	ST, QL
EASIVENT	2	
EASIVENT MASK LARGE	2	
EASIVENT MASK MEDIUM	2	
EASIVENT MASK SMALL	2	
FASENRA PEN	3	PA, QL
FLEXICHAMBER	2	
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
INSPIREASE	2	
ipratropium bromide inhalation	1	
ipratropium-albuterol	1	
levalbuterol hcl inhalation	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
PERFOROMIST	3	QL
PROCHAMBER VHC	2	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
UMECLIDINIUM-VILANTEROL	E	QL
VENTOLIN HFA	E	QL
VORTEX HOLD CHAMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHAMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	

Drug Name	Drug Tier	Requirements & Limits
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
zafirlukast	1	

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	3	PA, QL, SP
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Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA, SP
TYVASO STARTER KIT	2	PA, SP

See page 6-8 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone oral tablet 400 mg, 800 mg	1	
metaxalone oral tablet 640 mg	E	
methocarbamol oral tablet 1000 mg	E	
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orphenadrine citrate er	1	
SOMA	E	
TANLOR	3	
tizanidine hcl oral	1	
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ZANAFLEX	3	
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Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	QL
BELSOMRA	3	ST, QL
DAYVIGO	E	ST, QL
doxepin hcl oral tablet	E	QL
eszopiclone	1	

Drug Name	Drug Tier	Requirements & Limits
LUMRYZ	3	PA, QL, SP
LUNESTA	E	
modafinil oral	1	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
QUVIVIQ	E	ST, QL
ramelteon	1	ST, QL
RESTORIL	3	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE	3	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
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HUMALOG TEMPO PEN.....	34	hydrocod poli-chlorphe poli er ...	55	HYMPAVZI.....	36
HUMALOG U-100 JUNIOR KWIKPEN	34	hydrocodone bit-homatrop mbr oral solution	55	hyoscyamine sulfate er	39
HUMATE-P.....	36	hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/ 15ml.....	9	hyoscyamine sulfate oral tablet ..	39
HUMIRA (1 PEN).....	48	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	9	hyoscyamine sulfate oral tablet dispersible.....	39
HUMIRA (2 PEN) AUTO- INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS.....	48	hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg .	9	hyoscyamine sulfate sublingual ..	39
HUMIRA (2 PEN) AUTO- INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS.....	48	hydrocort-pramoxine (perianal)...	51	HYPERSAL	55
HUMIRA (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.8ML....	48	hydrocortisone (perianal) external cream 1 %	51	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML.....	49
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS...	48	hydrocortisone (perianal) external cream 2.5 %	51	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	49
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS ..	48	hydrocortisone ace-pramoxine external cream 1-1 %	51	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML.....	49
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS ..	48	hydrocortisone acetate rectal....	51	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	49
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	48	hydrocortisone external cream 1 %.....	28	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML.....	49
HUMIRA-CD/UC/HS STARTER....	48			HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML.....	49

HYRIMOZ-PED<40KG CROHN STARTER.....	49	IMBRUVICA ORAL TABLET 420 MG	18	INSULIN LISPRO PROT & LISPRO	34
HYRIMOZ-PED>/=40KG CROHN START	49	imipramine hcl oral.	15	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	32
HYRIMOZ-PLAQ PSOR/UEVIT START	49	imiquimod external cream 3.75 %	29	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	32
HYRIMOZ-PLAQUE PSORIASIS START	49	imiquimod external cream 5 % ...	29	INTRAROSA	36
HYZAAR.....	22	imiquimod pump.....	29	introvale	42
I		IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	17	INTUNIV	25
ibandronate sodium oral.....	52	IMITREX ORAL	17	INVEGA	19
IBRANCE ORAL TABLET	18	IMITREX STATDOSE SYSTEM.....	17	INVELTYS.....	52
IBSRELA	39	IMKELDI	18	INVOKANA	35
ibuprofen oral suspension 100 mg/5ml	10	IMPOYZ.....	29	INZIRQO.....	22
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	10	IMURAN	49	IPOL	51
iclevia	42	IMVEXXY MAINTENANCE PACK..	36	ipratropium bromide inhalation ..	56
ICLUSIG ORAL TABLET 10 MG, 30 MG.....	18	IMVEXXY STARTER PACK	36	ipratropium bromide nasal	55
ICLUSIG ORAL TABLET 15 MG, 45 MG.....	18	INBRIJA	19	ipratropium-albuterol.....	56
icosapent ethyl.....	22	incassia	42	IQIRVO.....	39
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML.....	49	indapamide.....	22	irbesartan	22
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	49	INDERAL LA	22	irbesartan-hydrochlorothiazide ..	22
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML.....	49	indomethacin er.....	10	ISENTRESS HD	20
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML.....	49	indomethacin oral capsule	10	ISENTRESS ORAL TABLET	20
IDELVION.....	36	INGREZZA ORAL CAPSULE 40 MG, 80 MG	26	isibloom	42
IDHIFA	18	INGREZZA ORAL CAPSULE 60 MG.....	26	isoniazid oral tablet	17
IHEALTH BLOOD GLUCOSE TEST STR	32	INGREZZA ORAL CAPSULE SPRINKLE	26	ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	54
IHEALTH GLUCO+ KIT 10	32	INGREZZA ORAL CAPSULE THERAPY PACK.....	26	ISORDIL TITRADOSE	22
IHEALTH GLUCO+ KIT 100	32	INPEN.....	32	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	22
ILEVRO	52	INSPIREASE	56	isosorbide dinitrate oral tablet 40 mg.....	22
imatinib mesylate oral	18	INSPIRA	22	isosorbide mononitrate er	22
IMBRUVICA ORAL CAPSULE	18	INSULIN ASPART.....	34	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	29
IMBRUVICA ORAL TABLET 140 MG, 280 MG.....	18	INSULIN ASPART FLEXPEN.....	34	isotretinoin oral capsule 25 mg, 35 mg	29
		INSULIN DEGLUDEC FLEXTOUCH.....	34	ISTALOL	53
		INSULIN GLARGINE	34	itraconazole oral capsule	16
		INSULIN GLARGINE MAX SOLOSTAR.....	34	ivabradine hcl	22
		INSULIN GLARGINE SOLOSTAR ..	34		
		INSULIN LISPRO	34		
		INSULIN LISPRO (1 UNIT DIAL) ..	34		
		INSULIN LISPRO KWIKPEN	34		

ivermectin external cream	29
ivermectin oral tablet 3 mg	18
ivermectin oral tablet 6 mg	18
IYUZEH	53

J

jaimiess	42
JAKAFI	18
jantoven	13
JANUMET	35
JANUVIA	35
JARDIANCE	35
jasmiel	42
JATENZO	45
jencycla	42
JENTADUETO	35
JENTADUETO XR	35
jinteli	42
jolessa	42
JORNAY PM	25
JOURNAVX	9
JUBLIA	16
juleber	42
JULUCA	20
junel 1/20	42
junel 1.5/30	42
junel fe 1/20	43
junel fe 1.5/30	42
junel fe 24	43
JUST RIGHT 5000 DENTAL GEL 1.1 %	26
JUST RIGHT 5000 DENTAL PASTE	26
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JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	40

K

K-PHOS-NEUTRAL	37
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	37

kalliga	43
KAPSPARGO SPRINKLE	22
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	25
kariva	43
kelnor 1/35	43
kelnor 1/50	43
KEPPRA ORAL	14
KEPPRA XR	14
KERENDIA ORAL TABLET 10 MG, 20 MG	22
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ketoconazole external cream	16
ketoconazole external shampoo	16
ketoconazole oral	16
ketorolac tromethamine ophthalmic	52
ketorolac tromethamine oral	10
KEVZARA SUBCUTANEOUS PREFILLED SYRINGE	49
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	49
KISQALI	18
KLARITY-A	52
KLARITY-C DROPS	54
KLARON	29
klayesta	16
KLISYRI (250 MG)	29
KLISYRI (350 MG)	29
KLONOPIN	20
klor-con	37
klor-con 10	37
klor-con m10	37
klor-con m15	37
klor-con m20	37
KLOXXADO	11
kl's quit2	11
kl's quit4	11
KOATE	36
KOATE-DVI	36
KOGENATE FS	36
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	

2.5-1000 MG, 5-1000 MG, 5-500 MG	35
KOSELUGO	18
KOURZEQ	26
KOVALTRY	36
KRINTAFEL	18
kurvelo	43
KYZATREX	45

L

labetalol hcl oral	22
lacosamide oral	14
lactulose encephalopathy	39
lactulose oral solution	39
LAGEVRIO	20
LAMICTAL	14
LAMICTAL ODT ORAL TABLET DISPERSIBLE	14
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	14
lamotrigine er	14
lamotrigine oral tablet	14
lamotrigine oral tablet chewable	14
lamotrigine oral tablet dispersible	14
LANCETS	32
LANOXIN ORAL TABLET 125 MCG, 250 MCG	22
LANOXIN ORAL TABLET 62.5 MCG	22
lansoprazole oral capsule delayed release	38
lansoprazole oral tablet delayed release dispersible	38
LANTUS SOLOSTAR	34
LANTUS U-100 VIAL	34
larin 1/20	43
larin 1.5/30	43
larin 24 fe	43
larin fe 1/20	43
larin fe 1.5/30	43
LASIX	22
latanoprost ophthalmic	53
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MACROBID	12	mercaptapurine oral tablet.....	18	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	25
MACRODANTIN	12	mesalamine er oral capsule 0.375 gm.....	51	methylphenidate hcl er (osm) oral tablet extended release 72 mg	25
MALARONE.....	18	mesalamine oral capsule delayed release 400 mg	51	methylphenidate hcl er (xr).....	25
MARINOL.....	15	mesalamine oral tablet delayed release 1.2 gm	52	methylphenidate hcl er oral tablet extended release	25
marlissa.....	43	mesalamine oral tablet delayed release 800 mg.....	52	methylphenidate hcl er oral tablet extended release 24 hour ..	25
matzim la	23	mesalamine rectal enema	52	methylphenidate hcl oral	25
MAVENCLAD	25	MESTINON ORAL TABLET.....	17	methylprednisolone oral.....	45
MAVYRET ORAL PACKET	20	METADATE CD.....	25	metoclopramide hcl oral tablet ...	16
MAXALT	17	metaxalone oral tablet 400 mg, 800 mg	58	metolazone.....	23
MAXALT-MLT	17	metaxalone oral tablet 640 mg ..	58	metoprolol succinate er	23
maxi-tuss ac.....	55	metformin hcl er	35	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	23
MAXITROL	53	metformin hcl er (mod).....	35	metoprolol tartrate oral tablet 37.5 mg, 75 mg	23
MAXZIDE ORAL TABLET 75-50 MG.....	23	metformin hcl er (osm)	35	metoprolol-hydrochlorothiazide ..	23
MAXZIDE-25 ORAL TABLET 37.5-25 MG	23	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg.....	35	METROCREAM	29
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG.....	25	metformin hcl oral tablet 625 mg, 750 mg	35	METROGEL.....	29
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG.....	25	methadone hcl oral tablet.....	9	METROLOTION	29
meclizine hcl oral tablet	15	methenamine hippurate.....	12	metronidazole external cream ...	29
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	45	methimazole oral.....	46	metronidazole external gel 0.75 %.....	29
MEDROL ORAL TABLET 2 MG ...	45	methocarbamol oral tablet 1000 mg	58	metronidazole external gel 1 % ...	29
MEDROL ORAL TABLET THERAPY PACK.....	45	methocarbamol oral tablet 500 mg, 750 mg.....	58	metronidazole external lotion	29
medroxyprogesterone acetate intramuscular	43	methotrexate sodium (pf).....	49	metronidazole oral tablet 125 mg .	12
medroxyprogesterone acetate oral.....	43	methotrexate sodium injection solution	49	metronidazole oral tablet 250 mg, 500 mg.....	12
mefloquine hcl	18	methotrexate sodium oral.....	49	metronidazole vaginal	12
megestrol acetate oral suspension 40 mg/ml.....	45	METHYLIN.....	25	mexiletine hcl oral.....	23
megestrol acetate oral tablet ...	43	methylphenidate hcl er (cd)	25	mibelas 24 fe	43
meleya	43	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	25	MICARDIS	23
meloxicam oral tablet.....	10	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	25	MICARDIS HCT	23
memantine hcl er	14	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	25	MICROCHAMBER	57
memantine hcl oral tablet	14			MICRODOT TEST.....	32
MENOPUR	51			microgestin 1/20	43
MENOSTAR.....	43			microgestin 1.5/30.....	43
MENQUADFI	51			microgestin 24 fe oral tablet 1-20 mg-mcg	43
MENVEO.....	51			microgestin fe 1/20	43
MEPRON.....	18			microgestin fe 1.5/30	43

midodrine hcl.....	23	moxifloxacin hcl (2x day)	53	NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	14	
MIEBO	54	moxifloxacin hcl ophthalmic	53	NAPROSYN	10	
mili	43	moxifloxacin hcl oral	12	naproxen dr.....	10	
mimvey	43	MS CONTIN	9	naproxen oral tablet	10	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24) ...	43	MULTAQ	23	naproxen oral tablet delayed release	10	
MINILINK REAL-TIME TRANSMITTER	32	MULTI-VIT-FLOR.....	37	naproxen sodium oral tablet 275 mg, 550 mg	10	
MINIMED 630G GUARDIAN PRESS.....	32	multi-vitamin/fluoride	37	naratriptan hcl.....	17	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG.....	23	multivitamin w/fluoride tablet chewable 0.25 mg oral	37	NARCAN	11	
MINIVELLE	42, 43	multivitamin w/fluoride tablet chewable 0.5 mg oral	37	NASCOBAL	37	
minocycline hcl oral capsule.....	12	multivitamin w/fluoride tablet chewable 1 mg oral.....	37	NATAZIA	43	
minoxidil oral	23	multivitamin/fluoride oral tablet chewable	37	nateglinide	35	
mirabegron er	40	mupirocin cream.....	12	NATESTO	45	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	43	mupirocin ointment.....	12	NAYZILAM.....	14	
mirtazapine oral.....	15	MYAMBUTOL ORAL TABLET 400 MG	17	nebivolol hcl	23	
MIRVASO	29	mycophenolate mofetil oral capsule	49	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % ..	55	
misoprostol oral.....	38	mycophenolate mofetil oral tablet	49	NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % ..	55	
MITIGARE	16	mycophenolate sodium.....	49	necon 0.5/35 (28)	43	
MM BLOOD GLUCOSE SYSTEM ...	32	mycophenolic acid.....	49	NEFFY	54	
MM BLOOD GLUCOSE SYSTEM REFILL.....	32	MYDAYIS	25	NEMLUVIO	29	
MM BLULINK GLUCOSE TEST	32	MYFEMBREE.....	43	neomycin sulfate oral	12	
MM EASY TOUCH GLUCOSE METER.....	32	MYFORTIC.....	49	neomycin-polymyxin-dexameth ..	53	
modafinil oral.....	58	MYHIBBIN	49	neomycin-polymyxin-hc otic.....	54	
MODERNA COVID-19 VAC 6M-11Y	51	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR...	40	NEONATAL COMPLETE	37	
mometasone furoate external ...	29	MYSOLINE.....	14	NEONATAL PLUS	37	
mometasone furoate nasal.....	55				NEONATAL PRENATAL	37
MONDOXYNE NL.....	12				NEONATAL VITAMIN	37
mono-lyyah.....	43				NEORAL ORAL CAPSULE	49
MONOJECT HYPODERMIC NEEDLE 18G X 1"	33				NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG.....	35
montelukast sodium oral	57				neuac	29
morphine sulfate er oral tablet extended release.....	9				NEULASTA.....	36
morphine sulfate oral tablet.....	9				NEUPRO	19
MOTEGRITY	39				NEURONTIN.....	14
MOTPOLY XR	14				NEUTEK 2TEK TEST	33
MOUNJARO	35				NEVANAC.....	53
MOVIPREP.....	39				NEXIUM ORAL CAPSULE DELAYED RELEASE	38
					NEXIUM ORAL PACKET	38

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NEXLIZET	23	norethin ace-eth estrad-fe oral tablet chewable	43	NOVOLIN R RELION	34
NEXTSTELLIS	43	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg	43	NOVOLIN R VIAL.....	34
NGENLA.....	45	norethindrone acet-ethinyl est... ..	43	NOVOLOG FLEXPEN.....	34
niacin er (antihyperlipidemic)	23	norethindrone acetate oral.....	43	NOVOLOG FLEXPEN RELION	34
NICODERM CQ.....	11	norethindrone oral.....	43	NOVOLOG RELION	34
NICORETTE MINI	11	norethindrone-eth estradiol.....	43	NOVOLOG U-100 VIAL.....	35
NICORETTE MOUTH/THROAT GUM	11	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	43	NOVOPEN ECHO	33
NICORETTE MOUTH/THROAT LOZENGE	11	norgestimate-ethinyl estradiol triphasic	44	NOXAFIL ORAL TABLET DELAYED RELEASE	16
NICORETTE STARTER KIT	11	NORITATE	29	np thyroid.....	46
nicotine mini.....	11	NORLIQVA.....	23	NUBEQA	18
nicotine polacrilex mini	11	norlyroc.....	44	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	57
nicotine polacrilex mouth/throat ..	11	NORPRAMIN	15	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML.....	57
nicotine step 1.....	11	nortrel 0.5/35 (28)	44	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	57
nicotine step 2.....	11	nortrel 1/35 (21).....	44	NUCYNTA.....	9
nicotine step 3.....	11	nortrel 1/35 (28).....	44	NUCYNTA ER	9
nicotine transdermal patch 24 hour.....	11	nortrel 7/7/7.....	44	NUEDEXTA	26
nifedipine er.....	23	nortriptyline hcl oral capsule	15	NULEV	39
nifedipine er osmotic release.....	23	NORVASC.....	23	NURTEC.....	17
nifedipine oral.....	23	NOVAREL.....	51	NUTROPIN AQ NUSPIN 10	45
nikki.....	43	NOVOEIGHT.....	36	NUTROPIN AQ NUSPIN 20	45
nilotinib hcl	18	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM.....	33	NUTROPIN AQ NUSPIN 5	45
NITRO-BID	23	NOVOFINE PEN NEEDLE	33	NUVARING	44
NITRO-DUR	23	NOVOFINE PLUS PEN NEEDLE ...	33	NUVESSA.....	12
nitrofurantoin macrocrystal	12	NOVOLIN 70/30 FLEXPEN	34	NUVIGIL.....	58
nitrofurantoin monohydrate macrocrystals	12	NOVOLIN 70/30 FLEXPEN RELION	34	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	36
nitroglycerin rectal.....	23	NOVOLIN 70/30 RELION.....	34	NUWIQ INTRAVENOUS KIT 1500 UNIT	36
nitroglycerin sublingual.....	23	NOVOLIN 70/30 VIAL	34	NUZYRA ORAL	12
nitroglycerin transdermal.....	23	NOVOLIN N FLEXPEN	34	nyamyc	16
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NIVA-PLUS	37	NOVOLIN N VIAL	34	nymyo oral tablet 0.25-35 mg-mcg	44
NIVESTYM.....	36	NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	34		
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	45				
nora-be	43				
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nystatin oral	16	OMVOH SUBCUTANEOUS REFILLED SYRINGE	49	ORFADIN ORAL SUSPENSION....	40
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NYVEPRIA	36	ON CALL EXPRESS MONITORING SYS	33	ORILISSA.....	45
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ofloxacin otic.....	54	ONETOUCH ULTRA TEST STRIPS .33		OVACE PLUS WASH EXTERNAL LIQUID	29
olanzapine oral	19	ONETOUCH VERIO FLEX SYSTEM KIT	33	OVACE WASH.....	29
olmesartan medoxomil oral	23	ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	33	OVIDREL.....	51
olmesartan medoxomil-hctz	23	ONETOUCH VERIO KIT W/ DEVICE	33	oxaprozin oral tablet	10
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-25 mg.....	23	ONETOUCH VERIO REFLECT KIT W/DEVICE	33	OXAYDO ORAL TABLET 5 MG, 7.5 MG.....	9
olmesartan-amlodipine-hctz oral tablet 40-5-12.5 mg	23	ONETOUCH VERIO TEST STRIPS. .33		oxcarbazepine.....	14
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olopatadine hcl ophthalmic solution 0.1 %.....	53	ONFI.....	14	oxybutynin chloride er	40
olopatadine hcl ophthalmic solution 0.2 %.....	53	ONGLYZA.....	35	oxybutynin chloride oral	40
OLUMIANT ORAL TABLET 1 MG, 4 MG	49	ONYDA XR	25	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE- DETERRENT 10 MG, 20 MG, 40 MG, 80 MG.....	9
OLUMIANT ORAL TABLET 2 MG..	49	OPSUMIT	57	oxycodone hcl oral capsule.....	9
OMECLAMOX-PAK	38	OPTIUMEZ TEST	33	oxycodone hcl oral solution	9
omega-3-acid ethyl esters.....	23	OPVEE	11	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	9
omeprazole oral capsule delayed release	38	OPZELURA.....	29	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	9
OMNIPOD 5 DEXCOM INTRO KIT	33	ORACEA	29	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	10
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ZORYVE EXTERNAL CREAM	
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ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

ማሳሰቢያ፡- አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባሮች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث اللغة العربية (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি বাংলায় (Bengali-Bangala) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer) សេវាជំនួយភាសាគតិកថ្លៃ និងការទំនាក់ទំនងគតិកថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វថ្ងៃមកលេខគតិកថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

請注意： 如果您說中文 (Chinese - Traditional)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez français (French), des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale Kreyòl Ayisyen (Haitian Creole), gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ધ્યાન આપો: જો તમે ગુજરાતી (Gujarati) બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કોલ કરો.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais lus Hmoob (Hmong), muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti Ilocano (Ilocano), magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla italiano (Italian), può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

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や、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

알림 사항: 한국어(Korean)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

ध्यान दिनुहोस्: यदि तपाईंले नेपाली (Nepali) बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू र अन्य ढाँचाहरूमा निःशुल्क संचारहरू, जस्तै ठूलो छाप, तपाईंका लागि उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा रहेको टोल फ्री नम्बरमा कल गर्नुहोस्।

توجه: اگر به زبان فارسی (Persian-Farsi) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویتان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ਧਿਆਨ ਦਿਓ ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ, ਜਿਵੇਂ ਕਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਕਾਰਡ 'ਤੇ ਟੋਲ-ਫ੍ਰੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

ВНИМАНИЕ! Если вы говорите на **русском языке (Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. (TTY 711).

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

توجہ دیں: اگر آپ اردو (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

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