



# Your 2024 Prescription Drug List

## Flex Base 3-Tier

Effective January 1, 2024



**United  
Healthcare**

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

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# Understanding your Prescription Drug List (PDL)

## What is a PDL?

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

## How do I use my PDL?

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

## What are tiers?

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

## When does the PDL change?

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

## Why are some medications excluded from coverage?

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

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

## Who decides which medications are covered?

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

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

## About this PDL

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



# Medication tips

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

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

## What if my doctor writes a brand-name prescription?

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

## What if I am taking a specialty medication?

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

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

## Over-the-counter (OTC) medications

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

# Reading your PDL

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

## Tier information

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

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

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

## Drug list information

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

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

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

4. Not applicable to Oxford plans.



# Reading your PDL (continued)

## Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

## Questions

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



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



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

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

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

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



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

Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CELEBREX	E	
celecoxib oral	1	
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN DS	3	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
KLOXXADO	2	
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	(includes OTC)
SUBOXONE	E	PA
ZIMHI	2	
ZUBSOLV	1	
<b>Antibacterials - Drugs for Infections</b>		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN ES-600	E	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	

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





Drug Name	Drug Tier	Requirements & Limits
AUGMENTIN ORAL TABLET	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	3	
BACTRIM DS	3	
cefдинир	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	

Drug Name	Drug Tier	Requirements & Limits
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	3	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	
XENLETA ORAL	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
<b>Anticoagulants - Drugs to Treat or Prevent Blood Clots</b>		
dabigatran etexilate mesylate	1	
ELIQUIS	2	
ELIQUIS DVT/PE STARTER PACK	2	
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	
PRADAXA ORAL CAPSULE	2	
warfarin sodium oral	1	
XARELTO	2	
XARELTO STARTER PACK	2	
<b>Anticonvulsants - Drugs for Seizures</b>		
APTOM	3	
BRIVIACT ORAL TABLET	3	
DEPAKOTE	3	
DEPAKOTE ER	3	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	SP
gabapentin oral capsule	1	

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



Drug Name	Drug Tier	Requirements & Limits
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	3	
LAMICTAL ORAL TABLET	3	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	
NEURONTIN ORAL CAPSULE	3	
NEURONTIN ORAL TABLET	3	
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
TOPAMAX	3	
topiramate oral tablet	1	
TRILEPTAL ORAL TABLET	3	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	
ZONEGRAN	3	
zonisamide oral	1	
<b>Antidepressants - Drugs for Depression</b>		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	
EFFEXOR XR	E	

Drug Name	Drug Tier	Requirements & Limits
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	3	
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	
VIIBRYD STARTER PACK	2	
vilazodone hcl	1	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	

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



Drug Name	Drug Tier	Requirements & Limits
<b>Antifungals - Drugs for Fungal Infections</b>		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL TABLET	E	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	
VIVJOA	3	
<b>Antigout Agents - Drugs for Gout</b>		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	3	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	1	
COLCRYS	E	
MITIGARE	2	
ZYLOPRIM	3	
<b>Antimigraine Agents - Drugs for Migraines</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	
eletriptan hydrobromide	1	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	
IMITREX ORAL	E	
MAXALT	E	
NURTEC	2	
RELPAK	E	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
UBRELVY	2	

Drug Name	Drug Tier	Requirements & Limits
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
<b>Antineoplastics - Drugs for Cancer</b>		
ALECENSA	2	PA
ALUNBRIG	2	PA, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
CALQUENCE	2	PA, SP
COTELLIC	2	PA, SP
ERIVEDGE	2	PA, SP
ERLEADA ORAL TABLET 240 MG	2	PA
ERLEADA ORAL TABLET 60 MG	2	PA, SP
EXKIVITY	3	PA, SP
FEMARA	E	
GAVRETO	3	PA, SP
IBRANCE ORAL CAPSULE	2	PA, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, SP
IDHIFA	2	PA, SP
IMBRUVICA ORAL TABLET	2	PA, SP
KOSELUGO	3	PA, SP
lenalidomide	1	PA, SP
letrozole oral	1	H-PA
LUMAKRAS	3	PA, SP
LYNPARZA	2	PA, SP
NUBEQA	2	PA, SP
ODOMZO	2	PA, SP
ORGOVYX	3	PA, SP
POMALYST	3	PA, SP
RETEVMO	3	PA, SP
REVLIMID	2	PA, SP
STIVARGA	2	PA, SP
TABRECTA	3	PA, SP
TAGRISSO	3	PA, SP
tamoxifen citrate oral tablet 10 mg	1	

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



Drug Name	Drug Tier	Requirements & Limits
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, SP
VERZENIO	2	PA, SP
VITRAKVI	2	PA, SP
XTANDI	2	PA, SP
ZEJULA ORAL CAPSULE	2	PA, SP
ZELBORAF	2	PA, SP
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	3	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	
PLAQUENIL	E	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
INBRIJA	3	PA, SP
KYNMOBI	3	PA, SP
NEUPRO	3	
NOURIANZ	3	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	2	
clopidogrel bisulfate oral	1	
PLAVIX	E	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	
aripiprazole oral tablet	1	
LATUDA	E	
lurasidone hcl	1	
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	3	
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SEROQUEL	E	
VRAYLAR ORAL CAPSULE	3	
ZYPREXA ORAL	E	

Drug Name	Drug Tier	Requirements & Limits
<b>Antivirals - Drugs for Viral Infections</b>		
acyclovir oral tablet	1	
BIKTARVY	3	
CIMDUO	2	
DESCOVY	3	ST
DOVATO	2	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	H
EPCLUSA ORAL TABLET	2	PA, SP
HARVONI ORAL TABLET	2	PA, ST, SP
JULUCA	2	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, SP
MAVYRET ORAL PACKET	2	PA, SP
oseltamivir phosphate oral capsule	1	
PAXLOVID (150/100)	3	
PAXLOVID (300/100)	3	
PREZCOBIX	2	
RUKOBIA	3	
SITAVIG	3	
SOFOSBUVIR-VELPATASVIR	2	PA, SP
SYMFI	2	
SYMFI LO	2	
TAMIFLU ORAL CAPSULE	E	
TIVICAY	3	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	
TRUVADA ORAL TABLET 200-300 MG	E	
valacyclovir hcl oral	1	
VALTREX	E	
VOSEVI	2	PA, SP
XOFLUZA (40 MG DOSE)	3	
XOFLUZA (80 MG DOSE)	3	

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Drug Name	Drug Tier	Requirements & Limits
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	3	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
BENICAR	E	

Drug Name	Drug Tier	Requirements & Limits
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CARDIZEM CD	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORLANOR	3	
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
enalapril maleate oral tablet	1	
ENTRESTO	3	
EXFORGE	E	
ezetimibe	1	
fenofibrate oral tablet	1	
FENOGLIDE	E	
flecainide acetate	1	
FUROSCIX	3	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	

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Drug Name	Drug Tier	Requirements & Limits
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MINIPRESS	3	
minoxidil oral	1	
MULTAQ	3	
NEXLETOL	2	
NEXLIZET	2	
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	3	
NORLIQVA	3	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE	3	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	1	

Drug Name	Drug Tier	Requirements & Limits
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	
REPATHA PUSHTRONEX SYSTEM	2	
REPATHA SURECLICK	2	
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOANZ	3	
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
TENORMIN	E	
THALITONE	3	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC	3	
ZOCOR	E	
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	E	
amphetamine-dextroamphetamine	1	

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

Drug Name	Drug Tier	Requirements & Limits
fingolimod hcl	1	PA, SP
glatiramer acetate	1	PA, SP
glatopa	1	PA, SP
KESIMPTA	2	PA, SP
MAVENCLAD	3	PA, ST, SP
MAYZENT STARTER PACK	3	PA, SP
PLEGRIDY INTRAMUSCULAR	3	PA
PLEGRIDY STARTER PACK	3	PA, SP
PLEGRIDY SUBCUTANEOUS	3	PA, SP
REBIF	3	PA, SP
REBIF TITRATION PACK	3	PA, SP
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, SP
LYRICA ORAL CAPSULE	3	
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, SP
RADICAVA ORS STARTER KIT	3	PA, SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, SP
ZEPOSIA STARTER KIT	3	PA, ST, SP
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	3	
perio gard	1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
AKLIEF	3	PA
ala-cort	E	
AMZEEQ	3	
AVITA	3	PA
brimonidine tartrate external	1	
CARAC	3	

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Drug Name	Drug Tier	Requirements & Limits
CIBINQO	2	PA, SP
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	
clindamycin phosphate external gel	1	(generic for Clindagel)
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
clotrimazole-betamethasone external cream	1	
DAZOMON	E	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, SP
EFUDEX	3	
ENSTILAR	3	
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	2	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	3	
KLISYRI	3	
METROCREAM	3	
metronidazole external cream	1	
MIRVASO	3	
NORITATE	E	
OPZELURA	3	PA, SP
RETIN-A EXTERNAL CREAM	E	PA
RHOFADE	3	
SANTYL	3	
SOOLANTRA	1	
TACLONEX EXTERNAL OINTMENT	E	
tacrolimus external	1	
TOLAK	3	
tretinoin external cream	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbase	1	
TRIANEX	3	
triderm	1	
tritocin	1	
VTAMA	3	
XEPI	3	
ZILXI	3	ST
ZORYVE	3	
<b>Diabetes - Glucose Monitoring and Supplies</b>		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET KIT	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)	CVS GLUCOSE METER TEST STRIPS	E	
ACCU-CHEK GUIDE TEST STRIPS	3		D-CARE BLOOD GLUCOSE	E	
ACCU-CHEK MULTICLIX LANCET	1		D-CARE GLUCOMETER	E	
ACCU-CHEK MULTICLIX LANCET KIT	1		DEXCOM G7 RECEIVER	3	
ACCU-CHEK SMARTVIEW TEST STRIPS	E		DEXCOM G7 SENSOR	3	
ACCU-CHEK SOFT TOUCH LANCET	1		DIABETES MONITOR DIGIT ADD-ON	E	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		DIABETES MONITOR DIGIT SOLN	E	
ACCU-CHEK SOFTCLIX LANCETS	1		EASY TOUCH HEALTHPRO GLUCOSE	E	
ACCUTREND GLUCOSE	E		EASY TOUCH TEST	E	
AQINJECT PEN NEEDLE	2		EASYGLUCO	E	
bd autoshield duo pen needles	2		EASYMAX 15 TEST	E	
bd ultra-fine insulin syringes	2		EASYMAX NG BLOOD GLUCOSE KIT	E	
bd ultra-fine insulin syringes u-500	2		EMBRACE BLOOD GLUCOSE TEST	E	
BD ULTRA-FINE PEN NEEDLES	2		ENLITE GLUCOSE SENSOR	3	
bd veo ultra-fine insulin syringes	2		EQ BLOOD GLUCOSE TEST	E	
BIGFOOT UNITY PROGRAM	E		FORTISCARE G1 TEST STRIP	E	
BLOOD GLUCOSE TEST STRIPS	E		FORTISCARE TEST	E	
BLOOD GLUCOSE TEST STRIPS 333	E		FREESTYLE LIBRE 14 DAY SENSOR	3	
CARETOUCH MONITOR SYSTEM	E		FREESTYLE LIBRE 2 SENSOR	3	
CARETOUCH TEST	E		FREESTYLE LIBRE 3 SENSOR	3	
CONTOUR MONITOR KIT W/ DEVICE	E		FREESTYLE PRECISION NEO SYSTEM	E	
CONTOUR NEXT EZ KIT W/ DEVICE	E		FREESTYLE PRECISION NEO TEST	E	
CONTOUR NEXT GEN MONITOR	E		FREESTYLE TEST	E	
CONTOUR NEXT GEN TEST STRIPS	2		GLUCOCARD EXPRESSION TEST	E	
CONTOUR NEXT MONITOR KIT W/DEVICE	2		GLUCOCARD SHINE TEST	E	
CONTOUR NEXT ONE KIT	2		GLUCOCARD VITAL TEST	E	
CONTOUR TEST STRIPS	E		GUARDIAN 4 GLUCOSE SENSOR	E	
CVS ADVANCED GLUCOSE TEST	E		GUARDIAN 4 TRANSMITTER	E	
			GUARDIAN CONNECT TRANSMITTER	3	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GUARDIAN LINK 3 TRANSMITTER	3		ONETOUCH DELICA PLUS LANCET33G	1	
GUARDIAN SENSOR (3)	3		ONETOUCH FINEPOINT LANCETS	1	
GUARDIAN SENSOR 3	3		ONETOUCH ULTRA 2 KIT W/DEVICE	1	
GVOKE HYPOPEN 1-PACK	2		ONETOUCH ULTRA TEST STRIPS	1	
GVOKE HYPOPEN 2-PACK	2		ONETOUCH ULTRASOFT LANCETS	1	
GVOKE KIT	2		ONETOUCH VERIO FLEX SYSTEM KIT	E	
GVOKE PFS	2		ONETOUCH VERIO IQ BLOOD GLUCOSE METER	1	
HEALTHPRO BLOOD GLUCOSE MONITO	E		ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2		ONETOUCH VERIO TEST STRIPS	1	
MICRODOT TEST	E		OPTIUMEZ TEST	E	
MINILINK REAL-TIME TRANSMITTER	3		PARADIGM REAL-TIME TRANSMITTER	3	
MINIMED 630G GUARDIAN PRESS	3		PIP BLOOD GLUCOSE TEST STRIP	E	
MM EASY TOUCH GLUCOSE METER	E		PRECISION XTRA	E	
NEUTEK 2TEK TEST	E		PRECISION XTRA BLOOD GLUCOSE	E	
NOVOFINE AUTOCOVER PEN NEEDLE	2		PREMIUM BLOOD GLUCOSE TEST	E	
NOVOFINE PEN NEEDLE	2		PTS PANELS EGLU TEST	E	
NOVOFINE PLUS PEN NEEDLE	2		QUINTET AC BLOOD GLUCOSE TEST	E	
NOVOTWIST PEN NEEDLE	2		QUINTET BLOOD GLUCOSE TEST	E	
OMNIPOD 5 G6 INTRO (GEN 5)	2		RELION TRUE MET AIR GLUC METER	E	
OMNIPOD 5 G6 POD (GEN 5)	2		RELION TRUE METRIX TEST STRIPS	E	
ON CALL EXPRESS BLOOD GLUCOSE	E		RELION ULTIMA GLUCOSE SYSTEM	E	
ON CALL EXPRESS MONITORING SYS	E		RELION ULTIMA TEST	E	
ONETOUCH CLUB LANCETS FINE PT	1		RIGHTEST GT333 GLUCOSE TEST	E	
ONETOUCH DELICA LANCETS 30G	1		TECHLITE INSULIN SYRINGES	2	(manufactured by Arkay) QL
ONETOUCH DELICA LANCETS 33G	1				
ONETOUCH DELICA PLUS LANCET30G	1				

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Drug Name	Drug Tier	Requirements & Limits
TECHLITE PEN NEEDLES	2	(manufactured by Arkay) QL
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	
TRUETRACK TEST	E	
UNISTRIP1 GENERIC	E	
<b>Diabetes - Insulin</b>		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR KWIKPEN	E	
BASAGLAR TEMPO PEN	E	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG TEMPO PEN	3	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG VIAL	3	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	

Drug Name	Drug Tier	Requirements & Limits
INSULIN GLARGINE	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO KWIKPEN	2	
INSULIN LISPRO PROTAMINE / INSULIN LISPRO KWIKPEN	2	
INSULIN LISPRO VIAL	1	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	3	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	E	
ADLYXIN	3	
ALOGLIPTIN BENZOATE	E	
ALOGLIPTIN-METFORMIN HCL	E	
ALOGLIPTIN-PIOGLITAZONE	E	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE	2	

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Drug Name	Drug Tier	Requirements & Limits
BYETTA 10 MCG PEN	2	
BYETTA 5 MCG PEN	2	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	
GLUCOTROL XL	3	
GLUMETZA	3	
glyburide oral	1	
GLYXAMBI	2	ST
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
KAZANO	2	
metformin hcl er	1	
metformin hcl er (mod)	1	
metformin hcl er (osm)	1	
metformin hcl oral tablet	1	
MOUNJARO	2	
NESINA	2	
ONGLYZA	E	
OSENI	2	
OZEMPIC	2	
pioglitazone hcl	1	
RYBELSUS	2	
SOLIQUA	2	
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	

Drug Name	Drug Tier	Requirements & Limits
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	(2 Pak)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	(3 Pak)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
<b>Drugs for Blood Disorders</b>		
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
ALTUVIIIIO	E	PA, SP
ARANESP (ALBUMIN FREE)	2	SP
DOPTELET	3	PA, SP
ELOCTATE	3	PA, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, SP
NEULASTA	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	

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Drug Name	Drug Tier	Requirements & Limits
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, SP
UDENYCA	2	
WILATE	2	
ZARXIO	2	
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
OSPHENA	2	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	2	QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	3	
<b>Electrolytes / Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	

Drug Name	Drug Tier	Requirements & Limits
K-TAB	3	
LOKELMA	3	
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetracyclin	1	
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	
rabeprazole sodium oral tablet delayed release	1	
sucralfate oral tablet	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
CLENPIQ	2	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	

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Drug Name	Drug Tier	Requirements & Limits
gavilyte-c	1	H
gavilyte-g	1	H
GLYCATE	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
GOLYTELY	3	
LINZESS	2	
MOTTEGRITY	3	PA
MOVIPREP	2	
na sulfate-k sulfate-mg sulf	1	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
ROBINUL	E	
ROBINUL-FORTE	E	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA
VIBERZI	3	
ZELNORM	3	
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, SP
TEGSEDI	2	PA, SP
ZENPEP	2	

Drug Name	Drug Tier	Requirements & Limits
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
DITROPAN XL	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
VELPHORO	2	
VESICARE	3	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
UROXATRAL	E	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
afirmelle	1	H
ALORA	3	
altavera	1	H
ANNOVERA	3	
apri	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	

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Drug Name	Drug Tier	Requirements & Limits
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
CLIMARA	E	
CLIMARA PRO	2	
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	2	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2	
dotti	1	
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	
ELESTRIN	3	
eluryng	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle)

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle)
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot)
estradiol transdermal patch weekly	1	(generic for Climara)
estradiol vaginal	1	
ESTRING	2	
ESTROGEL	3	
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	1	H
jencycla	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H

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Drug Name	Drug Tier	Requirements & Limits
junel fe 24	1	H
kalliga	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
lessina	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
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	
loryna	1	H
lo-zumandimine	1	H
luteria	1	H
lyleq	1	H
lyllana	1	
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINIVELLE	E	

Drug Name	Drug Tier	Requirements & Limits
mono-linyah	1	H
MYFEMBREE	2	
NATAZIA	1	
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H

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Drug Name	Drug Tier	Requirements & Limits
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
VAGIFEM	E	
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	
vylibra	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zumandimine	1	H
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	3	
DEXABLISS	3	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
DXEVO 11-DAY	3	
HEMADY	3	
HIDEX 6-DAY	3	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
<b>Hormonal Agents - Other</b>		
cabergoline	1	
LANREOTIDE ACETATE	E	SP
NOCDURNA	3	
NORDITROPIN FLEXPRO	2	PA, SP
NUTROPIN AQ NUSPIN 10	2	PA, SP
NUTROPIN AQ NUSPIN 20	2	PA, SP
NUTROPIN AQ NUSPIN 5	2	PA, SP
ORIAHNN	2	
ORLISSA	2	
SKYTROFA	E	PA, SP
SOMATULINE DEPOT	3	SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	
ANDROGEL PUMP	E	
DEPO-TESTOSTERONE	3	
FORTESTA	E	
NATESTO	E	
TESTIM	1	
testosterone cypionate intramuscular	1	
VOGELXO	E	
VOGELXO PUMP	E	
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA	E	
ARMOUR THYROID	2	
CYTOMEL	E	
ERMEZA	2	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	

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Drug Name	Drug Tier	Requirements & Limits
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	3	
thyroid oral	1	
TIROSINT-SOL	2	
unithroid	1	

**Immunological Agents - Drugs for Immune System Stimulation or Suppression**

ACTEMRA ACTPEN	3	PA, ST, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, SP
ADALIMUMAB-ADAZ	2	(manufactured by Sandoz) PA, SP
ADBRY	2	PA, SP
AMJEVITA	2	PA, SP
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA
CIMZIA SUBCUTANEOUS KIT	E	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA
CINRYZE	3	PA, SP
COSENTYX (300 MG DOSE)	3	PA, ST, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST
COSENTYX SENSOREADY (300 MG)	3	PA, ST, SP
COSENTYX SENSOREADY PEN	3	PA, ST, SP
CYLTEZO	2	PA, SP

Drug Name	Drug Tier	Requirements & Limits
EMPAVELI	2	PA, SP
ENBREL MINI	2	PA, SP
ENBREL SUBCUTANEOUS SOLUTION	2	PA, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, SP
ENBREL SURECLICK	2	PA, SP
HADLIMA	2	PA, SP
HAEGARDA	2	PA, SP
HUMIRA	2	PA, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, SP
HUMIRA PEN	2	PA, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, SP
HYFTOR	3	
IMURAN	E	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, SP
KINERET	3	PA, ST, SP
LUPKYNIS	3	PA, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, ST
OLUMIANT ORAL TABLET 2 MG	2	PA, ST, SP
ORENCIA CLICKJECT	3	PA, ST, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA, ST, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	3	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
OTEZLA ORAL TABLET	2	PA, SP
OTREXUP	E	
PROGRAF ORAL CAPSULE	3	
RASUVO	2	
RINVOQ	2	PA, SP
RUCONEST	3	PA, SP
SIMPONI	2	PA, SP
SKYRIZI PEN	2	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
STELARA SUBCUTANEOUS	2	PA
tacrolimus oral	1	
TAKHZYRO	2	PA, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST
TREMFYA	2	PA, SP
TREXALL	2	
XELJANZ	2	PA, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	
<b>Immunological Agents - Drugs for Vaccination</b>		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
PFIZER COVID-19 VAC BIVAL 5-11	3	H
PFIZER COVID-19 VAC BIVALENT	3	H
SHINGRIX	3	H

Drug Name	Drug Tier	Requirements & Limits
<b>Infertility Agents</b>		
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	SP
ganirelix acetate	1	SP
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	1	
budesonide rectal	1	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	E	
mesalamine oral tablet delayed release	1	
PROCTOFOAM HC	2	
UCERIS ORAL	1	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	
ROCALTRON ORAL CAPSULE	3	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ALREX	3	
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	
FLAREX	2	
ILEVRO	3	
INVELTYS	3	
KLARITY-A	E	
LASTACFT	3	

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Drug Name	Drug Tier	Requirements & Limits
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
ZYLET	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
BETIMOL	2	
bimatoprost ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	E	
COMBIGAN	2	
COSOPT	3	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
tafluprost (pf)	1	
timolol maleate (once-daily)	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
XALATAN	E	
ZIOPTAN	3	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
CYCLOSPORINE IN KLARITY	E	
cyclosporine ophthalmic	E	
RESTASIS	1	
RESTASIS MULTIDOSE	3	
TYRVAYA	3	
VERKAZIA	3	
XIIDRA	2	
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	E	
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	

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Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
SYMJEPI	2	

<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate	1	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	

<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD</b>		
ADVAIR DISKUS	E	
ADVAIR HFA	2	RS
AIRDUO DIGIHALER	E	
AIRDUO RESPICLICK 113/14	E	

Drug Name	Drug Tier	Requirements & Limits
AIRDUO RESPICLICK 232/14	E	
AIRDUO RESPICLICK 55/14	E	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	3	
ANORO ELLIPTA	3	
ARMONAIR DIGIHALER	E	
ARNUITY ELLIPTA	1	
ATROVENT HFA	2	
BEVESPI AEROSPHERE	2	
BREO ELLIPTA	2	RS
BREZTRI AEROSPHERE	3	RS
budesonide inhalation	1	
BUDESONIDE-FORMOTEROL FUMARATE	3	RS
COMBIVENT RESPIMAT	2	
FASENRA PEN	3	PA
FLOVENT HFA	E	
FLUTICASONE FUROATE-VILANTEROL	3	RS
FLUTICASONE PROPIONATE HFA	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	

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Drug Name	Drug Tier	Requirements & Limits
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA
PERFOROMIST	3	
PROVENTIL HFA	E	
PULMICORT SUSPENSION	E	
QVAR REDHALER	1	
SEREVENT DISKUS	2	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	2	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMBICORT	1	RS
TEZSPIRE	3	
TRELEGY ELLIPTA	3	RS
VENTOLIN HFA	E	
wixela inhub	E	
XOPENEX HFA	3	
YUPELRI	3	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	E	PA, SP
BRONCHITOL	3	PA, ST, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, SP

Drug Name	Drug Tier	Requirements & Limits
KITABIS PAK	E	PA, SP
PULMOZYME	2	PA, SP
TOBI NEBULIZER	E	PA, SP
TOBI PODHALER	3	PA, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis</b>		
OFEV	3	PA, SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	2	PA, SP
OPSUMIT	2	PA, SP
REMODULIN	E	
REVATIO ORAL TABLET	E	
sildenafil citrate oral tablet 20 mg	1	
TADLIQ	3	PA, SP
TRACLEER 62.5 MG, 125 MG	2	PA, SP
treprostinil	E	
TYVASO	2	PA, SP
TYVASO DPI MAINTENANCE KIT	2	PA, SP
TYVASO DPI TITRATION KIT	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral tablet	1	
cyclobenzaprine hcl oral	1	
FEXMID	E	
methocarbamol oral	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements & Limits
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	3	
DAYVIGO	3	
eszopiclone	1	
LUNESTA	E	
modafinil	1	
PROVIGIL	E	
RESTORIL	3	
SODIUM OXYBATE	3	(manufactured by Hikma), PA, SP
SUNOSI	2	PA
temazepam	1	
WAKIX	3	PA, SP
XYWAV	3	PA, SP
zolpidem tartrate er	1	
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See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



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finasteride oral tablet 5 mg . . . . .	22			GOLYTELY . . . . .	22
fingolimod hcl . . . . .	15			guanfacine hcl . . . . .	13, 15
FLAREX . . . . .	27			guanfacine hcl er . . . . .	15
flecainide acetate . . . . .	13			GUARDIAN 4 GLUCOSE SENSOR . . . . .	17



GUARDIAN 4 TRANSMITTER . . . . .	17	HUMIRA PEN . . . . .	26	IMBRUVICA ORAL TABLET . . . . .	11
GUARDIAN CONNECT TRANSMITTER . . . . .	17	HUMIRA PEN-CD/UC/HS STARTER . . . . .	26	IMITREX ORAL . . . . .	11
GUARDIAN LINK 3 TRANSMITTER .	18	HUMIRA PEN-PEDIATRIC UC START . . . . .	26	IMPOYZ . . . . .	16
GUARDIAN SENSOR (3) . . . . .	18	HUMIRA PEN-PS/UV/ADOL HS START . . . . .	26	IMURAN . . . . .	26
GUARDIAN SENSOR 3 . . . . .	18	HUMIRA PEN-PSOR/UEIT STARTER . . . . .	26	IMVEXXY MAINTENANCE PACK . . .	21
GVOKE HYPOPEN 1-PACK . . . . .	18	HUMULIN 70/30 KWIKPEN . . . . .	19	IMVEXXY STARTER PACK . . . . .	21
GVOKE HYPOPEN 2-PACK . . . . .	18	HUMULIN 70/30 VIAL . . . . .	19	INBRIJA . . . . .	12
GVOKE KIT . . . . .	18	HUMULIN N KWIKPEN . . . . .	19	incassia . . . . .	23
GVOKE PFS . . . . .	18	HUMULIN N VIAL . . . . .	19	INDERAL LA . . . . .	13
GYNAZOLE-1 . . . . .	11	HUMULIN R U-500 KWIKPEN . . . . .	19	indomethacin oral . . . . .	8

## H

HADLIMA . . . . .	26	hydrochlorothiazide oral . . . . .	13	INSULIN LISPRO JUNIOR KWIKPEN . . . . .	19
HAEGARDA . . . . .	26	hydrocodone-acetaminophen oral tablet . . . . .	8	INSULIN LISPRO KWIKPEN . . . . .	19
hailey 1.5/30 . . . . .	23	hydrocortisone external cream 1 % . .	16	INSULIN LISPRO PROTAMINE / INSULIN LISPRO KWIKPEN . . . . .	19
hailey 24 fe . . . . .	23	hydrocortisone external cream 2.5 % . . . . .	16	INSULIN LISPRO VIAL . . . . .	19
hailey fe 1/20 . . . . .	23	hydrocortisone external ointment 1 %, 2.5 % . . . . .	16	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM . . . . .	18
HALCION . . . . .	13	hydrocortisone oral . . . . .	25	INTUNIV . . . . .	15
haloette . . . . .	23	hydromorphone hcl oral tablet . . . . .	8	INVELTYS . . . . .	27
HARVONI ORAL TABLET . . . . .	12	hydroxychloroquine sulfate oral . . . .	12	ipratropium bromide nasal . . . . .	29
HEALTHPRO BLOOD GLUCOSE MONITO . . . . .	18	hydroxyzine hcl oral tablet . . . . .	13	ipratropium-albuterol . . . . .	30
heather . . . . .	23	hydroxyzine pamoate oral . . . . .	13	irbesartan . . . . .	13
HEMADY . . . . .	25	HYFTOR . . . . .	26	irbesartan-hydrochlorothiazide . . . .	13
HEMLIBRA . . . . .	20	HYZAAR . . . . .	13	isibloom . . . . .	23
HEMOFIL M . . . . .	20			isosorbide mononitrate er . . . . .	13
HIDEX 6-DAY . . . . .	25			ISTALOL . . . . .	28
HUMALOG KWIKPEN . . . . .	19				
HUMALOG MIX 50/50 KWIKPEN . . .	19				
HUMALOG MIX 50/50 VIAL . . . . .	19				
HUMALOG MIX 75/25 KWIKPEN . . .	19				
HUMALOG MIX 75/25 VIAL . . . . .	19				
HUMALOG TEMPO PEN . . . . .	19				
HUMALOG U-100 JUNIOR KWIKPEN . . . . .	19				
HUMALOG VIAL . . . . .	19				
HUMATE-P . . . . .	20				
HUMIRA . . . . .	26				
HUMIRA PEDIATRIC CROHNS START . . . . .	26				

## I

IBRANCE ORAL CAPSULE . . . . .	11	jantoven . . . . .	9
ibuprofen oral tablet 400 mg, 600 mg, 800 mg . . . . .	8	JARDIANCE . . . . .	20
ICLUSIG ORAL TABLET 10 MG, 30 MG . . . . .	11	jasmiel . . . . .	23
ICLUSIG ORAL TABLET 15 MG, 45 MG . . . . .	11	jencycla . . . . .	23
IDHIFA . . . . .	11	JENTADUETO . . . . .	20
ILEVRO . . . . .	27	JENTADUETO XR . . . . .	20
		JORNAY PM . . . . .	15
		juleber . . . . .	23
		JULUCA . . . . .	12
		junel 1/20 . . . . .	23
		junel 1.5/30 . . . . .	23

## J



junel fe 1/20 . . . . .	23	LANTUS SOLOSTAR . . . . .	19	LO LOESTRIN FE . . . . .	24
junel fe 1.5/30 . . . . .	23	LANTUS U-100 VIAL . . . . .	19	lo-zumandimine . . . . .	24
junel fe 24 . . . . .	24	larin 1/20 . . . . .	24	LOESTRIN 1/20 (21) . . . . .	24
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K-TAB . . . . .	21	larin 1.5/30 . . . . .	24	LOESTRIN 1.5/30 (21) . . . . .	24
kalliga . . . . .	24	larin 24 fe . . . . .	24	LOESTRIN FE 1/20 . . . . .	24
KAZANO . . . . .	20	larin fe 1/20 . . . . .	24	LOESTRIN FE 1.5/30 . . . . .	24
KEPPRA ORAL TABLET . . . . .	10	larin fe 1.5/30 . . . . .	24	LOKELMA . . . . .	21
KESIMPTA . . . . .	15	LASIX . . . . .	14	LOPID . . . . .	14
ketoconazole external cream . . . . .	11	LASTACRAFT . . . . .	27	LOPRESSOR . . . . .	14
ketoconazole external shampoo . . . . .	11	latanoprost ophthalmic . . . . .	28	lorazepam oral tablet . . . . .	13
ketorolac tromethamine oral . . . . .	8	LATUDA . . . . .	12	loryna . . . . .	24
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	26	LEDIPASVIR-SOFOSBUVIR . . . . .	12	losartan potassium oral . . . . .	14
KINERET . . . . .	26	lenalidomide . . . . .	11	losartan potassium-hctz . . . . .	14
KITABIS PAK . . . . .	30	lessina . . . . .	24	LOTEMAX OPHTHALMIC GEL . . . . .	28
KLARITY-A . . . . .	27	letrozole oral . . . . .	11	LOTEMAX OPHTHALMIC OINTMENT . . . . .	28
KLISYRI . . . . .	16	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT . . . . .	30	LOTEMAX OPHTHALMIC SUSPENSION . . . . .	28
KLONOPIN . . . . .	13	levetiracetam oral tablet . . . . .	10	LOTEMAX SM . . . . .	28
klor-con 10 . . . . .	21	levo-t . . . . .	25	LOTENSIN . . . . .	14
klor-con m10 . . . . .	21	levocetirizine dihydrochloride oral tablet . . . . .	29	loteprednol etabonate . . . . .	28
klor-con m15 . . . . .	21	levofloxacin oral tablet . . . . .	9	LOTREL . . . . .	14
klor-con m20 . . . . .	21	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg . . . . .	24	lovastatin oral . . . . .	14
klor-con oral tablet extended release . . . . .	21	levora 0.15/30 (28) . . . . .	24	LOVAZA . . . . .	14
KLOXXADO . . . . .	8	levothyroxine sodium oral tablet . . . . .	25	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE . . . . .	9
KOATE . . . . .	20	levoxyl . . . . .	25	LUMAKRAS . . . . .	11
KOATE-DVI . . . . .	20	LEXAPRO . . . . .	10	LUMIGAN . . . . .	28
KOGENATE FS . . . . .	20	LIALDA . . . . .	27	LUNESTA . . . . .	31
KOSELUGO . . . . .	11	lidocaine external patch 5 % . . . . .	8	LUPKYNIS . . . . .	26
KOVALTRY . . . . .	20	lidocaine hcl mouth/throat . . . . .	15	lurasidone hcl . . . . .	12
KRINTAFEL . . . . .	12	lidocaine viscous hcl . . . . .	15	lutera . . . . .	24
kurvelo . . . . .	24	LIDODERM . . . . .	8	lyleq . . . . .	24
KYNMOBI . . . . .	12	LINZESS . . . . .	22	lyllana . . . . .	24
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labetalol hcl oral . . . . .	13	liothyronine sodium oral . . . . .	26	LYNPARZA . . . . .	11
LAMICTAL ORAL TABLET . . . . .	10	LIPITOR . . . . .	14	LYRICA ORAL CAPSULE . . . . .	15
lamotrigine oral tablet . . . . .	10	lisinopril oral . . . . .	14	LYUMJEV KWIKPEN . . . . .	19
LANREOTIDE ACETATE . . . . .	25	lisinopril-hydrochlorothiazide . . . . .	14	LYUMJEV TEMPO PEN . . . . .	19
		lithium carbonate er . . . . .	13	LYUMJEV VIAL . . . . .	19
		lithium carbonate oral capsule . . . . .	13	lyza . . . . .	24
		LITHOBID . . . . .	13		

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MAVENCLAD . . . . . 15

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MAXALT . . . . . 11

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SUSPENSION 0.1 % . . . . . 28

MAXZIDE . . . . . 14

MAXZIDE-25 . . . . . 14

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MEDROL ORAL TABLET THERAPY  
PACK . . . . . 25

medroxyprogesterone acetate  
intramuscular suspension prefilled  
syringe . . . . . 24

medroxyprogesterone acetate oral . . 24

meloxicam oral tablet . . . . . 8

MENOSTAR . . . . . 24

mesalamine oral tablet delayed  
release . . . . . 27

metformin hcl er . . . . . 20

metformin hcl er (mod) . . . . . 20

metformin hcl er (osm) . . . . . 20

metformin hcl oral tablet . . . . . 20

methimazole oral . . . . . 26

methocarbamol oral . . . . . 30

methotrexate oral . . . . . 26

methotrexate sodium oral . . . . . 26

methylphenidate hcl er (cd) . . . . . 15

methylphenidate hcl er (la) . . . . . 15

methylphenidate hcl er (osm) oral  
tablet extended release 18 mg,  
27 mg, 36 mg, 54 mg, 72 mg . . . . . 15

METHYLPHENIDATE HCL ER  
(OSM) ORAL TABLET EXTENDED  
RELEASE 45 MG, 63 MG . . . . . 15

methylphenidate hcl er (xr) . . . . . 15

methylphenidate hcl er oral tablet  
extended release . . . . . 15

methylphenidate hcl oral tablet . . . . 15

methylprednisolone oral tablet  
therapy pack . . . . . 25

metoclopramide hcl oral tablet . . . . 10

metoprolol succinate er . . . . . 14

metoprolol tartrate oral . . . . . 14

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metronidazole oral tablet . . . . . 9

metronidazole vaginal . . . . . 9

MICARDIS . . . . . 14

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microgestin 1.5/30 . . . . . 24

microgestin 24 fe . . . . . 24

microgestin fe 1/20 . . . . . 24

microgestin fe 1.5/30 . . . . . 24

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MINILINK REAL-TIME  
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MINIMED 630G GUARDIAN PRESS . 18

MINIPRESS . . . . . 14

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minocycline hcl oral capsule . . . . . 9

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mirtazapine oral tablet . . . . . 10

MIRVASO . . . . . 16

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MM EASY TOUCH GLUCOSE  
METER . . . . . 18

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mondoxyne nl . . . . . 9

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montelukast sodium oral tablet . . . . 30

montelukast sodium oral tablet  
chewable . . . . . 30

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MOTEGRITY . . . . . 22

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MOVIPREP . . . . . 22

moxifloxacin hcl (2x day) . . . . . 28

moxifloxacin hcl ophthalmic . . . . . 28

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MULPLETA . . . . . 20

MULTAQ . . . . . 14

mupirocin external . . . . . 9

mycophenolate mofetil oral tablet . . . 26

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na sulfate-k sulfate-mg sulf . . . . . 22

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NALOCET . . . . . 8

naloxone hcl injection solution  
prefilled syringe . . . . . 8

naloxone hcl nasal . . . . . 8

naltrexone hcl oral . . . . . 8

NAPROSYN ORAL TABLET . . . . . 8

naproxen oral tablet . . . . . 8

NARCAN . . . . . 8

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NATAZIA . . . . . 24

NATESTO . . . . . 25

NAYZILAM . . . . . 10

neomycin-polymyxin-dexameth  
ophthalmic suspension  
3.5-10000-0.1 . . . . . 28

neomycin-polymyxin-hc otic  
suspension . . . . . 28

NESINA . . . . . 20

NEULASTA . . . . . 20

NEUPRO . . . . . 12

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NEURONTIN ORAL TABLET . . . . . 10

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NEXLETOL . . . . . 14

NEXLIZET . . . . . 14

nifedipine er . . . . . 14

nifedipine er osmotic release . . . . . 14

nikki . . . . . 24

nitrofurantoin macrocrystal . . . . . 9



nitrofurantoin monohydrate macrocrystals . . . . .	9	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML . . . . .	30	OMNIPOD 5 G6 POD (GEN 5) . . . . .	18
nitroglycerin sublingual . . . . .	14	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML . . . . .	30	ON CALL EXPRESS BLOOD GLUCOSE . . . . .	18
NITROSTAT . . . . .	14	NUCYNTA . . . . .	8	ON CALL EXPRESS MONITORING SYS . . . . .	18
NOCDURNA . . . . .	25	NUCYNTA ER . . . . .	8	ondansetron hcl oral tablet . . . . .	10
nora-be . . . . .	24	NURTEC . . . . .	11	ondansetron odt . . . . .	10
NORDITROPIN FLEXPEN . . . . .	25	NUTROPIN AQ NUSPIN 10 . . . . .	25	ONETOUCH CLUB LANCETS FINE PT . . . . .	18
norethin ace-eth estrad-fe oral tablet . . . . .	24	NUTROPIN AQ NUSPIN 20 . . . . .	25	ONETOUCH DELICA LANCETS 30G . . . . .	18
norethindrone acet-ethinyl est . . . . .	24	NUTROPIN AQ NUSPIN 5 . . . . .	25	ONETOUCH DELICA LANCETS 33G . . . . .	18
norethindrone acetate oral . . . . .	24	NUVARING . . . . .	24	ONETOUCH DELICA PLUS LANCET30G . . . . .	18
norethindrone oral . . . . .	24	NUVESSA . . . . .	9	ONETOUCH DELICA PLUS LANCET33G . . . . .	18
norgestimate-eth estradiol . . . . .	24	NUVIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT . . . . .	20	ONETOUCH DELICA PLUS LANCET33G . . . . .	18
norgestimate-ethinyl estradiol triphasic . . . . .	24	NUVIQ INTRAVENOUS KIT 1500 UNIT . . . . .	20	ONETOUCH FINEPOINT LANCETS . . . . .	18
NORITATE . . . . .	16	NUZYRA ORAL . . . . .	9	ONETOUCH ULTRA 2 KIT W/DEVICE . . . . .	18
NORLIQVA . . . . .	14	nymyo . . . . .	24	ONETOUCH ULTRA TEST STRIPS . . . . .	18
norlyroc . . . . .	24	nystatin external cream . . . . .	11	ONETOUCH ULTRASOFT LANCETS . . . . .	18
nortriptyline hcl oral capsule . . . . .	10	nystatin mouth/throat . . . . .	11	ONETOUCH VERIO FLEX SYSTEM KIT . . . . .	18
NORVASC . . . . .	14			ONETOUCH VERIO IQ BLOOD GLUCOSE METER . . . . .	18
NOURIANZ . . . . .	12	<b>O</b>			
NOVOEIGHT . . . . .	20	ocella . . . . .	24	ONETOUCH VERIO REFLECT KIT W/DEVICE . . . . .	18
NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	18	OCUFLOX . . . . .	28	ONETOUCH VERIO TEST STRIPS . . . . .	18
NOVOFINE PEN NEEDLE . . . . .	18	ODOMZO . . . . .	11	ONGLYZA . . . . .	20
NOVOLIN 70/30 FLEXPEN . . . . .	19	OFEV . . . . .	30	OPSUMIT . . . . .	30
NOVOLIN 70/30 FLEXPEN RELION . . . . .	19	ofloxacin ophthalmic . . . . .	28	OPTIUMEZ TEST . . . . .	18
NOVOLIN 70/30 RELION . . . . .	19	ofloxacin otic . . . . .	28	OPZELURA . . . . .	16
NOVOLIN 70/30 VIAL . . . . .	19	olanzapine oral tablet . . . . .	12	ORENCIA CLICKJECT . . . . .	26
NOVOLIN N FLEXPEN . . . . .	19	olmesartan medoxomil oral . . . . .	14	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML . . . . .	26
NOVOLIN N FLEXPEN RELION . . . . .	19	olmesartan medoxomil-hctz . . . . .	14	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML . . . . .	26
NOVOLIN N RELION . . . . .	19	OLUMIANT ORAL TABLET 1 MG, 4 MG . . . . .	26	ORFADIN ORAL CAPSULE . . . . .	22
NOVOLIN N VIAL . . . . .	19	OLUMIANT ORAL TABLET 2 MG . . . . .	26	ORFADIN ORAL SUSPENSION . . . . .	22
NOVOLIN R FLEXPEN . . . . .	19	OMECLAMOX-PAK . . . . .	21	ORGOVYX . . . . .	11
NOVOLIN R FLEXPEN RELION . . . . .	19	omega-3-acid ethyl esters . . . . .	14		
NOVOLIN R RELION . . . . .	19	omeprazole oral capsule delayed release . . . . .	21		
NOVOLIN R VIAL . . . . .	19	OMNIPOD 5 G6 INTRO (GEN 5) . . . . .	18		
NOVOTWIST PEN NEEDLE . . . . .	18				
np thyroid . . . . .	26				
NUBEQA . . . . .	11				
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	30				





ORIAHNN . . . . .	25	periogard . . . . .	15	PREMPRO . . . . .	24
ORLISSA . . . . .	25	PERTZYE . . . . .	22	PREZCOBIX . . . . .	12
oseltamivir phosphate oral capsule . . . . .	12	PFIZER COVID-19 VAC BIVAL 5-11 . . . . .	27	PRISTIQ . . . . .	10
OSENI . . . . .	20	PFIZER COVID-19 VAC BIVALENT . . . . .	27	PROCARDIA XL . . . . .	14
OSPHENA . . . . .	21	phenazo oral tablet 200 mg . . . . .	22	prochlorperazine maleate oral . . . . .	10
OTEZLA ORAL TABLET . . . . .	27	phenazopyridine hcl oral . . . . .	22	PROCTOFOAM HC . . . . .	27
OTREXUP . . . . .	27	pioglitazone hcl . . . . .	20	progesterone oral . . . . .	24
OXAYDO . . . . .	8	PIP BLOOD GLUCOSE TEST STRIP . . . . .	18	PROGRAF ORAL CAPSULE . . . . .	27
oxcarbazepine oral tablet . . . . .	10	PLAQUENIL . . . . .	12	PROLATE ORAL TABLET . . . . .	8
oxybutynin chloride er . . . . .	22	PLAVIX . . . . .	12	promethazine hcl oral tablet . . . . .	10
oxybutynin chloride oral tablet . . . . .	22	PLEGRIDY INTRAMUSCULAR . . . . .	15	promethazine-dm . . . . .	29
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg . . . . .	8	PLEGRIDY STARTER PACK . . . . .	15	PROMETRIUM . . . . .	24
oxycodone hcl oral tablet 5 mg . . . . .	8	PLEGRIDY SUBCUTANEOUS . . . . .	15	propranolol hcl er . . . . .	14
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG . . . . .	8	PLENVU . . . . .	22	propranolol hcl oral tablet . . . . .	14
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8	polymyxin b-trimethoprim . . . . .	28	PROSCAR . . . . .	22
OZEMPIC . . . . .	20	POLYTRIM . . . . .	28	PROTONIX ORAL TABLET DELAYED RELEASE . . . . .	21
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PACERONE . . . . .	14	POMALYST . . . . .	11	PROVENTIL HFA . . . . .	29, 30
PAMELOR . . . . .	10	portia-28 . . . . .	24	PROVERA . . . . .	23, 24
PANCREAZE . . . . .	22	potassium chloride crys er . . . . .	21	PROVIGIL . . . . .	31
pantoprazole sodium oral tablet delayed release . . . . .	21	potassium chloride er . . . . .	21	PROZAC . . . . .	10
PARADIGM REAL-TIME TRANSMITTER . . . . .	18	potassium citrate er . . . . .	21	pseudoephedrine-bromphen-dm . . . . .	29
paroxetine hcl oral tablet . . . . .	10	PRADAXA ORAL CAPSULE . . . . .	9	PTS PANELS EGLU TEST . . . . .	18
PAXIL ORAL TABLET . . . . .	10	pramipexole dihydrochloride . . . . .	12	PULMICORT SUSPENSION . . . . .	30
PAXLOVID (150/100) . . . . .	12	pravastatin sodium . . . . .	14	PULMOZYME . . . . .	30
PAXLOVID (300/100) . . . . .	12	prazosin hcl oral . . . . .	14	PYLERA . . . . .	21
PEDIAPRED . . . . .	25	PRECISION XTRA . . . . .	18	PYRIDIUM . . . . .	22
peg 3350-kcl-na bicarb-nacl . . . . .	22	PRECISION XTRA BLOOD GLUCOSE . . . . .	18	<b>Q</b>	
peg-3350/electrolytes . . . . .	22	PRED FORTE . . . . .	28	quetiapine fumarate . . . . .	12
peg-3350/electrolytes/ascorbat . . . . .	22	PRED MILD . . . . .	28	QUINTET AC BLOOD GLUCOSE TEST . . . . .	18
peg-kcl-nacl-nasulf-na asc-c . . . . .	22	prednisolone acetate ophthalmic . . . . .	28	QUINTET BLOOD GLUCOSE TEST . . . . .	18
penicillin v potassium oral tablet . . . . .	9	PREDNISOLONE ACETATE P-F . . . . .	28	QVAR REDIHALER . . . . .	30
PERCOCET . . . . .	8	prednisolone oral solution . . . . .	25	<b>R</b>	
PERFOROMIST . . . . .	30	prednisolone sodium phosphate oral solution . . . . .	25	rabeprazole sodium oral tablet delayed release . . . . .	21
PERIDEX . . . . .	15	prednisone oral tablet . . . . .	25	RADICAVA ORS . . . . .	15
		prednisone oral tablet therapy pack . . . . .	25	RADICAVA ORS STARTER KIT . . . . .	15
		pregabalin oral capsule . . . . .	15	ramipril . . . . .	14
		PREMARIN ORAL . . . . .	24	RASUVO . . . . .	27
		PREMARIN VAGINAL . . . . .	24		
		PREMIUM BLOOD GLUCOSE TEST . . . . .	18		
		PREMPHASE . . . . .	24		



REBIF . . . . .	15	ROBINUL . . . . .	22	SPIRIVA HANDIHALER. . . . .	30	
REBIF TITRATION PACK . . . . .	15	ROBINUL-FORTE . . . . .	22	SPIRIVA RESPIMAT . . . . .	30	
reclipsen . . . . .	24	ROCALTROL ORAL CAPSULE . . . . .	27	spironolactone oral . . . . .	14	
RECOMBINATE. . . . .	21	ROCKLATAN . . . . .	28	sprintec 28 . . . . .	24	
REGLAN . . . . .	10	ropinirole hcl . . . . .	12	sronyx . . . . .	24	
RELAFEN DS . . . . .	8	rosuvastatin calcium . . . . .	14	STELARA SUBCUTANEOUS . . . . .	27	
RELEXXII . . . . .	15	roweepra . . . . .	10	STENDRA. . . . .	21	
RELION TRUE MET AIR GLUC METER . . . . .	18	ROXICODONE . . . . .	8	STIOLTO RESPIMAT . . . . .	30	
RELION TRUE METRIX TEST STRIPS . . . . .	18	RUCONEST . . . . .	27	STIVARGA . . . . .	11	
RELION ULTIMA GLUCOSE SYSTEM . . . . .	18	RUKOBIA . . . . .	12	STRATTERA . . . . .	15	
RELION ULTIMA TEST . . . . .	18	RYBELSUS. . . . .	20	STRENSIQ . . . . .	22	
RELPAK . . . . .	11	<b>S</b>			STRIVERDI RESPIMAT . . . . .	30
REMERON . . . . .	10	SANTYL . . . . .	16	SUBOXONE . . . . .	8	
REMODULIN . . . . .	30	scopolamine . . . . .	10	subvenite . . . . .	10	
REPATHA . . . . .	14	SEREVENT DISKUS . . . . .	30	sucrafate oral tablet . . . . .	21	
REPATHA PUSHTRONEX SYSTEM. . . . .	14	SEROQUEL . . . . .	12	sulfamethoxazole-trimethoprim oral tablet. . . . .	9	
REPATHA SURECLICK. . . . .	14	sertraline hcl oral tablet . . . . .	10	sumatriptan succinate oral . . . . .	11	
RESTASIS. . . . .	28	sharobel . . . . .	24	SUNOSI . . . . .	31	
RESTASIS MULTIDOSE . . . . .	28	SHINGRIX. . . . .	27	SUPREP BOWEL PREP KIT . . . . .	22	
RESTORIL . . . . .	31	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	21	SUTAB . . . . .	22	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML. . . . .	21	sildenafil citrate oral tablet 20 mg . . . . .	30	syeda . . . . .	24	
RETACRIT INJECTION SOLUTION 20000 UNIT/ML. . . . .	21	SIMPONI. . . . .	27	SYMBICORT . . . . .	30	
RETEVMO . . . . .	11	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg . . . . .	14	SYMFI . . . . .	12	
RETIN-A EXTERNAL CREAM . . . . .	16	simvastatin oral tablet 80 mg . . . . .	14	SYMFI LO . . . . .	12	
REVATIO ORAL TABLET . . . . .	30	SINGULAIR ORAL TABLET . . . . .	30	SYMJEPI. . . . .	29	
REVLIMID. . . . .	11	SINGULAIR ORAL TABLET CHEWABLE . . . . .	30	SYMLINPEN 120 . . . . .	20	
REXULTI . . . . .	12	SITAVIG . . . . .	12	SYMLINPEN 60 . . . . .	20	
RHOFADE. . . . .	16	SKYRIZI PEN . . . . .	27	SYMPROIC. . . . .	22	
RHOPRESSA . . . . .	28	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . . . .	27	SYNJARDY . . . . .	20	
RIGHTEST GT333 GLUCOSE TEST . . . . .	18	SKYTROFA . . . . .	25	SYNJARDY XR. . . . .	20	
RINVOQ . . . . .	27	SOAAZ. . . . .	14	SYNTHROID. . . . .	26	
RISPERDAL ORAL TABLET . . . . .	12	SODIUM OXYBATE . . . . .	31	<b>T</b>		
risperidone oral tablet. . . . .	12	SOFOSBUVIR-VELPATASVIR. . . . .	12	TABRECTA . . . . .	11	
RITALIN . . . . .	15	solifenacin succinate. . . . .	22	TACLONEX EXTERNAL OINTMENT . . . . .	16	
RITALIN LA. . . . .	15	SOLIUQA . . . . .	20	tacrolimus external . . . . .	16	
rizatriptan benzoate. . . . .	11	SOMATULINE DEPOT. . . . .	25	tacrolimus oral . . . . .	27	
		SOOLANTRA. . . . .	16	tadalafil oral . . . . .	21	
				TADLIQ. . . . .	30	
				tafluprost (pf) . . . . .	28	
				TAGRISSO . . . . .	11	



TAKHZYRO . . . . .	27	TIMOPTIC OCUDOSE. . . . .	28	tri-vylibra. . . . .	25
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	27	TIROSINT-SOL. . . . .	26	tri-vylibra lo. . . . .	25
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. . . . .	27	TIVICAY. . . . .	12	triamcinolone acetonide external cream . . . . .	16
TAMIFLU ORAL CAPSULE. . . . .	12	tizanidine hcl oral tablet . . . . .	30	triamcinolone acetonide external ointment . . . . .	16
tamoxifen citrate oral tablet 10 mg . . . . .	11	TOBI NEBULIZER . . . . .	30	triamcinolone in absorbbase . . . . .	16
tamoxifen citrate oral tablet 20 mg . . . . .	12	TOBI PODHALER . . . . .	30	triamterene-hctz . . . . .	14
tamsulosin hcl . . . . .	22	TOBRADEX OPHTHALMIC SUSPENSION . . . . .	28	TRIANEX . . . . .	16
TAPERDEX 12-DAY . . . . .	25	TOBRADEX ST . . . . .	28	triazolam. . . . .	13
TAPERDEX 6-DAY . . . . .	25	tobramycin inhalation nebulization solution 300 mg/4ml . . . . .	30	TRICOR . . . . .	14
TAPERDEX 7-DAY . . . . .	25	tobramycin nebulization solution 300 mg/5ml inhalation . . . . .	30	triderm . . . . .	16
TARGADOX . . . . .	9	tobramycin ophthalmic. . . . .	28	TRIJARDY XR . . . . .	20
tarina 24 fe . . . . .	24	tobramycin-dexamethasone. . . . .	28	TRILEPTAL ORAL TABLET . . . . .	10
tarina fe 1/20 eq. . . . .	24	TOLAK . . . . .	16	TRINTELLIX . . . . .	10
TASIGNA . . . . .	12	TOPAMAX . . . . .	10	tritocin. . . . .	16
TAVALISSE. . . . .	21	topiramate oral tablet . . . . .	10	TRIUMEQ . . . . .	12
TECHLITE INSULIN SYRINGES. . . . .	18	TOPROL XL . . . . .	14	TRUE FOCUS BLOOD GLUCOSE STRIP . . . . .	19
TECHLITE PEN NEEDLES . . . . .	19	torsemide . . . . .	14	TRUE METRIX AIR GLUCOSE METER KIT. . . . .	19
TEGSEDI. . . . .	22	TOUJEO MAX SOLOSTAR. . . . .	19	TRUE METRIX BLOOD GLUCOSE TEST . . . . .	19
TEKTURNA . . . . .	14	TOUJEO SOLOSTAR . . . . .	19	TRUE METRIX GO GLUCOSE METER . . . . .	19
TEKTURNA HCT . . . . .	14	TRACLEER 62.5 MG, 125 MG . . . . .	30	TRUE METRIX METER KIT. . . . .	19
telmisartan . . . . .	14	TRADJENTA. . . . .	20	TRUE METRIX PRO BLOOD GLUCOSE . . . . .	19
temazepam . . . . .	31	tramadol hcl oral tablet. . . . .	8	TRUETRACK TEST . . . . .	19
TEMPO REFILL . . . . .	19	TRANSDERM-SCOP. . . . .	10	TRULICITY . . . . .	20
TEMPO WELCOME. . . . .	19	trazodone hcl oral . . . . .	10	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG . . . . .	12
TENORMIN . . . . .	14	TRELEGY ELLIPTA . . . . .	30	TRUVADA ORAL TABLET 200-300 MG. . . . .	12
terbinafine hcl oral. . . . .	11	TREMFYA. . . . .	27	TYMLOS. . . . .	27
TERIPARATIDE (RECOMBINANT). . . . .	27	treprostinil . . . . .	30	TYRVAYA . . . . .	28
TESTIM. . . . .	25	tretinoin external cream . . . . .	16	TYVASO . . . . .	30
testosterone cypionate intramuscular. . . . .	25	TREXALL . . . . .	27	TYVASO DPI MAINTENANCE KIT. . . . .	30
TEZSPIRE. . . . .	30	TREZIX . . . . .	8	TYVASO DPI TITRATION KIT. . . . .	30
THALITONE . . . . .	14	tri-estarylla . . . . .	24	TYVASO REFILL . . . . .	30
THIOLA . . . . .	22	tri-linyah . . . . .	24	TYVASO STARTER . . . . .	30
THIOLA EC. . . . .	22	tri-lo-estarylla . . . . .	24		
THYQUIDITY . . . . .	26	tri-lo-marzia . . . . .	24		
thyroid oral . . . . .	26	tri-lo-mili . . . . .	25		
TIGLUTIK . . . . .	15	tri-lo-sprintec . . . . .	25		
timolol maleate (once-daily) . . . . .	28	tri-mili . . . . .	25		
timolol maleate ophthalmic solution . . . . .	28	tri-nymyo. . . . .	25		
timolol maleate pf . . . . .	28	tri-sprintec . . . . .	25		



**U**

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UCERIS ORAL	27
UDENYCA	21
UNISTRIP1 GENERIC	19
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UROCIT-K 10	21
UROCIT-K 15	21
UROCIT-K 5	21
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VALIUM	13
valsartan oral tablet	14
valsartan-hydrochlorothiazide	14
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	10
VALTREX	12
VANDAZOLE	9
VASOTEC	14
VELPHORO	22
VELTASSA	21
venlafaxine hcl	10
venlafaxine hcl er oral capsule extended release 24 hour	10
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VERKAZIA	28
VERQUVO	14
VERZENIO	12
VESICARE	22
vestura	25
VIAGRA	21
VIBERZI	22
VIBRAMYCIN ORAL CAPSULE	9
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS	20
vienva	25

VIGAMOX	28
VIIBRYD	10
VIIBRYD STARTER PACK	10
vilazodone hcl	10
VISTARIL	13
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	21
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VIVELLE-DOT	23, 25
VIVJOA	11
VOGELXO	25
VOGELXO PUMP	25
VOSEVI	12
VRAYLAR ORAL CAPSULE	12
VTAMA	16
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VYVANSE	15

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WAKIX	31
warfarin sodium oral	9
WELLBUTRIN SR	10
WELLBUTRIN XL	10
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wixela inhub	30

**X**

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XANAX	13
XARELTO	9
XARELTO STARTER PACK	9
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	10
XELJANZ	27
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	27
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	27

XENLETA ORAL	9
XEPI	16
XIIDRA	28
XOFLUZA (40 MG DOSE)	12
XOFLUZA (80 MG DOSE)	12
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	27
XOPENEX HFA	30
XTAMPZA ER	8
XTANDI	12
xulane	25
XYWAV	31

**Y**

YASMIN 28	25
YAZ	25
YUPELRI	30
yuvafem	25

**Z**

zafemy	25
ZANAFLEX ORAL TABLET	30
ZARXIO	21
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	20
ZEJULA ORAL CAPSULE	12
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ZELNORM	22
ZENPEP	22
ZEPOSIA	15
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ZEPOSIA STARTER KIT	15
ZESTORETIC	14
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ZOMIG NASAL SOLUTION 5 MG...	11
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ZORYVE.....	16
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zumandimine.....	25
ZYLET.....	28
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UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

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

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<http://www.hhs.gov/ocr/office/file/index.html>

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**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.



# Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយ **ភាសាខ្មែរ (Khmer)** សូមទាក់ទងភាសាដទៃទៀតក្នុងចំណោមអ្នក គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខគតគិតថ្លៃ ដល់មាន់លើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłt'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shq'odí ninaaltsoos nit'izí bee nééhozinígíí bine'déę' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodíłnih.

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

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WF11052074-F 2024 Prescription Drug List — Flex Base 3-Tier

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