



Your 2027 Prescription Drug List Advantage 4-Tier

Effective January 1, 2027

This Prescription Drug List (PDL) is accurate as of January 1, 2027 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of Surest medical plans when sold in your market with a pharmacy benefit subject to the Advantage 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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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.

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.**

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 5 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.

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

2. For 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

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

Drug list information

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

E	May be excluded from coverage — There may be 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 covered 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.
QL	Quantity limits — The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program — 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.

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

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. Please review your plan documents for coverage and cost-share.

- **Central nervous system: sedatives/hypnotics**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: blood glucose monitoring, insulin, non-insulin**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: continuous glucose monitors, sensors**
Coverage is set by your prescription drug benefit plan. 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 benefit plan.
- **Infertility**
Coverage is set by your prescription drug benefit plan. Prior authorization (sometimes referred to as precertification) may be required where a state mandates infertility drug coverage.
- **Medications for sexual dysfunction**
Coverage is set by your prescription drug benefit plan.
- **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
apap-caff-dihydrocodeine	4	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA; QL
buprenorphine	3	PA; QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	2	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
ESGIC ORAL TABLET 50-325-40 MG	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA; QL
FIORICET	4	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	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	4	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA; QL

Drug name	Drug tier	Requirements & limits
lidocaine-prilocaine external cream	1	
methadone hcl oral tablet	1	PA; QL
morphine sulfate er	1	PA; QL
morphine sulfate oral tablet	1	QL
NUCYNTA ER	3	PA; QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
premium lidocaine external ointment 5 %	2	QL
tapentadol hcl	3	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt); QL
tramadol hcl er tablet extended release 24 hour 100 mg oral	2	(generic for Ultram ER); QL
tramadol hcl er tablet extended release 24 hour 100 mg oral	2	QL
tramadol hcl er tablet extended release 24 hour 200 mg oral	2	(generic for Ultram ER); QL
tramadol hcl er tablet extended release 24 hour 200 mg oral	2	QL
tramadol hcl er tablet extended release 24 hour 300 mg oral	2	(generic for Ultram ER); QL
tramadol hcl er tablet extended release 24 hour 300 mg oral	2	QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	4	QL
XTAMPZA ER	4	PA; QL
ZTLIDO	3	PA; QL
Analgesics - Drugs for pain and inflammation		
aspirin 81 oral tablet delayed release	1	H
aspirin adult low dose	1	H
aspirin adult low strength	1	H
aspirin childrens	1	H

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
aspirin ec adult low dose	1	H
aspirin ec low dose	1	H
aspirin ec low strength	1	H
aspirin low dose	1	H
aspirin oral tablet chewable	1	H
aspirin oral tablet delayed release 81 mg	1	H
aspirin regimen	1	H
celecoxib oral	2	
cvs aspirin adult low dose	1	H
cvs aspirin adult low strength	1	H
cvs aspirin ec	1	H
cvs aspirin low dose	1	H
cvs aspirin low strength	1	H
DAYPRO ORAL TABLET 600 MG	4	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1	
eq aspirin adult low dose	1	H
eq aspirin low dose	1	H
eqi aspirin low dose	1	H
etodolac	2	
ft aspirin low dose	1	H
ft aspirin oral tablet chewable	1	H
gnp adult aspirin low strength	1	H
gnp aspirin low dose	1	H
gnp aspirin oral tablet delayed release 81 mg	1	H
goodsense aspirin low dose	1	H
goodsense aspirin oral tablet chewable	1	H
h-e-b aspirin	1	H

Drug name	Drug tier	Requirements & limits
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
kls aspirin low dose	1	H
kp aspirin	1	H
meloxicam oral tablet	1	
mm aspirin	1	H
nabumetone oral	1	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
qc aspirin low dose	1	H
qc childrens aspirin	1	H
ra aspirin adult low dose oral tablet chewable 81 mg	1	H
ra aspirin adult low strength oral tablet chewable 81 mg	1	H
ra aspirin childrens oral tablet chewable 81 mg	1	H
ra aspirin ec adult low st oral tablet delayed release 81 mg	1	H
ra aspirin ec oral tablet delayed release 81 mg	1	H
sm aspirin low dose oral tablet chewable 81 mg	1	H
sm childrens aspirin oral tablet chewable 81 mg	1	H
sulindac oral	1	
Anti-addiction / Substance abuse treatment agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
ft naloxone hcl	1	QL
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	QL
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
goodsense nicotine polacrilex	1	H
habitrol	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	QL
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	4	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	4	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	4	H
nicotine mini	1	H

Drug name	Drug tier	Requirements & limits
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
qc nicotine transdermal system	1	H
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
REZENOPY	3	QL
sm nicotine mouth/throat gum	1	H
sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	1	H
THRIVE	4	H
varenicline tartrate	3	H
ZUBSOLV	2	QL
Antibacterials - Drugs for infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AVIDOXY	4	
azithromycin oral packet 1 gm	1	
BACTRIM	4	
BACTRIM DS	4	
BLUJEPA	4	QL
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefdinir	1	

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
cefixime oral capsule	3		erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
cefpodoxime proxetil oral tablet	1		fidaxomicin	3	QL
cefprozil	1		fosfomycin tromethamine	3	
cefuroxime axetil	1		gentamicin sulfate external	1	QL
cephalexin	1		HIPREX	4	
CIPRO ORAL TABLET	4		levofloxacin oral tablet	1	
ciprofloxacin hcl oral	1		linezolid oral tablet	2	
clarithromycin oral tablet	1		MACROBID	4	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		MACRODANTIN	4	
CLEOCIN ORAL CAPSULE 75 MG	2		methenamine hippurate	1	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		metronidazole oral tablet 250 mg, 500 mg	1	
CLEOCIN VAGINAL CREAM	4		metronidazole vaginal	2	
clindamycin hcl oral	1		minocycline hcl oral capsule	1	
clindamycin palmitate hcl	2		moxifloxacin hcl oral	3	
clindamycin phosphate vaginal	2		mupirocin cream	3	QL
CLINDESSE	2		mupirocin ointment	1	QL
dicloxacillin sodium	1		neomycin sulfate oral	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	QL	nitrofurantoin macrocrystal	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	2		nitrofurantoin monohydrate macrocrystals	1	
doxycycline hyclate oral tablet 100 mg	2		NUZYRA ORAL	4	QL
doxycycline hyclate oral tablet 20 mg	1		ORLYNVAH	4	QL
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		penicillin v potassium	1	
doxycycline monohydrate oral suspension reconstituted	3		PIVYA	4	QL
doxycycline monohydrate oral tablet	1		SILVADENE	4	
E.E.S. GRANULES	3		silver sulfadiazine external	1	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3		ssd	1	
ERYPED 400	4		sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
erythromycin base oral tablet	1		sulfamethoxazole-trimethoprim oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1		sulfatrim pediatric	1	
			tetracycline hcl oral capsule	3	
			tinidazole oral	3	
			trimethoprim oral	1	
			VANCOCIN	4	
			vancomycin hcl oral capsule	1	

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
VANDAZOLE	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
XACIATO	2	QL
XEPI	3	
XIFAXAN	3	PA; QL
ZITHROMAX	4	

Anticoagulants - Drugs to treat or prevent blood clots

dabigatran etexilate mesylate	2	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
rivaroxaban oral tablet	2	QL
warfarin sodium oral	1	
XARELTO	2	QL

Anticonvulsants - Drugs for seizures

APTIOM	4	PA
brivaracetam oral tablet	2	PA
BRIVIACT ORAL SOLUTION	4	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	4	
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLES	4	PA
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	

Drug name	Drug tier	Requirements & limits
EPIDIOLEX	3	PA; SP
epitol oral tablet 200 mg	1	
eslicarbazepine acetate	3	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	4	PA
KEPPRA XR	4	PA
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	2	
lacosamide oral tablet	2	
LAMICTAL	4	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	4	PA
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA; QL
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	PA; QL
NEURONTIN	4	PA
ONFI	4	PA
oxcarbazepine	1	
perampanel oral tablet	2	PA
phenobarbital oral tablet	1	
phenytek	1	

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	
subvenite oral tablet	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	4	
TEGRETOL-XR	4	
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	4	PA
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO 10 MG DOSE	3	PA; QL
VALTOCO 15 MG DOSE	3	PA; QL
VALTOCO 20 MG DOSE	3	PA; QL
VALTOCO 5 MG DOSE	3	PA; QL
VIMPAT ORAL	4	PA
XCOPRI	3	PA
ZARONTIN	4	
ZONEGRAN	4	PA
zonisamide oral	1	

Antidementia agents - Drugs for Alzheimer's disease and dementia

donepezil hcl oral tablet	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
rivastigmine	3	
rivastigmine tartrate	1	

Antidepressants - Drugs for depression

amitriptyline hcl oral	1	
AUVELITY	4	ST; QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral	1	

Drug name	Drug tier	Requirements & limits
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
desipramine hcl oral	1	
desvenlafaxine succinate er	3	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
escitalopram oxalate oral solution	2	
escitalopram oxalate oral tablet	1	
EXXUA	4	ST; QL
EXXUA TITRATION PACK	4	ST; QL
FETZIMA	4	ST; QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	
imipramine hcl oral	1	
mirtazapine oral	1	
NORPRAMIN	4	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	3	
paroxetine hcl oral tablet	1	
RALDESY	4	PA
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO	4	PA; QL; SP
trazodone hcl oral	1	
TRINTELLIX	4	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
vilazodone hcl	3	
ZURZUVAE	2	PA; QL; SP

Antiemetics - Drugs for nausea and vomiting

aprepitant oral capsule	2	QL
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See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
dronabinol oral capsule	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	3	
Antifungals - Drugs for fungal infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external cream	2	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	4	PA; ST; QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
nyamyc external powder 100000 unit/gm	1	QL
nystatin external	1	QL
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral	1	

Drug name	Drug tier	Requirements & limits
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX	4	QL
terbinafine hcl oral	1	
terconazole	1	
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	
colchicine oral	2	
colchicine-probenecid	1	
febuxostat	3	
MITIGARE	2	
probenecid	1	
Antimigraine agents - Drugs for migraines		
AIMOVIG	2	PA; ST; QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA; ST; QL
frovatriptan succinate	3	QL
naratriptan hcl	1	QL
NURTEC	2	PA; ST; QL
QULIPTA	2	PA; ST; QL
REYVOW ORAL TABLET 100 MG, 50 MG	4	PA; QL
rizatriptan benzoate oral	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
UBRELVY	2	PA; ST; QL
ZAVZPRET	4	PA; ST; QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
ZOMIG NASAL SOLUTION 5 MG	2	QL
Antimyasthenic agents - Drugs to treat myasthenia gravis		
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Drugs to treat infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
rifampin oral	1	
Antineoplastics - Drugs for cancer		
abiraterone acetate oral tablet 250 mg	2	QL; SP
abirtega	2	QL; SP
ALECENSA	2	PA; QL; SP
ALUNBRIG	2	PA; QL; SP
anastrozole oral	1	H-PA
AUGTYRO	2	PA; QL; SP
BESREMI	4	PA; QL; SP
bicalutamide	1	
BRUKINSA ORAL CAPSULE	3	PA; ST; SP
CABOMETYX	2	PA; QL; SP
CALQUENCE	2	PA; QL; SP
capecitabine	1	SP
COTELLIC	2	PA; QL; SP
dasatinib	2	PA; QL; SP
ENSACOVE	2	PA; QL; SP
ERIVEDGE	2	PA; QL; SP
ERLEADA	2	PA; QL; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA; QL; SP
exemestane	2	H-PA
GAVRETO	4	PA; QL; SP
hydroxyurea oral	1	
HYRNUO	2	PA; QL; SP
IBRANCE ORAL TABLET	4	PA; ST; QL; SP
ICLUSIG	3	PA; QL; SP
IDHIFA	2	PA; QL; SP

Drug name	Drug tier	Requirements & limits
imatinib mesylate oral	1	QL; SP
IMBRUVICA ORAL CAPSULE	2	PA; QL; SP
IMBRUVICA ORAL SUSPENSION	2	PA; QL; SP
IMBRUVICA ORAL TABLET 420 MG	2	PA; QL; SP
IMKELDI	4	PA; QL; SP
JAKAFI	2	PA; QL; SP
KISQALI (200 MG DOSE)	2	PA; QL; SP
KISQALI (400 MG DOSE)	2	PA; QL; SP
KISQALI (600 MG DOSE)	2	PA; QL; SP
KOSELUGO ORAL CAPSULE	3	PA; QL; SP
lederle leucovorin	1	
lenalidomide	2	PA; QL; SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	2	PA; QL; SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
leuprolide acetate injection	1	PA; SP
LUMAKRAS	4	PA; QL; SP
LYNPARZA	2	PA; QL; SP
mercaptopurine oral tablet	1	
nilotinib hcl	2	PA; ST; QL; SP
NUBEQA	2	PA; QL; SP
ODOMZO	2	PA; QL; SP
ORGOVYX	3	PA; QL; SP
PIQRAY	2	PA; QL; SP
pomalidomide	3	PA; QL; SP
RETEVMO	4	PA; QL; SP
ROZLYTREK	2	PA; QL; SP
RYDAPT	2	PA; QL; SP
SCEMBLIX	4	PA; QL; SP
STIVARGA	2	PA; QL; SP
TABRECTA	4	PA; QL; SP
TAGRISSO	3	PA; QL; SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
temozolomide	1	SP
TEPMETKO	4	PA; QL; SP
torpenz	2	PA; QL; SP
TRUQAP	2	PA; QL; SP
VENCLEXTA	2	PA; QL; SP
VERZENIO	2	PA; QL; SP
VITRAKVI	2	PA; QL; SP
XTANDI	2	PA; QL; SP
yulithira	2	PA; QL; SP
ZEJULA	2	PA; QL; SP
ZELBORAF	2	PA; QL; SP
Antiparasitics - Drugs for parasitic infections		
ARAKODA	4	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE EXTERNAL CREAM 5 %	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA; QL
ivermectin oral tablet 6 mg	1	PA
MALARONE	4	
mefloquine hcl	1	
permethrin external	1	
STROMECTOL	4	PA; QL
Antiparkinson agents - Drugs for Parkinson's disease		
amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
CREXONT	4	ST
INBRIJA	3	PA; QL; SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	2	
ropinirole hcl	1	
SINEMET	4	
trihexyphenidyl hcl oral tablet	1	

Drug name	Drug tier	Requirements & limits
Antiplatelets - Drugs for heart attack and stroke prevention		
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	3	
ticagrelor	3	QL
Antipsychotics - Drugs for mood disorders		
aripiprazole oral solution	2	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	4	PA; ST; QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
haloperidol oral	1	
lurasidone hcl	2	QL
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	4	QL
risperidone	1	
VRAYLAR	4	QL
ziprasidone hcl	2	
Antivirals - Drugs for viral infections		
acyclovir external ointment	3	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
DELSTRIGO	2	QL
DESCOVY ORAL TABLET 120-15 MG	4	QL
DESCOVY ORAL TABLET 200-25 MG	4	QL; H
DOVATO	2	QL

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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	
famciclovir oral	2	
GENVOYA	4	QL
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA; ST; QL; SP
MAVYRET	2	PA; QL; SP
ODEFSEY	4	QL
oseltamivir phosphate oral	2	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
SOFOSBUVIR-VELPATASVIR	2	PA; QL; SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
valacyclovir hcl oral tablet 1 gm	1	QL
valacyclovir hcl oral tablet 500 mg	1	
valganciclovir hcl oral tablet	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA; QL; SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL

Drug name	Drug tier	Requirements & limits
Anxiolytics - Drugs for anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION ORAL TABLET 0.25 MG	4	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	
triazolam	1	
Bipolar agents - Drugs for mood disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
Cardiovascular agents - Drugs for heart and circulation conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
amiloride hcl oral	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
amlodipine-olmesartan	3	
ARBLI	4	PA
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
atorvastatin calcium oral tablet 40 mg, 80 mg	1		enalapril-hydrochlorothiazide	1	
benazepril hcl oral	1		eplerenone	2	
benazepril-hydrochlorothiazide	1		ezetimibe	2	
bisoprolol fumarate oral	1		ezetimibe-simvastatin	3	
bisoprolol-hydrochlorothiazide	1		felodipine er	1	
bumetanide oral	1		fenofibrate micronized	2	
BUMEX	3		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
CAMZYOS	4	PA; QL; SP	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
candesartan cilexetil	3		fenofibric acid oral capsule delayed release	2	
candesartan cilexetil-hctz	3		flecainide acetate	1	
captopril oral	1		fosinopril sodium	1	
CARDURA	4		furosemide oral	1	
cartia xt	2		gemfibrozil oral	1	
carvedilol	1		guanfacine hcl	1	
chlorthalidone	1		HEMANGEOL	3	
cholestyramine light	1		hydralazine hcl oral	1	
cholestyramine oral	1		hydrochlorothiazide oral	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1		indapamide	1	
clonidine patch weekly	3		INZIRQO	4	PA
colesevelam hcl oral tablet	2		irbesartan	1	
COLESTID ORAL TABLET	4		irbesartan-hydrochlorothiazide	1	
colestipol hcl oral tablet	1		isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
CORLANOR ORAL TABLET	3	PA; QL	isosorbide mononitrate er	1	
digoxin oral tablet	1		ivabradine hcl	3	PA; QL
dilt-xr	1		KAPSPARGO SPRINKLE	4	
diltiazem hcl er beads	2		KERENDIA	4	PA; QL
diltiazem hcl er coated beads	2		labetalol hcl oral	1	
diltiazem hcl er oral capsule extended release 12 hour	1		LANOXIN ORAL TABLET 125 MCG, 250 MCG	3	
diltiazem hcl er oral capsule extended release 24 hour	1		LANOXIN ORAL TABLET 62.5 MCG	4	
diltiazem hcl er oral tablet extended release 24 hour	2		LASIX	4	
diltiazem hcl oral	1		lisinopril oral	1	
dofetilide	2		lisinopril-hydrochlorothiazide	1	
doxazosin mesylate oral	1		LODOCO	4	QL
enalapril maleate oral solution	3	PA	LOPID	4	
enalapril maleate oral tablet	1		LOPRESSOR ORAL SOLUTION	4	PA

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
losartan potassium oral	1		omega-3-acid ethyl esters	2	
losartan potassium-hctz	1		PACERONE ORAL TABLET 100 MG, 400 MG	3	
LOTENSIN	4		PACERONE ORAL TABLET 200 MG	4	
LOTENSIN HCT	4		pentoxifylline er	1	
lovastatin oral	1	H	pravastatin sodium	1	
matzim la	2		prazosin hcl oral	1	
metolazone	1		prevalite	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		propafenone hcl	1	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		propafenone hcl er	3	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		propranolol hcl er	2	
metoprolol-hydrochlorothiazide	1		propranolol hcl oral	1	
mexiletine hcl oral	1		QUESTRAN	4	
midodrine hcl	1		QUESTRAN LIGHT	4	
minoxidil oral	1		ramipril	1	
MULTAQ	4	PA	ranolazine er	2	
nadolol oral	1		RECTIV	4	QL
nebivolol hcl	3		REPATHA	2	QL
NEXLETOL	2	PA; ST; QL	REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	QL
NEXLIZET	2	PA; ST; QL	REPATHA SURECLICK	2	QL
niacin er (antihyperlipidemic)	2		rosuvastatin calcium oral	2	
nifedipine er	1		sacubitril-valsartan	2	PA; QL
nifedipine er osmotic release	1		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
nifedipine oral	1		simvastatin oral tablet 80 mg	1	
nitro-bid	2		sotalol hcl oral	1	
NITRO-DUR	3		spironolactone oral tablet	1	
nitroglycerin rectal	3	QL	spironolactone-hctz	1	
nitroglycerin sublingual	1		TEKTURNA	3	
nitroglycerin transdermal ointment	2		telmisartan	2	
nitroglycerin transdermal patch 24 hour	1		telmisartan-hctz	2	
NITROSTAT	4		tiadylt er	2	
NORLIQVA	4	PA	TIAZAC	4	
olmesartan medoxomil oral	2		TIKOSYN	4	
olmesartan medoxomil-hctz	2		torse mide	1	
			trandolapril	1	
			triamterene-hctz	1	

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	4	PA; QL; SP
valsartan oral solution	4	PA
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4	
VERQUVO	4	PA; QL
VYNDAQEL ORAL CAPSULE 20 MG	2	PA; QL; SP
Central nervous system agents - Drugs for attention deficit disorder		
amphet-dextroamphet 3-bead er	3	QL
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
atomoxetine hcl oral capsule	3	QL
AZSTARYS	3	ST; QL
clonidine hcl er	2	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL

Drug name	Drug tier	Requirements & limits
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
FOCALIN	4	
guanfacine hcl er	2	
JORNAY PM	3	ST; QL
lisdexamphetamine dimesylate	3	QL
METHYLIN	4	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la)	2	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl er(diffus)	2	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
ONYDA XR	3	QL

Central nervous system agents - Drugs for multiple sclerosis

AVONEX	2	PA; QL; SP
BAFIERTAM	2	PA; QL; SP
BETASERON	2	PA; QL; SP
dalfampridine er	2	PA; QL; SP
dimethyl fumarate oral	1	PA; QL; SP
fingolimod hcl	1	PA; QL; SP
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL; SP
glatiramer acetate	2	PA; QL; SP
glatopa	2	PA; QL; SP
KESIMPTA	2	PA; QL; SP
MAYZENT	3	PA; QL; SP
PLEGRIDY	3	PA; QL; SP
teriflunomide	2	PA; QL; SP

Central nervous system agents - Miscellaneous

AUSTEDO	2	PA; QL; SP
AUSTEDO XR	2	PA; QL; SP
INGREZZA	2	PA; QL; SP

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
INGREZZA SPRINKLE	2	PA; QL; SP
LYNKUET	4	PA; QL
LYRICA ORAL CAPSULE	4	PA
milnacipran hcl oral tablet	3	QL
NUDEXTA	2	PA; QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA; QL; SP
RADICAVA ORS STARTER KIT	3	PA; QL; SP
TEGLUTIK	3	PA; SP
TIGLUTIK	3	PA; SP
VEOZAH	4	PA; QL
ZEPOSIA	3	PA; ST; QL; SP

Dental and oral agents - Drugs for mouth and throat conditions

cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	4	
DENTAGEL	4	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	4	
JUST RIGHT 5000	3	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	

Drug name	Drug tier	Requirements & limits
PREVIDENT DENTAL	4	
SALAGEN	4	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	

Dermatological agents - Drugs for skin conditions

accutane	2	
acitretin	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL
ADBRY	2	PA; QL; SP
AKLIEF	4	PA; QL
alclometasone dipropionate	1	
amnestem	2	
AMZEEQ	4	QL
ANZUPGO	4	PA; QL; SP
AVAR CLEANSER	4	
azelaic acid external	3	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	1	

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
betamethasone valerate external lotion	1		DERMA-SMOOTH/FS SCALP	4	
betamethasone valerate external ointment	1		desonide external cream	2	QL
calcipotriene external cream	2	QL	desonide external lotion	3	QL
calcipotriene external ointment	2		desonide external ointment	2	QL
calcipotriene external solution	4	QL	DESOWEN EXTERNAL CREAM 0.05 %	3	QL
CALCITRENE	3		desoximetasone external cream	1	QL
CIBINQO	2	PA; QL; SP	desoximetasone external ointment	3	QL
ciclopirox olamine external suspension	1		diclofenac sodium external gel 3 %	2	PA; QL
claravis	2		DIPROLENE	4	
CLEOCIN-T	4		DRYSOL	4	
clindacin etz	1		DUPIXENT	2	PA; QL; SP
clindacin-p	1		EBGLYSS	2	PA; QL; SP
clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T); QL	EFUDEX EXTERNAL CREAM 5 %	4	
clindamycin phos (twice-daily) gel 1 % external	2	QL	ENSTILAR	4	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	ERYGEL EXTERNAL GEL 2 %	3	
clindamycin phosphate external lotion	3		erythromycin external	1	
clindamycin phosphate external solution	1		EUCRISA	3	ST; QL
clindamycin phosphate external swab	1		FINACEA EXTERNAL FOAM	4	
clobetasol prop emollient base	2	QL	fluocinolone acetonide body	3	QL
clobetasol propionate e	2	QL	fluocinolone acetonide external cream	3	QL
clobetasol propionate external cream 0.05 %	2	QL	fluocinolone acetonide external ointment	2	QL
clobetasol propionate external gel	2	QL	fluocinolone acetonide external solution	1	
clobetasol propionate external liquid	1	QL	fluocinolone acetonide scalp	3	
clobetasol propionate external ointment	2	QL	fluocinonide external cream 0.05 %	1	
clobetasol propionate external solution	1	QL	fluocinonide external gel	1	
clotrimazole-betamethasone	1		fluocinonide external ointment	1	
dapsone external	3	QL	fluocinonide external solution	1	
DERMA-SMOOTH/FS BODY	4	QL	fluorouracil external cream 5 %	1	
			fluticasone propionate external cream	1	
			fluticasone propionate external ointment	1	
			halobetasol propionate external cream	2	QL

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
halobetasol propionate external ointment	2	QL	sodium sulfacetamide wash	1	
hydrocortisone external cream 2.5 %	1		SOOLANTRA	4	QL
hydrocortisone external lotion 2.5 %	1		STARJEMZA SUBCUTANEOUS	2	PA; QL; SP
hydrocortisone external ointment 1 %, 2.5 %	1		STEQEYMA SUBCUTANEOUS SOLUTION	2	SP
hydrocortisone valerate external cream	2	QL	STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; QL; SP
ICOTYDE	2	PA; QL; SP	sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
imiquimod external cream 5 %	1		sulfacetamide sodium (acne)	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2		sulfacetamide sodium external	1	
KLARON	4		sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
KLISYRI	4	ST; QL	tacrolimus external	2	QL
METROCREAM EXTERNAL CREAM 0.75 %	4		tazarotene external cream	3	PA; QL
METROLOTION EXTERNAL LOTION 0.75 %	4		TAZORAC EXTERNAL CREAM	4	PA; QL
metronidazole external cream	1		TOPICORT	4	QL
metronidazole external gel 0.75 %	1		TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	4	QL
metronidazole external lotion	1		TREMFYA	2	PA; QL; SP
MIRVASO	2	PA; QL	tretinoin external cream	3	QL
mometasone furoate external	1		triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
NEMLUVIO	2	PA; QL; SP	triamcinolone acetonide external cream 0.5 %	1	QL
neuac	3	QL	triamcinolone acetonide external lotion	1	
OPZELURA	4	PA; QL; SP	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
OVACE PLUS WASH EXTERNAL LIQUID 10 %	4		triderm	1	QL
OVACE WASH EXTERNAL LIQUID 10 %	4		urea external cream 20 %, 40 %, 45 %	1	
PANRETIN	3		UREMEZ-40 EXTERNAL CREAM 40 %	3	
PELLIX	4	QL	VTAMA	4	PA; QL
pimecrolimus	3	QL	WEZLANA SUBCUTANEOUS	2	PA; QL; SP
podofilox external solution	1		ZELSUVMI	4	QL
RHOFADE	4	PA; QL	zenatane	2	
SANTYL	3	QL	ZILXI	4	PA; ST; QL
selenium sulfide external lotion	1		ZORYVE	4	PA; QL

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
Diabetes - Glucose monitoring and supplies		
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE	2	QL
ACCU-CHEK GUIDE KIT W/DEVICE	2	QL
ACCU-CHEK GUIDE ME KIT W/ DEVICE	2	QL
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BIGFOOT UNITY PROGRAM	3	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT PRECISION POLY HUB	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CEQUR SIMPLICITY 2U 10PK	3	ST
CONTOUR NEXT EZ KIT W/ DEVICE	1	QL
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	QL
CONTOUR NEXT GEN TEST STRIPS	1	QL
CONTOUR NEXT MONITOR KIT W/ DEVICE	1	QL
CONTOUR NEXT ONE KIT	1	QL
CONTOUR PLUS BLUE KIT W/ DEVICE	1	QL
CONTOUR PLUS TEST STRIP	1	QL
DEXCOM G6 RECEIVER	3	PA; QL

Drug name	Drug tier	Requirements & limits
DEXCOM G6 SENSOR	3	PA; QL
DEXCOM G6 TRANSMITTER	3	PA; QL
DEXCOM G7 15 DAY SENSOR	3	PA; QL
DEXCOM G7 RECEIVER	3	PA; QL
DEXCOM G7 SENSOR	3	PA; QL
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
DROPSAFE SICURA	2	
EMBECTA AUTOSHIELD 30GX5MM	2	QL
EMBECTA INSULIN SYRINGE	2	QL
EMBECTA INSULIN SYRINGE U-500	2	QL
EMBECTA PEN NEEDLE/ NANO/32G X 4MM	2	QL
ENLITE GLUCOSE SENSOR	3	PA
FREESTYLE LIBRE 14 DAY READER	3	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA; QL
FREESTYLE LIBRE 2 READER	3	PA; QL
FREESTYLE LIBRE 2 SENSOR	3	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA; QL
FREESTYLE LIBRE 3 READER	3	PA; QL
FREESTYLE LIBRE 3 SENSOR	3	PA; QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA; QL
GUARDIAN 4 TRANSMITTER	3	PA; QL
GUARDIAN CONNECT TRANSMITTER	3	PA; QL
GUARDIAN LINK 3 TRANSMITTER	3	PA; QL
GUARDIAN SENSOR 3	3	PA; QL
INPEN 100-BLUE-LILLY-HUMALOG	3	ST
INPEN 100-BLUE-NOVOLOG-FIASP	3	ST
INPEN 100-GREY-LILLY-HUMALOG	3	ST
INPEN 100-GREY-NOVOLOG-FIASP	3	ST
INPEN 100-PINK-LILLY-HUMALOG	3	ST
INPEN 100-PINK-NOVOLOG-FIASP	3	ST

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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
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
LANCETS	1	
MINIMED 630G GUARDIAN PRESS	3	PA
MINIMED INSTINCT GLUC SENSOR	3	PA; QL
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
OMNIPOD 5 DEXCOM INTRO KIT	2	PA; QL
OMNIPOD 5 DEXCOM PODS	2	PA; QL
OMNIPOD 5 LIBRE INTRO	2	PA; QL
OMNIPOD 5 LIBRE PODS	2	PA; QL
RELION GLUCOSE TEST STRIPS	4	QL
SIMPLERA SYNC SENSOR	3	PA
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES (Arkray)	2	QL
TWIIST REFILL KIT	2	PA; QL
TWIIST REFILL KIT/INFUSION SET	2	PA; QL
TWIIST STARTER KIT	2	PA; QL
VERISAFE SAFETY STERILE NEEDLE	2	
Diabetes - Insulin		
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL

Drug name	Drug tier	Requirements & limits
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL
HUMULIN R VIAL	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen); QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
INSULIN LISPRO VIAL	1	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-insulin agents		
acarbose oral	1	
ACTOPLUS MET	4	QL
ALOGLIPTIN BENZOATE	2	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	2	
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	
CYCLOSET	3	

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	2	
GLUCAGON EMERGENCY KIT	2	(manufactured by Fresenius)
glucagon emergency kit injection solution reconstituted 1 mg	2	
GLUCOTROL XL	4	
glyburide	1	
glyburide-metformin	1	
GLYXAMBI	2	QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA; QL (2-pack)
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA; QL (3-pack)
metformin hcl er	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA; QL
nateglinide	2	
OZEMPIC	2	PA; QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
repaglinide	2	QL
RYBELSUS	2	PA; QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL

Drug name	Drug tier	Requirements & limits
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	3	QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA; QL
Drugs for blood disorders		
ADVATE	2	SP
ADYNOVATE	2	SP
AFSTYLA	2	SP
ALPROLIX	3	SP
ALTUVIIIO	2	SP
ALVAIZ	4	PA; SP
ARANESP (ALBUMIN FREE)	2	QL; SP
BENEFIX	2	SP
DOPTelet	4	PA; QL; SP
ELOCTATE	2	SP
eltrombopag olamine oral tablet	4	PA; SP
FABHALTA	2	PA; QL; SP
HEMLIBRA	2	PA; SP
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	PA; QL; SP
IDELVION	3	SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	2	SP
RETACRIT	2	QL; SP
tranexamic acid oral	2	QL

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
UDENYCA	2	SP
VOYDEYA	2	PA; QL; SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for sexual dysfunction		
ADDYI	4	PA; QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA; QL
OSPHEA	3	PA; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
tadalafil oral	2	QL
varafenafil hcl oral tablet	3	QL
VYLEESI	4	PA; QL
Electrolytes / Vitamins		
CARNITOR ORAL SOLUTION	4	
CARNITOR SF	4	
CO-NATAL FA	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
FLOTREX ORAL TABLET CHEWABLE 1 MG	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	

Drug name	Drug tier	Requirements & limits
klor-con m20	1	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA; QL
M-NATAL PLUS	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multivitamin/fluoride oral tablet chewable	1	
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
ONE VITE WOMENS PLUS	3	
ORACIT	2	
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	2	
PHOSPHA 250 NEUTRAL	2	
phospho-trin 250 neutral	1	
phosphorous	1	
pnv 27-ca/fe/fa	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution	1	
potassium citrate er	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	3	

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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 1.1 (0.5 f) mg/ml	1	H
sodium fluoride oral tablet chewable	1	H
tolvaptan oral tablet therapy pack	2	PA; QL; SP
tri-vite/fluoride	1	
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
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	
Gastrointestinal agents - Drugs for acid reflux and ulcer		
cimetidine oral	1	
CYTOTEC	4	
esomeprazole magnesium oral packet	3	PA; ST; QL
famotidine oral suspension reconstituted	1	
lansoprazole oral tablet delayed release dispersible	3	PA; ST; QL
misoprostol oral	1	
omeprazole oral capsule delayed release	1	

Drug name	Drug tier	Requirements & limits
pantoprazole sodium oral tablet delayed release	1	
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	4	PA; QL
VOQUEZNA DUAL PAK	4	ST; QL
VOQUEZNA TRIPLE PAK	4	ST; QL
Gastrointestinal agents - Drugs for bowel, intestine and stomach conditions		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG	2	
BYLVAY	4	PA; QL; SP
BYLVAY (PELLETS)	4	PA; QL; SP
chlordiazepoxide-clidinium	4	
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	
gavilyte-c	1	H
gavilyte-g	1	QL; H
gavilyte-n with flavor pack	1	QL; H
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	1	QL; H
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
IQIRVO	4	PA; ST; QL; SP
lactulose encephalopathy	1	
lactulose oral solution	1	

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
LEVBIID	4	
LEVSIN	4	
LEVSIN/SL	4	
LINZESS	2	PA; QL
LIVDELZI	4	PA; ST; QL; SP
LOMOTIL	4	
lubiprostone	2	PA; QL
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	4	
OSCIMIN	4	
peg 3350-kcl-na bicarb-nacl	1	QL; H
peg-3350/electrolytes	1	QL; H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
prucalopride succinate	3	PA; QL
REZDIFFRA	4	PA; QL
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	QL
SYMPROIC	2	PA; QL
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	4	
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA; QL; SP
levocarnitine oral tablet	1	
ORFADIN	2	PA; SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA; QL; SP
SUCRAID	2	PA; SP
VYNDAMAX	2	PA; QL; SP
YUUIWEL	4	PA; QL; SP

Drug name	Drug tier	Requirements & limits
ZENPEP	2	
Genitourinary agents - Drugs for bladder, genital and kidney conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
ELMIRON	4	ST
FILSPARI	4	PA; QL; SP
mirabegron er oral tablet extended release 24 hour	3	ST
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	
tropium chloride	3	
VANRAFIA	4	PA; QL; SP
VELPHORO	4	ST
VOYXACT	4	PA; QL; SP
Genitourinary agents - Drugs for prostate conditions		
alfuzosin hcl er	1	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
TEZRULY	4	PA
Hormonal agents - Hormone replacement and birth control		
abigale	1	
abigale lo	2	
ACTIVELLA	4	
afirmelle	1	H

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
ALORA	3	QL	DELESTROGEN	4	
altavera	1	H	delyla	1	H
alyacen 1/35	1	H	DEPO-PROVERA	4	QL
alyacen 7/7/7	1	H	DEPO-SUBQ PROVERA 104	1	QL; H
ANNOVERA	3	QL	desogestrel-ethinyl estradiol	1	H
apri	1	H	DIVIGEL	3	
aranelle	1	H	dotti	2	QL
ashlyna	1	H	drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
aubra eq	1	H	drospirenone-ethinyl estradiol	3	
aurovela 1.5/30	1	H	DUAVEE	3	QL
aurovela 1/20	1	H	EEMT	2	
aurovela 24 fe	1	H	EEMT HS	3	
aurovela fe 1.5/30	1	H	ELESTRIN	3	
aurovela fe 1/20	1	H	elinest	1	H
aviane	1	H	ELLA	1	QL; H
ayuna	1	H	eluryng	1	H
azurette	1	H	emzahh	1	H
balziva	1	H	enilloring	1	H
BIJUVA	3		enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
blisovi 24 fe	1	H	enskyce	1	H
blisovi fe 1.5/30	1	H	errin	1	H
blisovi fe 1/20	1	H	est estrogens-methyltest	1	
briellyn	1	H	est estrogens-methyltest ds	1	
camila	1	H	est estrogens-methyltest hs	1	
camrese	1	H	estarylla	1	H
camrese lo	1	H	estradiol oral	1	
charlotte 24 fe	1	H	estradiol patch twice weekly	2	QL
chateal eq	1	H	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	3	
CLIMARA PRO	3	QL	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
COMBIPATCH	3	QL	estradiol transdermal patch weekly	1	(generic for Climara); QL
COVARYX	2		estradiol vaginal cream	3	
COVARYX HS	3		estradiol vaginal tablet	2	
cryselle	1	H	estradiol valerate intramuscular	1	
cryselle-28	1	H			
cyred eq	1	H			
dasetta 1/35 (28)	1	H			
dasetta 7/7/7	1	H			
daysee	1	H			
deblitane	1	H			

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	2		junel fe 1/20	1	H
estradiol-norethindrone acet oral tablet 1-0.5 mg	1		junel fe 24	1	H
estratest f.s. oral tablet 1.25-2.5 mg	1		kalliga	1	H
ESTRATEST H.S.	3		kariva	1	H
ESTRING	2	QL	kelnor 1/35	1	H
estrogens conjugated	3		kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H	kurvelo	1	H
etonogestrel-ethinyl estradiol	1	H	larin 1.5/30	1	H
EVAMIST	2		larin 1/20	1	H
falmina	1	H	larin 24 fe	1	H
feirza 1.5/30	1	H	larin fe 1.5/30	1	H
feirza 1/20	1	H	larin fe 1/20	1	H
FEMRING	3	QL	leena oral tablet 0.5/1/0.5-35 mg-mcg	1	H
finzala	1	H	lessina	1	H
fyavolv	1		levonest	1	H
gallifrey	1		levonorg-eth estrad triphasic	1	H
hailey 1.5/30	1	H	levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
hailey 24 fe	1	H	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	1	H
hailey fe 1.5/30	1	H	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
hailey fe 1/20	1	H	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H	levora 0.15/30 (28)	1	H
heather	1	H	LO LOESTRIN FE	1	H
iclevia	2	H	lo-zumandimine	3	
incassia	1	H	lojaimiess	1	H
introvale	2	H	loryna	3	
isibloom	1	H	low-ogestrel	1	H
jaimiess	1	H	luizza 1.5/30	1	H
jasmiel	3		luizza 1/20	1	H
jencycla	1	H	luteria	1	H
jinteli	1		lyleq	1	H
jolessa	2	H	lyllana	2	QL
juleber	1	H	lyza	1	H
junel 1.5/30	1	H	marlissa	1	H
junel 1/20	1	H			
junel fe 1.5/30	1	H			

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
medroxyprogesterone acetate intramuscular	1	QL; H
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 fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
mono-lynyah	1	H
MYFEMBREE	2	PA; QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
nikki	3	
nora-be	1	H
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norethindrone acet-ethinyl est	1	H
norethindrone acetate oral	1	
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H

Drug name	Drug tier	Requirements & limits
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
nylia 1/35	1	H
nylia 7/7/7	1	H
ocella oral tablet 3-0.03 mg	3	
orquidea	1	H
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone intramuscular	1	
progesterone oral	2	
PROVERA	4	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
setlakin	2	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	4	PA; ST
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-lynyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
tri-lo-sprintec	2	
tri-mili	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
trivora (28)	1	H
turqoz	1	H
TYBLUME	1	H
tydemy	1	H
valtya 1/35	1	H
valtya 1/50	1	H
velivet	1	H
vestura	3	
vienva	1	H
viorele	1	H
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal agents - Oral steroids		
CORTEF	4	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	

Drug name	Drug tier	Requirements & limits
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
PEDIAPRED ORAL SOLUTION 5 MG/5ML	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
Hormonal agents - Other		
cabergoline	2	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	4	PA; QL; SP
NORDITROPIN FLEXPPO	2	PA; QL; SP
OMNITROPE	2	PA; QL; SP
ORIAHNN	2	PA; QL
ORILISSA	2	PA; QL
SKYTROFA	4	PA; QL; SP
SOGROYA	4	PA; QL; SP
Hormonal agents - Testosterone replacement		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
KYZATREX	4	PA; QL
TESTIM	2	PA; QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA; QL

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
testosterone transdermal gel 1.62 %	2	PA; QL (generic Androgel Pump)
Hormonal agents - Thyroid		
ARMOUR THYROID	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML	2	PA
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG	3	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liomny	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological agents - Drugs for immune system stimulation or suppression		
ACTEMRA ACTPEN	3	PA; ST; QL; SP
ACTEMRA SUBCUTANEOUS	3	PA; ST; QL; SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	2	PA; (Manufactured by Celltrion); QL; SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA; (Manufactured by Celltrion); SP

Drug name	Drug tier	Requirements & limits
ADALIMUMAB-AATY (2 PEN)	2	PA; (Manufactured by Celltrion); QL; SP
ADALIMUMAB-AATY (2 SYRINGE)	2	PA; (Manufactured by Celltrion); QL; SP
ADALIMUMAB-AATY CD/UC/HS START	2	PA; (Manufactured by Celltrion); SP
ADALIMUMAB-ADAZ	2	PA; (manufactured by Sandoz); QL; SP
AMJEVITA	2	PA; QL; SP
ANDEMBRY	2	PA; QL; SP
AVTOZMA SUBCUTANEOUS	3	PA; ST; QL; SP
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; QL; SP
BIMZELX	3	PA; ST; QL; SP
CIMZIA	2	PA; QL; SP
COSENTYX	2	PA; QL; SP
cyclosporine modified oral capsule	1	
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; (SUBCUTANEOUS); QL; SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	SP
gengraf	1	
HAEGARDA	2	PA; QL; SP
HYFTOR	4	PA; QL
JYLAMVO	4	PA

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
KEVZARA	4	PA; ST; QL; SP
leflunomide oral	1	
LITFULO	3	PA; QL; SP
LUPKYNIS	4	PA; QL; SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	2	
mycophenolic acid	2	
MYHIBBIN	1	
OLUMIANT	3	PA; ST; QL; SP
OMVOH SUBCUTANEOUS	2	PA; QL; SP
ORENCIA CLICKJECT	3	PA; ST; QL; SP
ORENCIA SUBCUTANEOUS	3	PA; ST; QL; SP
OTEZLA	2	PA; QL; SP
OTEZLA XR	2	PA; QL; SP
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	2	PA; QL; SP
RINVOQ LQ	2	PA; QL; SP
RUCONEST	4	PA; QL; SP
SIMPONI	2	PA; QL; SP
sirolimus oral tablet	1	
SKYRIZI	2	PA; QL; SP
tacrolimus oral	1	
TAKHZYRO	2	PA; QL; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	2	PA; QL; SP
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	H
TENIVAC	3	H
tofacitinib citrate er	2	PA; QL; SP
tofacitinib citrate oral tablet	2	PA; QL; SP
TREXALL	2	

Drug name	Drug tier	Requirements & limits
VAQTA INTRAMUSCULAR SUSPENSION	2	H
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA; QL; SP
XOLAIR	2	PA; QL; SP
YESINTEK	2	PA; QL; SP
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
COMIRNATY 5-11 YEARS	3	H
ENGRIX-B	2	H
FLUAD	3	H
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUZONE	3	H
FLUZONE HIGH-DOSE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
M-M-R II	2	H
MENQUADFI	3	H
MENVEO	3	H

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
MNEXSPIKE	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	H
SPIKEVAX	3	H
SPIKEVAX 6M-11Y	3	H
TWINRIX	3	H
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
VARIVAX	3	H
Infertility agents		
CETROTIDE	4	PA; ST; QL; SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
clomid	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL; SP
FYREMADEL	3	QL; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon); QL; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	QL; SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	QL; SP
GONAL-F	4	ST; SP
GONAL-F RFF REDIJECT	4	ST; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	4	ST; SP
MENOPUR	4	QL; SP
milophene	2	
NOVAREL	3	SP
OVIDREL	4	SP

Drug name	Drug tier	Requirements & limits
PREGNYL	3	SP
progesterone vaginal	2	
Inflammatory bowel disease agents		
ANALPRAM HC EXTERNAL CREAM	4	
ANALPRAM-HC EXTERNAL CREAM 1-1 %	4	
ANUCORT-HC	2	
ANUSOL-HC EXTERNAL	4	
APRISO	1	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
balsalazide disodium	1	
budesonide oral	2	
CORTIFOAM	2	
DIPENTUM	3	
EOHILIA	4	PA; QL
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
hydrocort-pramoxine (perianal)	1	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine rectal enema	1	QL
mesalamine rectal suppository	2	QL
procto-med hc	1	
PROCTOFOAM HC	2	
PROCTOSOL HC	4	
PROCTOZONE-HC	4	
SFROWASA RECTAL ENEMA 4 GM/60ML	4	
sulfasalazine oral	1	
UCERIS ORAL	3	
Metabolic bone disease agents - Drugs for osteoporosis		
alendronate sodium oral tablet	1	

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
BONSITY	3	PA; SP
FOSAMAX	4	
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet	3	
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	
ROCALTROL ORAL CAPSULE	4	
YORVIPATH	4	PA; QL; SP
Metabolic bOphthalmic agents - Drugs for eye allergy, infection and inflammation		
ACULAR	4	
ACULAR LS	4	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	3	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	

Drug name	Drug tier	Requirements & limits
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	3	
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
TOBRADEX	3	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
XDEMVEY	4	PA; QL
ZYLET	3	
Ophthalmic agents - Drugs for glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	QL
bimatoprost ophthalmic solution 0.03 %	2	QL
bimatoprost solution 0.01 % ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	4	
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl-timolol mal	2	
ISTALOL	4	
latanoprost ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST; QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
travoprost (bak free)	3	QL
ZIOPTAN	3	ST; QL

Ophthalmic agents - Drugs for miscellaneous eye conditions

atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
difluprednate	3	
MIEBO	4	PA; QL
RESTASIS	4	PA; QL
TRYPTYR	4	PA; QL
TYRVAYA	4	PA; QL
VERKAZIA	4	PA; QL
XIIDRA	4	PA; QL

Otic agents - Drugs for ear conditions

acetic acid otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	4	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	

Drug name	Drug tier	Requirements & limits
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

Respiratory - Drugs for anaphylaxis

AUVI-Q	2	QL
epinephrine solution auto-injector	1	QL
NEFFY	4	QL

Respiratory tract / Pulmonary agents - Drugs for allergies, cough, cold

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
benzonatate oral capsule 100 mg, 200 mg	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
carbinoxamine maleate oral tablet 4 mg	1	
cyproheptadine hcl oral syrup 2 mg/5ml	1	
cyproheptadine hcl oral tablet	1	
flunisolide nasal	3	
fluticasone propionate nasal	2	
hydrocod poli-chlorphe poli er	3	PA; QL
hydrocodone bit-homatrop mbr oral solution	1	PA; QL
hydromet oral solution 5-1.5 mg/5ml	1	PA; QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	4	PA; QL
olopatadine hcl nasal	3	
promethazine-codeine	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
PULMOSAL	2	
RHAPSIDO	2	PA; QL; SP
sodium chloride inhalation	1	
Respiratory tract / Pulmonary agents - Drugs for asthma and COPD		
ACCOLATE ORAL TABLET 10 MG, 20 MG	4	
ADVAIR HFA	3	QL; RS
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	3	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	3	
AEROCHAMBER2GO ANTI-STATIC	3	
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ ML) 0.5% INHALATION	3	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL; RS

Drug name	Drug tier	Requirements & limits
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	3	RS
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL; RS
budesonide inhalation	2	QL
COMBIVENT RESPIMAT	3	QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	4	PA; QL; SP
FLEXICHAMBER	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL; RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
INSPIREASE	3	
ipratropium bromide hfa	3	QL
ipratropium bromide inhalation	1	
ipratropium-albuterol	2	
levalbuterol hcl inhalation	3	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	3	
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA	4	PA; QL; SP
PERFOROMIST	4	QL
PROCHAMBER VHC	3	
QVAR REDHALER	1	QL
roflumilast	2	QL

See page 6-7 for coverage details.

Drug name	Drug tier	Requirements & limits
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL; RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA; QL; SP
TRELEGY ELLIPTA	3	QL; RS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
wixela inhub	3	QL; RS
XOPENEX HFA	3	QL
YUPELRI	4	PA; QL
zafirlukast	1	
Respiratory tract / Pulmonary agents - Drugs for cystic fibrosis		
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		
nintedanib esylate	3	PA; QL; SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary hypertension		
ADEMPAS	2	PA; QL; SP
alyq	2	PA; QL; SP
macitentan	2	PA; QL; SP
sildenafil citrate oral tablet 20 mg	1	QL; SP
tadalafil (pah)	1	PA; QL; SP

Drug name	Drug tier	Requirements & limits
TADLIQ	3	PA; QL; SP
TYVASO	2	PA; QL; SP
YUTREPIA	2	PA; QL; SP
Skeletal muscle relaxants - Drugs for muscle pain and spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	2	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
TANLOR	3	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	2	
tizanidine hcl oral tablet	1	
Sleep disorder agents		
armodafinil	2	QL
BELSOMRA	4	QL
eszopiclone	2	
LUMRYZ	4	PA; QL; SP
LUMRYZ STARTER PACK	4	PA; QL; SP
modafinil oral	2	QL
ramelteon	3	QL
RESTORIL	4	
sodium oxybate solution 500 mg/ml oral	4	PA; (Manufactured by Hikma); QL; SP
SUNOSI	2	PA; QL
temazepam	1	
WAKIX	4	PA; QL; SP
XYWAV	4	PA; QL; SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

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bromfenac sodium (once-daily)	37	calcitriol oral capsule	37	chateal eq	30
bromocriptine mesylate oral tablet	16	calcium acetate (phos binder) oral capsule	29	chlordiazepoxide-clidinium	28
BRUKINSA ORAL CAPSULE	15	CALQUENCE	15	chlordiazepoxide hcl	17
budesonide inhalation	39	camila	30	chlorhexidine gluconate mouth/throat	21
budesonide oral	36	camrese	30	chlorpromazine hcl oral tablet	16
bumetanide oral	18	camrese lo	30	chlorthalidone	18
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buprenorphine	8	candesartan cilexetil	18	cholestyramine light	18
buprenorphine hcl-naloxone hcl sublingual film	9	candesartan cilexetil-hctz	18	cholestyramine oral	18
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	10	capecitabine	15	CHORIONIC GONADOTROPIN INTRAMUSCULAR	36
buprenorphine hcl sublingual	9	CAPLYTA	16	CIBINQO	22
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bupropion hcl er (sr)	13	CAPVAXIVE	35	ciclopirox external gel	14
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bupropion hcl oral	13	carbamazepine oral tablet	12	ciclopirox external solution	14
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BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	25	CAREPOINT SAFETY 1ST NEEDLE	24	ciprofloxacin hcl oral	11
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	25	carisoprodol oral tablet 350 mg	40	CIPRO ORAL TABLET	11
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	25	CARNITOR ORAL SOLUTION	27	cialopram hydrobromide oral tablet	13
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		cefprozil	11	clindacin-p	22
		cefuroxime axetil	11	clindamycin hcl oral	11
		celecoxib oral	9	clindamycin palmitate hcl	11
		cephalexin	11	clindamycin phos-benzoyl perox external gel 1.2-5 %	22
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clindamycin phosphate vaginal	11	CONTOUR NEXT ONE KIT	24	dasetta 7/7/7.	30
clindamycin phos (twice-daily) gel 1 % external	22	CONTOUR PLUS BLUE KIT W/DEVICE.	24	DAYPRO ORAL TABLET 600 MG	9
clindamycin phos (twice-daily) gel 1 % external	22	CONTOUR PLUS TEST STRIP	24	daysee.	30
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clobazam oral tablet.	12	COSENTYX.	34	delyla.	30
clobetasol prop emollient base	22	COSOPT	38	DENTA 5000 PLUS	21
clobetasol propionate e	22	COTELLIC	15	DENTA 5000 PLUS SENSITIVE.	27
clobetasol propionate external cream 0.05 %	22	COVARYX.	30	DENTAGEL	21
clobetasol propionate external gel	22	COVARYX HS	30	DEPAKOTE	12
clobetasol propionate external liquid.	22	CREON.	29	DEPAKOTE ER	12
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diltiazem hcl er oral capsule extended release 12 hour	18	duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	13	ENBREL MINI	34
diltiazem hcl er oral capsule extended release 24 hour	18	DUPIXENT	22	ENBREL SURECLICK	34
diltiazem hcl er oral tablet extended release 24 hour	18	dutasteride oral	29	endocet	8
diltiazem hcl oral	18	E			
dilt-xr	18	EASIVENT	39	ENDOMETRIN	36
dimethyl fumarate oral	20	EASIVENT MASK LARGE	39	ENGERIX-B	35
DIPENTUM	36	EASIVENT MASK MEDIUM	39	enillorig	30
diphenoxylate-atropine oral tablet	28	EASIVENT MASK SMALL	39	ENLITE GLUCOSE SENSOR	24
DIPROLENE	22	EBGLYSS	22	enoxaparin sodium injection solution prefilled syringe	12
disulfiram oral	10	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	9	enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	30
divalproex sodium er	12	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	9	ENSACOVE	15
divalproex sodium oral capsule delayed release sprinkle	12	ec-naproxen oral tablet delayed release 375 mg, 500 mg	9	enskyce	30
divalproex sodium oral tablet delayed release	12	econazole nitrate external cream	14	ENSTILAR	22
DIVIGEL	30	EEMT	30	entecavir	17
DODEx INJECTION SOLUTION 1000 MCG/ML	27	EEMT HS	30	ENTYVIO PEN	34
				enulose	28
				EOHILIA	36
				EPIDIOLEX	12
				epinastine hcl	37
				epinephrine solution auto-injector	38

epitol oral tablet 200 mg.....	12	estratest f.s. oral tablet 1.25-2.5 mg....	31	fentanyl transdermal patch 72 hour	
eplerenone	18	ESTRATEST H.S.....	31	100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50	
eq aspirin adult low dose	9	ESTRING	31	mcg/hr, 75 mcg/hr.....	8
eq aspirin low dose.....	9	estrogens conjugated.....	31	FETZIMA	13
eq aspirin low dose	9	eszopiclone.....	40	fidaxomicin	11
eq nicotine.....	10	ethambutol hcl oral	15	FILSPARI	29
eq nicotine mouth/throat gum 4 mg....	10	ethosuximide oral	12	FINACEA EXTERNAL FOAM	22
eq nicotine polacrilex.....	10	ethynodiol diac-eth estradiol oral		finasteride oral tablet 5 mg.....	29
eq nicotine step 3	10	tablet 1-35 mg-mcg, 1-50 mg-mcg	31	fingolimod hcl.....	20
ergocalciferol oral capsule	27	etodolac	9	finzala	31
ERIVEDGE	15	etonogestrel-ethinyl estradiol.....	31	FIORICET	8
ERLEADA.....	15	EUCRISA	22	flac otic oil 0.01 %	38
ERMEZA ORAL SOLUTION 150 MCG/5ML	34	euthyrox oral tablet 100 mcg, 112		FLAREX	37
errin	30	mcg, 125 mcg, 137 mcg, 150 mcg, 175		flecainide acetate	18
ERYGEL EXTERNAL GEL 2 %	22	mcg, 200 mcg, 25 mcg, 50 mcg, 75		FLEXICHAMBER	39
ERYPED 200 ORAL SUSPENSION		mcg, 88 mcg	34	FLOTREX ORAL TABLET CHEWABLE 1	
RECONSTITUTED 200 MG/5ML.....	11	EVAMIST	31	MG	27
ERYPED 400	11	everolimus oral tablet 0.25 mg, 0.5		FLUAD	35
erythromycin base oral tablet.....	11	mg, 0.75 mg, 1 mg	34	FLUARIX INTRAMUSCULAR	
erythromycin ethylsuccinate oral		everolimus oral tablet 10 mg, 2.5 mg,		SUSPENSION PREFILLED SYRINGE 0.5	
suspension reconstituted 200 mg/5ml..	11	5 mg, 7.5 mg	15	ML.....	35
erythromycin ethylsuccinate oral		EVEKITHROID ORAL TABLET 120 MG,		FLUCELVAX INTRAMUSCULAR	
suspension reconstituted 400 mg/5ml..	11	15 MG, 180 MG, 30 MG, 60 MG, 90 MG. ...	34	SUSPENSION PREFILLED SYRINGE.....	35
erythromycin external	22	EVRYSDI	29	fluconazole oral	14
erythromycin ophthalmic.....	37	exemestane.....	15	fludrocortisone acetate oral	33
escitalopram oxalate oral solution.....	13	EXXUA	13	FLULAVAL INTRAMUSCULAR	
escitalopram oxalate oral tablet.....	13	EXXUA TITRATION PACK	13	SUSPENSION PREFILLED SYRINGE 0.5	
ESGIC ORAL CAPSULE 50-325-40 MG ...	8	EYSUVIS	37	ML.....	35
ESGIC ORAL TABLET 50-325-40 MG	8	ezetimibe.....	18	flunisolide nasal.....	38
eslicarbazepine acetate.....	12	ezetimibe-simvastatin	18	fluocinolone acetonide body.....	22
esomeprazole magnesium oral packet. .	28			fluocinolone acetonide external cream	22
estarylle	30			fluocinolone acetonide external	
est estrogens-methyltest	30			ointment.....	22
est estrogens-methyltest ds.....	30			fluocinolone acetonide external	
est estrogens-methyltest hs.....	30			solution.....	22
estradiol-norethindrone acet oral				fluocinolone acetonide otic	38
tablet 0.5-0.1 mg	31			fluocinolone acetonide scalp.....	22
estradiol-norethindrone acet oral				fluocinonide external cream 0.05 % ...	22
tablet 1-0.5 mg	31			fluocinonide external gel.....	22
estradiol oral.....	30			fluocinonide external ointment	22
estradiol patch twice weekly	30			fluocinonide external solution	22
estradiol transdermal gel 0.25				FLUORIDEX	21
mg/0.25gm, 0.5 mg/0.5gm, 0.75				FLUORIDEX ENHANCED WHITENING ...	21
mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	30			FLUORIMAX 5000	21
estradiol transdermal gel 0.75				FLUORIMAX 5000 SENSITIVE	27
mg/1.25 gm (0.06%)	30			fluorometholone	37
estradiol transdermal patch weekly ...	30			fluorouracil external cream 5 %	22
estradiol vaginal cream	30			fluoxetine hcl oral capsule	13
estradiol vaginal tablet	30			fluoxetine hcl oral solution.....	13
estradiol valerate intramuscular.....	30			fluoxetine hcl oral tablet.....	13
				fluticasone propionate external cream. .	22

F

fluticasone propionate external ointment.	22
fluticasone propionate nasal.	38
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	39
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	39
fluvoxamine maleate	13
fluvoxamine maleate er	13
FLUZONE	35
FLUZONE HIGH-DOSE.	35
FML FORTE.	37
FML LIQUIFILM	37
FOCALIN	20
folic acid oral tablet 1 mg	27
FOLLISTIM AQ	36
FOSAMAX	37
fosfomycin tromethamine	11
fosinopril sodium.	18
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	21
FREESTYLE LIBRE 2 PLUS SENSOR.	24
FREESTYLE LIBRE 2 READER	24
FREESTYLE LIBRE 2 SENSOR	24
FREESTYLE LIBRE 3 PLUS SENSOR.	24
FREESTYLE LIBRE 3 READER	24
FREESTYLE LIBRE 3 SENSOR	24
FREESTYLE LIBRE 14 DAY READER	24
FREESTYLE LIBRE 14 DAY SENSOR	24
frovatriptan succinate	14
ft aspirin low dose	9
ft aspirin oral tablet chewable.	9
ft naloxone hcl	10
ft nicotine	10
ft nicotine mini	10
furosemide oral	18
fyavolv.	31
FYCOMPA ORAL SUSPENSION	12
FYCOMPA ORAL TABLET	12
FYREMADEL	36

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gabapentin oral capsule 100 mg, 300 mg, 400 mg	12
gabapentin oral solution 250 mg/5ml.	12
gabapentin oral tablet 600 mg, 800 mg ..	12
gallifrey	31

ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous ..	36
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous ..	36
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous ..	36
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.	35
gatifloxacin ophthalmic.	37
gavilyte-c	28
gavilyte-g	28
gavilyte-n with flavor pack	28
GAVRETO	15
gemfibrozil oral	18
generlac	28
gengraf	34
gentamicin sulfate external	11
gentamicin sulfate ophthalmic	37
GENVOYA	17
GILENYA ORAL CAPSULE 0.25 MG	20
glatiramer acetate.	20
glatopa	20
glimepiride oral tablet 1 mg, 2 mg, 4 mg	26
glipizide er	26
glipizide-metformin hcl.	26
glipizide oral tablet 10 mg, 5 mg	26
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg ...	26
GLUCAGON EMERGENCY KIT	26
glucagon emergency kit injection solution reconstituted 1 mg.	26
GLUCOTROL XL	26
glyburide	26
glyburide-metformin	26
glycopyrrolate oral tablet 1 mg, 2 mg ..	28
GLYXAMBI.	26
gnp adult aspirin low strength.	9
gnp aspirin low dose.	9
gnp aspirin oral tablet delayed release 81 mg	9
gnp naloxone hcl	10
gnp nicotine mini.	10
gnp nicotine polacrilex mouth/throat gum 2 mg.	10
gnp nicotine polacrilex mouth/throat lozenge	10
gnp nicotine transdermal	10
GOLYTELY.	28
GONAL-F	36
GONAL-F RFF REDJECT	36

GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT ..	36
goodsense aspirin low dose.	9
goodsense aspirin oral tablet chewable. .	9
goodsense nicotine.	10
goodsense nicotine policrilex	10
griseofulvin microsize oral suspension..	14
guanfacine hcl	18
guanfacine hcl er	20
GUARDIAN 4 GLUCOSE SENSOR	24
GUARDIAN 4 TRANSMITTER	24
GUARDIAN CONNECT TRANSMITTER ...	24
GUARDIAN LINK 3 TRANSMITTER	24
GUARDIAN SENSOR 3	24
GVOKE HYOPEN 1-PACK	26
GVOKE HYOPEN 2-PACK	26
GVOKE KIT	26
GVOKE PFS.	26
GYNAZOLE-1	14

H

habitrol.	10
HAEGARDA.	34
hailey 1.5/30	31
hailey 24 fe.	31
hailey fe 1.5/30	31
hailey fe 1/20.	31
HALCION ORAL TABLET 0.25 MG.	17
halobetasol propionate external cream	22
halobetasol propionate external ointment.	23
haloette vaginal ring 0.12-0.015 mg/24hr	31
haloperidol oral	16
HAVRIX.	35
heather	31
h-e-b aspirin	9
HEMANGEOL	18
HEMLIBRA	26
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	36
HEPLISAV-B	35
HIPREX	11
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	10
HUMALOG KWIKPEN.	25
HUMALOG MIX 50/50 KWIKPEN	25
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML.	25
HUMALOG MIX 75/25 KWIKPEN	25

HUMALOG MIX 75/25 VIAL	25	hyoscyamine sulfate sl.....	28	INTRAROSA	27
HUMALOG U-100 JUNIOR KWIKPEN....	25	hyoscyamine sulfate sublingual	28	introvale	31
HUMULIN 70/30 KWIKPEN.....	25	HYPERSAL	38	INVELTYS	37
HUMULIN 70/30 VIAL.....	25	HYRNUO	15	INZIRQO	18
HUMULIN N KWIKPEN	25			IPOL.....	35
HUMULIN N VIAL	25	I		ipratropium-albuterol	39
HUMULIN R U-500 KWIKPEN	25	ibandronate sodium oral.....	37	ipratropium bromide hfa.....	39
HUMULIN R U-500 VIAL		IBRANCE ORAL TABLET	15	ipratropium bromide inhalation.....	39
SUBCUTANEOUS SOLUTION 500		ibuprofen oral tablet 400 mg, 600 mg,		ipratropium bromide nasal.....	38
UNIT/ML	25	800 mg	9	IQIRVO.....	28
HUMULIN R VIAL.....	25	iclevia	31	irbesartan	18
hydralazine hcl oral.....	18	ICLUSIG.....	15	irbesartan-hydrochlorothiazide	18
hydrochlorothiazide oral.....	18	ICOTYDE.....	23	ISENTRESS HD	17
hydrocodone-acetaminophen oral		IDELVION	26	ISENTRESS ORAL TABLET	17
solution 10-300 mg/15ml	8	IDHIFA	15	isibloom	31
hydrocodone-acetaminophen oral		imatinib mesylate oral	15	isoniazid oral tablet	15
solution 10-325 mg/15ml, 7.5-325		IMBRUVICA ORAL CAPSULE	15	isosorbide dinitrate oral tablet 10 mg,	
mg/15ml.....	8	IMBRUVICA ORAL SUSPENSION	15	20 mg, 30 mg, 5 mg.....	18
hydrocodone-acetaminophen oral		IMBRUVICA ORAL TABLET 420 MG	15	isosorbide mononitrate er	18
tablet 10-325 mg, 2.5-325 mg, 5-325		imipramine hcl oral.....	13	isotretinoin oral capsule 10 mg, 20	
mg, 7.5-325 mg.....	8	imiquimod external cream 5 %.....	23	mg, 30 mg, 40 mg.....	23
hydrocodone bit-homatrop mbr oral		IMKELDI.....	15	ISTALOL.....	38
solution.....	38	IMVEXXY MAINTENANCE PACK.....	27	itraconazole oral capsule	14
hydrocod poli-chlorphe poli er	38	IMVEXXY STARTER PACK	27	ivabradine hcl.....	18
hydrocortisone ace-pramoxine		INBRIJA.....	16	ivermectin oral tablet 3 mg	16
external cream 1-1 %	36	incassia.....	31	ivermectin oral tablet 6 mg	16
hydrocortisone acetate rectal.....	36	indapamide.....	18		
hydrocortisone-acetic acid.....	38	indomethacin er.....	9	J	
hydrocortisone external cream 2.5 % ..	23	indomethacin oral capsule.....	9	jaimiess.....	31
hydrocortisone external lotion 2.5 % ..	23	INGREZZA	20	JAKAFI.....	15
hydrocortisone external ointment 1		INGREZZA SPRINKLE	21	jantoven oral tablet 1 mg, 10 mg, 2	
% , 2.5 %	23	INPEN 100-BLUE-LILLY-HUMALOG	24	mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg,	
hydrocortisone oral	33	INPEN 100-BLUE-NOVOLOG-FIASP	24	7.5 mg.....	12
hydrocortisone (perianal) external		INPEN 100-GREY-LILLY-HUMALOG	24	JARDIANCE	26
cream 2.5 %.....	36	INPEN 100-GREY-NOVOLOG-FIASP	24	jasmiel.....	31
hydrocortisone valerate external cream	23	INPEN 100-PINK-LILLY-HUMALOG.....	24	jencycla.....	31
hydrocort-pramoxine (perianal)	36	INPEN 100-PINK-NOVOLOG-FIASP.....	24	JENTADUETO	26
hydromet oral solution 5-1.5 mg/5ml ..	38	INSPIREASE.....	39	JENTADUETO XR	26
hydromorphone hcl oral tablet.....	8	INSULIN LISPRO (1 UNIT DIAL)	25	jinteli	31
hydroxychloroquine sulfate oral.....	16	INSULIN LISPRO JUNIOR KWIKPEN	25	jolessa.....	31
hydroxyurea oral	15	INSULIN LISPRO PROT & LISPRO.....	25	JORNAY PM	20
hydroxyzine hcl oral syrup 10 mg/5ml ..	17	INSULIN LISPRO VIAL	25	JOURNAVX.....	8
hydroxyzine hcl oral tablet.....	17	INSULIN PEN NEEDLES 29G X 12MM ,		JUBLIA.....	14
hydroxyzine pamoate oral	17	30G X 5 MM , 31G X 5 MM , 31G X 6 MM ,		juleber.....	31
HYFTOR.....	34	31G X 8 MM , 32G X 4 MM.....	25	JULUCA.....	17
HYMPAVZI SUBCUTANEOUS		INSULIN SYRINGES 27G X 1/2" 0.5 ML,		junel 1.5/30	31
SOLUTION AUTO-INJECTOR 150 MG/ML	26	27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML,		junel 1/20	31
hyoscyamine sulfate er	28	28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML,		junel fe 1.5/30	31
hyoscyamine sulfate oral tablet	28	29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G		junel fe 1/20.....	31
hyoscyamine sulfate oral tablet		X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G		junel fe 24.....	31
dispersible.....	28	X 5/16" 1 ML	25		

JUST RIGHT 5000.....	21	lacosamide oral tablet.....	12	levocarnitine sf.....	27
JYLAMVO.....	34	lactulose encephalopathy.....	28	levocetirizine dihydrochloride oral solution.....	38
K					
kalliga.....	31	lactulose oral solution.....	28	levocetirizine dihydrochloride oral tablet.....	38
KAPSPARGO SPRINKLE.....	18	LAGEVRIO.....	17	levofloxacin oral tablet.....	11
kariva.....	31	LAMICTAL.....	12	levonest.....	31
kelnor 1/35.....	31	LAMICTAL ODT ORAL TABLET DISPERSIBLE.....	12	levonorgest-eth est & eth est oral tablet 42-21-21-7 days.....	31
kelnor 1/50 oral tablet 1-50 mg-mcg.....	31	LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR.....	12	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg.....	31
KEPPRA ORAL.....	12	lamotrigine er.....	12	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg.....	31
KEPPRA XR.....	12	lamotrigine oral tablet.....	12	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.....	31
KERENDIA.....	18	lamotrigine oral tablet chewable.....	12	levonorg-eth estrad triphasic.....	31
KESIMPTA.....	20	lamotrigine oral tablet dispersible.....	12	levora 0.15/30 (28).....	31
ketoconazole external cream.....	14	LANCETS.....	25	levo-t.....	34
ketoconazole external shampoo.....	14	LANOXIN ORAL TABLET 62.5 MCG.....	18	levothyroxine sodium oral tablet.....	34
ketoconazole oral.....	14	LANOXIN ORAL TABLET 125 MCG, 250 MCG.....	18	levoxyl.....	34
ketorolac tromethamine ophthalmic.....	37	lansoprazole oral tablet delayed release dispersible.....	28	LEVSIN.....	29
ketorolac tromethamine oral.....	9	LANTUS SOLOSTAR.....	25	LEVSIN/SL.....	29
KEVZARA.....	35	LANTUS U-100 VIAL.....	25	LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG.....	12
KISQALI (200 MG DOSE).....	15	larin 1.5/30.....	31	lidocaine external ointment 5 %.....	8
KISQALI (400 MG DOSE).....	15	larin 1/20.....	31	lidocaine external patch 5 %.....	8
KISQALI (600 MG DOSE).....	15	larin 24 fe.....	31	lidocaine hcl mouth/throat.....	21
KLARON.....	23	larin fe 1.5/30.....	31	lidocaine-prilocaine external cream.....	8
klayesta.....	14	larin fe 1/20.....	31	lidocaine viscous hcl.....	21
KLISYRI.....	23	LASIX.....	18	linezolid oral tablet.....	11
klor-con.....	27	latanoprost ophthalmic.....	38	LINZESS.....	29
klor-con 10.....	27	lederle leucovorin.....	15	liomny.....	34
klor-con m10.....	27	LEDIPASVIR-SOFOSBUVIR.....	17	liothyronine sodium oral.....	34
klor-con m15.....	27	leena oral tablet 0.5/1/0.5-35 mg-mcg.....	31	liraglutide solution pen-injector 18 mg/3ml subcutaneous.....	26
klor-con m20.....	27	leflunomide oral.....	35	liraglutide solution pen-injector 18 mg/3ml subcutaneous.....	26
KLOXXADO.....	10	lenalidomide.....	15	lisdexamfetamine dimesylate.....	20
kls aspirin low dose.....	9	LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG.....	15	lisinopril-hydrochlorothiazide.....	18
kls quit2.....	10	lessina.....	31	lisinopril oral.....	18
kls quit4.....	10	letrozole oral.....	15	LITFULO.....	35
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT.....	26	leucovorin calcium oral.....	15	lithium carbonate er.....	17
KOSELUGO ORAL CAPSULE.....	15	leuprolide acetate injection.....	15	lithium carbonate oral.....	17
KOURZEQ.....	21	levalbuterol hcl inhalation.....	39	LITHOBID.....	17
KOVALTRY.....	26	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT.....	39	LIVDELZI.....	29
kp aspirin.....	9	LEVBIID.....	29	LODOCO.....	18
K-PHOS-NEUTRAL.....	27	levetiracetam er.....	12	lojaimiess.....	31
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ.....	27	levetiracetam oral solution.....	12	LOKELMA.....	27
kurvelo.....	31	levetiracetam oral tablet.....	12	LO LOESTRIN FE.....	31
KYZATREX.....	33	levocarnitine oral solution.....	27	LOMOTIL.....	29
L					
labetalol hcl oral.....	18	levocarnitine oral tablet.....	29		
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml.....	12				

LOPID.....	18	mefloquine hcl.....	16	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg.....	19
LOPRESSOR ORAL SOLUTION.....	18	megestrol acetate oral suspension 40 mg/ml.....	33	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg.....	19
lorazepam oral tablet.....	17	megestrol acetate oral tablet.....	32	METROCREAM EXTERNAL CREAM 0.75 %.....	23
loryna.....	31	meleya.....	32	METROLOTION EXTERNAL LOTION 0.75 %.....	23
losartan potassium-hctz.....	19	meloxicam oral tablet.....	9	metronidazole external cream.....	23
losartan potassium oral.....	19	memantine hcl er.....	13	metronidazole external gel 0.75 %.....	23
LOTEMAX OPHTHALMIC OINTMENT.....	37	memantine hcl oral tablet.....	13	metronidazole external lotion.....	23
LOTEMAX SM.....	37	MENOPUR.....	36	metronidazole oral tablet 250 mg, 500 mg.....	11
LOTENSIN.....	19	MENOSTAR.....	32	metronidazole vaginal.....	11
LOTENSIN HCT.....	19	MENQUADFI.....	35	mexiletine hcl oral.....	19
loteprednol etabonate ophthalmic suspension.....	37	MENVEO.....	35	mibelas 24 fe.....	32
lovastatin oral.....	19	mercaptapurine oral tablet.....	15	MICROCHAMBER.....	39
low-ogestrel.....	31	mesalamine oral capsule delayed release 400 mg.....	36	microgestin 1.5/30.....	32
lo-zumandimine.....	31	mesalamine oral tablet delayed release 1.2 gm.....	36	microgestin 1/20.....	32
lubiprostone.....	29	mesalamine rectal enema.....	36	microgestin fe 1.5/30.....	32
luizza 1.5/30.....	31	mesalamine rectal suppository.....	36	microgestin fe 1/20.....	32
luizza 1/20.....	31	metaxalone oral tablet 400 mg, 800 mg	40	midodrine hcl.....	19
LUMAKRAS.....	15	metformin hcl er.....	26	MIEBO.....	38
LUMRYZ.....	40	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg.....	26	mili.....	32
LUMRYZ STARTER PACK.....	40	methadone hcl oral tablet.....	8	milnacipran hcl oral tablet.....	21
LUPKYNIS.....	35	methenamine hippurate.....	11	milophene.....	36
lurasidone hcl.....	16	methimazole oral.....	34	mimvey.....	32
lutra.....	31	methocarbamol oral tablet 500 mg, 750 mg.....	40	MINIMED 630G GUARDIAN PRESS.....	25
lyleq.....	31	methotrexate sodium injection solution	35	MINIMED INSTINCT GLUC SENSOR.....	25
lyllana.....	31	methotrexate sodium oral.....	35	minocycline hcl oral capsule.....	11
LYNKUET.....	21	methotrexate sodium (pf).....	35	minoxidil oral.....	19
LYNPARZA.....	15	METHYLIN.....	20	mirabegron er oral tablet extended release 24 hour.....	29
LYRICA ORAL CAPSULE.....	21	methylphenidate hcl er (cd).....	20	mirtazapine oral.....	13
LYUMJEV KWIKPEN.....	25	methylphenidate hcl er (diffus).....	20	MIRVASO.....	23
LYUMJEV VIAL.....	25	methylphenidate hcl er (la).....	20	misoprostol oral.....	28
lyza.....	31	methylphenidate hcl er oral tablet extended release.....	20	MITIGARE.....	14
M		methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg.....	20	mm aspirin.....	9
macitentan.....	40	methylphenidate hcl oral solution.....	20	M-M-R II.....	35
MACROBID.....	11	methylphenidate hcl oral tablet.....	20	M-NATAL PLUS.....	27
MACRODANTIN.....	11	methylphenidate hcl oral tablet chewable.....	20	MNEXSPIKE.....	36
MALARONE.....	16	methylprednisolone oral.....	33	modafinil oral.....	40
marlissa.....	31	metoclopramide hcl oral tablet.....	14	mometasone furoate external.....	23
matzim la.....	19	metolazone.....	19	mometasone furoate nasal.....	38
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naltrexone hcl oral	10
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ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	10
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sertraline hcl oral concentrate	13	sodium fluoride oral tablet chewable	28	sumatriptan nasal	14
sertraline hcl oral tablet	13	sodium oxybate solution 500 mg/ml oral.	40	sumatriptan succinate oral.	14
setlakin	32	sodium sulfacetamide wash	23	sumatriptan succinate subcutaneous solution auto-injector	14
sevelamer carbonate oral tablet.	29	SOFOSBUVIR-VELPATASVIR	17	SUNOSI	40
sf 5000 plus	21	SOGROYA	33	SUPREP BOWEL PREP KIT	29
sf gel 1.1%	21	solifenacin succinate	29	SUTAB.	29
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sildenafil citrate oral tablet 20 mg	40	SPIKEVAX	36	SYMFI LO ORAL TABLET 400-300-300 MG	17
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg.	27	SPIKEVAX 6M-11Y.	36	SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML.	26
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simvastatin oral tablet 80 mg	19	ssd	11		
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sm childrens aspirin oral tablet chewable 81 mg.	9	STROMECTOL.	16		
sm nicotine mouth/throat gum.	10	subvenite oral tablet.	13		
sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	10	SUCRAID.	29		
sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr.	10	sucrafate oral suspension	28		
sod citrate-citric acid oral solution 500-334 mg/5ml.	28	sucrafate oral tablet.	28		
sod fluoride-potassium nitrate	28	SUFLAVE.	29		
sodium chloride inhalation.	39	sulfacetamide sodium (acne).	23		
sodium fluoride 5000 enamel	28	sulfacetamide sodium external.	23		
sodium fluoride 5000 plus	21	sulfacetamide sodium ophthalmic	37		
sodium fluoride 5000 ppm	21	sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	23		
sodium fluoride 5000 ppm dental cream 1.1 %	21	sulfacetamide sod-sulfur wash external liquid 9-4 %.	23		
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tamoxifen citrate oral tablet 10 mg	15
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terazosin hcl	29	topiramate oral tablet	13	tri-lo-estarylla	32
terbinafine hcl oral	14	torpenz	16	tri-lo-marzia	32
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VIBERZI.....	29
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	12
vienna	33
vilazodone hcl.....	13
VIMPAT ORAL.....	13
viorele	33
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	17
VITAFOL FE+.....	28
VITAFOL-OB	28
VITAFOL ULTRA.....	28
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit.....	28
VITATHELY WITH GINGER.....	28
VITRAKVI.....	16
VIVJOA.....	14
volnea	33
VOQUEZNA	28
VOQUEZNA DUAL PAK	28
VOQUEZNA TRIPLE PAK.....	28
voriconazole oral tablet.....	14
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	40
VORTEX HOLD CHMBR/MASK/ TODDLER DEVICE.....	40
VORTEX VALVE CHAMBER-PEDI MASK..	40
VORTEX VALVED HOLDING CHAMBER DEVICE	40
VORTEX VALVED HOLDING CHAMBER DEVICE	40
VOSEVI.....	17
VOYDEYA.....	27
VOYXACT.....	29
VRAYLAR.....	16
VTAMA.....	23
vyfemla.....	33
VYLEESI.....	27

vylibra	33
VYNDAMAX.....	29
VYNDAQEL ORAL CAPSULE 20 MG	20
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	35

W

WAKIX	40
warfarin sodium oral	12
wera	33
WEZLANA SUBCUTANEOUS	23
WILATE	27
wixela inhub	40

X

XACIATO	12
xarah fe.....	33
XARELTO.....	12
XCOPRI	13
XDEMVI.....	37
XEPI	12
XIFAXAN	12
XIIDRA	38
XOFLUZA (40 MG DOSE)	17
XOFLUZA (80 MG DOSE)	17
XOLAIR	35
XOPENEX HFA	40
XTAMPZA ER	8
XTANDI	16
xulane	33
XYWAV	40

Y

YASMIN 28	33
YAZ.....	33
YESINTEK	35
YORVIPATH.....	37
yulithira.....	16
YUPELRI	40
YUTREPIA.....	40
yuvaferm	33
YUVIWEL.....	29

Z

zafemy.....	33
zafirlukast.....	40
zaleplon	40
ZARONTIN	13
ZARXIO	27
ZAVZPRET	14
ZEJULA	16

ZELBORAF	16
ZELSUVMI	23
zenatane	23
ZENPEP	29
ZEPOSIA	21
ZILXI	23
ZIOPTAN	38
ziprasidone hcl	16
ZITHROMAX	12
zolmitriptan oral tablet	14
zolmitriptan oral tablet dispersible	14
zolpidem tartrate er	40
zolpidem tartrate oral tablet	40
ZOMIG NASAL SOLUTION 2.5 MG	14
ZOMIG NASAL SOLUTION 5 MG	15
ZONEGRAN	13
zonisamide oral	13
ZORYVE	23
zovia 1/35 (28)	33
ZTLIDO	8
ZUBSOLV	10
zumandimine	33
ZURZUVAE	13
ZYLET	37

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 بتتسيقات 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: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Cambodian-Mon-Khmer)** សេវាជំនួយភាសាភក្តិភក្តិថ្លៃ និងការទំនាក់ទំនងភក្តិភក្តិថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភក្តិភក្តិថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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 یہ زبان فارسی (Persian-Farsi) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ پزرگ، در دسترس شما هستند. یا 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 โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

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.



This document applies to commercial group members of Surest plans with a pharmacy benefit subject to the Advantage 3-Tier PDL.

Level Funded: Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

Fully Insured: Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

All Fully Insured Plans in California: If medically appropriate care from a qualified provider cannot be provided within the Network, we will arrange for the required care with an available and accessible out-of-Network provider. You will only be responsible for paying the cost sharing in an amount equal to the cost sharing you would have otherwise paid for that service or a similar service if you had received the Covered Health Care Service from a Network provider.

Surest Fully Insured Plans in California: A complete Network and timely access to care may only be available by obtaining treatment through providers available at the maximum Copayment shown for each service at the lowest cost-sharing tier. While some network providers are available at lower Copayments (reduced cost-sharing rates), there is no guarantee of a complete Network or timely access to care at any specific reduced cost-sharing rate.