



# Your 2024 Prescription Drug List

## Access 3-Tier

Effective January 1, 2024



**United  
Healthcare**

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

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# Understanding your Prescription Drug List (PDL)

## What is a PDL?

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

## How do I use my PDL?

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

## What are tiers?

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

## When does the PDL change?

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

## Why are some medications excluded from coverage?

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

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

## Who decides which medications are covered?

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

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

## About this PDL

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



# Medication tips

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

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

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

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

## What if I am taking a specialty medication?

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

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

## Over-the-counter (OTC) medications

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

# Reading your PDL

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

## Tier information

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

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

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

## Drug list information

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

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

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

4. Not applicable to Neighborhood Health Plan and Oxford plans.



# Reading your PDL (continued)

## Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage. This is not a covered benefit for Neighborhood Health Partnership Plan.

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

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

## Questions

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



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



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

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

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

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



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

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

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





Drug Name	Drug Tier	Requirements & Limits
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	3	
BACTRIM DS	3	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	E	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	3	

Drug Name	Drug Tier	Requirements & Limits
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
VANDAZOLE	3	
VIBRAMYCIN ORAL CAPSULE	3	
XENLETA ORAL	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	

#### Anticoagulants - Drugs to Treat or Prevent Blood Clots

dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL

#### Anticonvulsants - Drugs for Seizures

APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA
DEPAKOTE	3	
DEPAKOTE ER	3	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	

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



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

Drug Name	Drug Tier	Requirements & Limits
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
FORFIVO XL	3	QL
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	QL
VIIBRYD STARTER PACK	2	
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	

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



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

Drug Name	Drug Tier	Requirements & Limits
UBRELVY	2	PA, ST, QL
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
<b>Antineoplastics - Drugs for Cancer</b>		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
CALQUENCE	2	PA, QL, SP
COTELLIC	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	3	PA, QL, SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA ORAL TABLET	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
POMALYST	3	PA, SP
RETEVMO ORAL CAPSULE 40 MG	3	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	3	PA, SP
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP

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



Drug Name	Drug Tier	Requirements & Limits
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP

#### Antiparasitics - Drugs for Parasitic Infections

ARAKODA	3	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	
PLAQUENIL	E	

#### Antiparkinson Agents - Drugs for Parkinson's Disease

INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
NEUPRO	3	
NOURIANZ	3	QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	

#### Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	2	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	

#### Antipsychotics - Drugs for Mood Disorders

ABILIFY	E	
aripiprazole oral tablet	1	
LATUDA	E	QL
lurasidone hcl	1	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	3	ST, QL
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SEROQUEL	E	

Drug Name	Drug Tier	Requirements & Limits
VRAYLAR ORAL CAPSULE	3	QL
ZYPREXA ORAL	E	

#### Antivirals - Drugs for Viral Infections

acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY	E	ST, QL
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
EPCLUSA ORAL TABLET	2	PA, QL, SP
HARVONI ORAL TABLET	2	PA, ST, QL, SP
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
oseltamivir phosphate oral capsule	1	
PAXLOVID (150/100)	3	QL
PAXLOVID (300/100)	3	QL
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	E	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	
VALTREX	E	
VOSEVI	2	PA, QL, SP

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

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

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Drug Name	Drug Tier	Requirements & Limits
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MINIPRESS	3	
minoxidil oral	1	
MULTAQ	3	PA
NEXLETOL	2	QL
NEXLIZET	2	QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	3	
NORLIQVA	3	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	

Drug Name	Drug Tier	Requirements & Limits
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, QL
REPATHA SURECLICK	2	PA, QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	3	QL
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
TENORMIN	E	
THALITONE	3	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	

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Drug Name	Drug Tier	Requirements & Limits
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
ADDERALL	E	
ADDERALL XR	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
APTENSIO XR	3	QL
atomoxetine hcl	1	QL
CONCERTA	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	E	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	E	
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	2	QL

Drug Name	Drug Tier	Requirements & Limits
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG	E	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG	E	
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
RADICAVA ORS STARTER KIT	3	PA, QL, SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, SP

#### Dental and Oral Agents - Drugs for Mouth and Throat Conditions

chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	3	
periogard	1	

#### Dermatological Agents - Drugs for Skin Conditions

AKLIEF	3	PA
ala-cort	E	
AMZEEQ	3	
AVITA	3	PA
brimonidine tartrate external	1	PA
CARAC	E	
CIBINQO	2	PA, QL, SP
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	
clindamycin phosphate external gel	1	(generic for Cleocin T gel)
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external solution	1	
clotrimazole-betamethasone external cream	1	
DAZOMON	E	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	
ENSTILAR	3	
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	2	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	3	
KLISYRI	3	
METROCREAM	3	
metronidazole external cream	1	
MIRVASO	3	PA
NORITATE	E	
OPZELURA	3	PA, QL, SP
RETIN-A EXTERNAL CREAM	E	PA
RHOFADE	3	PA
SANTYL	3	
SOOLANTRA	1	

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Drug Name	Drug Tier	Requirements & Limits
TACLONEX EXTERNAL OINTMENT	E	
tacrolimus external	1	
TOLAK	3	
tretinoin external cream	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbase	E	
TRIANEX	E	
triderm	1	
tritocin	E	
VTAMA	3	PA
XEPI	3	
ZILXI	3	PA, ST
ZORYVE	3	PA, QL
<b>Diabetes - Glucose Monitoring and Supplies</b>		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET	1	
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	E	QL

Drug Name	Drug Tier	Requirements & Limits
AQINJECT PEN NEEDLE	2	QL
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine insulin syringes u-500	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
bd veo ultra-fine insulin syringes	2	
BIGFOOT UNITY PROGRAM	E	
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CONTOUR MONITOR KIT W/DEVICE	E	
CONTOUR NEXT EZ KIT W/DEVICE	E	
CONTOUR NEXT GEN MONITOR	E	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	E	
DIABETES MONITOR DIGIT SOLN	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL

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Drug Name	Drug Tier	Requirements & Limits
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	E	
GUARDIAN 4 TRANSMITTER	E	
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE KIT	2	
GVOKE PFS	2	
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA

Drug Name	Drug Tier	Requirements & Limits
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOTWIST PEN NEEDLE	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 POD (GEN 5)	2	PA
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH CLUB LANCETS FINE PT	1	
ONETOUCH DELICA LANCETS 30G	1	
ONETOUCH DELICA LANCETS 33G	1	
ONETOUCH DELICA PLUS LANCET30G	1	
ONETOUCH DELICA PLUS LANCET33G	1	
ONETOUCH FINEPOINT LANCETS	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT	E	
ONETOUCH VERIO IQ BLOOD GLUCOSE METER	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA

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Drug Name	Drug Tier	Requirements & Limits
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL
TECHLITE INSULIN SYRINGES	2	(manufactured by Arkay) QL
TECHLITE PEN NEEDLES	2	(manufactured by Arkay) QL
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
<b>Diabetes - Insulin</b>		
ADMELOG	E	
ADMELOG SOLOSTAR	E	

Drug Name	Drug Tier	Requirements & Limits
BASAGLAR KWIKPEN	E	
BASAGLAR TEMPO PEN	E	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG VIAL	3	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN GLARGINE	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO KWIKPEN	2	
INSULIN LISPRO PROTAMINE / INSULIN LISPRO KWIKPEN	2	
INSULIN LISPRO VIAL	1	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	

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Drug Name	Drug Tier	Requirements & Limits
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	E	QL
ADLYXIN	3	ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	
BYDUREON BCISE	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	
GLUCOTROL XL	3	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	

Drug Name	Drug Tier	Requirements & Limits
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL
NESINA	2	QL
ONGLYZA	E	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	E	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP

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Drug Name	Drug Tier	Requirements & Limits
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, SP
NEULASTA	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	3	PA, QL, SP
UDENYCA	2	
WILATE	2	
ZARXIO	2	
<b>Drugs for Sexual Dysfunction</b>		
ADDYI	3	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	2	QL

Drug Name	Drug Tier	Requirements & Limits
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	3	QL
<b>Electrolytes / Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	QL
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	3	

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Drug Name	Drug Tier	Requirements & Limits
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	

#### Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions

CLENPIQ	2	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
gavilyte-c	1	H
gavilyte-g	1	H
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	3	
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	2	
na sulfate-k sulfate-mg sulf	1	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
ROBINUL	E	
ROBINUL-FORTE	E	

Drug Name	Drug Tier	Requirements & Limits
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA, QL
VIBERZI	3	QL
ZELNORM	3	PA

#### Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment

CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP	2	

#### Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

DITROPAN XL	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIDIUM	3	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
VELPHORO	2	
VESICARE	3	

#### Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
UROXATRAL	E	

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Drug Name	Drug Tier	Requirements & Limits
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	2	QL
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
DEPO-SUBQ PROVERA 104	2	QL
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM	2	
dotti	1	QL
drospirenone-ethinyl estradiol	1	H

Drug Name	Drug Tier	Requirements & Limits
DUAVEE	3	QL
ELESTRIN	3	
eluryng	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H

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Drug Name	Drug Tier	Requirements & Limits
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	1	H
jencycla	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
lessina	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
loryna	1	H
lo-zumandimine	1	H
lutera	1	H
lyleq	1	H
lyllana	1	QL
lyza	1	H

Drug Name	Drug Tier	Requirements & Limits
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINIVELLE	E	QL
mono-linyah	1	H
MYFEMBREE	2	QL
NATAZIA	1	
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	

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Drug Name	Drug Tier	Requirements & Limits
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
VAGIFEM	E	
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zumandimine	1	H
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	3	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
DXEVO 11-DAY	E	

Drug Name	Drug Tier	Requirements & Limits
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
<b>Hormonal Agents - Other</b>		
cabergoline	1	
LANREOTIDE ACETATE	E	SP
NOCDURNA	3	QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	QL
SKYTROFA	E	PA, QL, SP
SOMATULINE DEPOT	3	SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	QL
ANDROGEL PUMP	E	QL

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Drug Name	Drug Tier	Requirements & Limits
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	QL
NATESTO	E	QL
TESTIM	1	QL
testosterone cypionate intramuscular	1	
VOGELXO	E	QL
VOGELXO PUMP	E	QL
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA	E	
ARMOUR THYROID	2	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	3	
thyroid oral	1	
TIROSINT-SOL	2	
unithroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-ADAZ	2	(manufactured by Sandoz) PA, QL, SP
ADBRY	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
AMJEVITA	2	PA, QL, SP
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA, QL
CIMZIA SUBCUTANEOUS KIT	E	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, QL
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
CYLTEZO	2	PA, QL, SP
EMPAVELI	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	2	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP
HADLIMA	2	PA, SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEVIT STARTER	2	PA, QL, SP
HYFTOR	3	PA, QL
IMURAN	E	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, ST, QL, SP
KINERET	3	PA, ST, QL, SP
LUPKYNIS	3	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, ST, QL
OLUMIANT ORAL TABLET 2 MG	2	PA, ST, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	3	PA, QL, SP
OTEZLA ORAL TABLET	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
SKYRIZI PEN	2	PA, QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL
STELARA SUBCUTANEOUS	2	PA, QL
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	

#### Immunological Agents - Drugs for Vaccination

BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
PFIZER COVID-19 VAC BIVAL 5-11	3	H
PFIZER COVID-19 VAC BIVALENT	3	H
SHINGRIX	3	H

#### Infertility Agents

ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	QL, SP
ganirelix acetate	1	QL, SP

#### Inflammatory Bowel Disease Agents

APRISO	1	
budesonide rectal	1	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	E	
mesalamine oral tablet delayed release	1	
PROCTOFOAM HC	2	
UCERIS ORAL	1	

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Drug Name	Drug Tier	Requirements & Limits
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	3	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ALREX	3	
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	
FLAREX	2	
ILEVRO	3	
INVELTYS	3	
KLARITY-A	E	
LASTACAPT	3	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	

Drug Name	Drug Tier	Requirements & Limits
OCUFLOX	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	3	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	1	
VIGAMOX	E	
ZYLET	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
BETIMOL	2	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	E	
COMBIGAN	2	
COSOPT	3	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
tafluprost (pf)	1	ST
timolol maleate (once-daily)	1	
timolol maleate ophthalmic solution	1	

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Drug Name	Drug Tier	Requirements & Limits
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
XALATAN	E	
ZIOPTAN	3	ST

#### Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CYCLOSPORINE IN KLARITY	E	
cyclosporine ophthalmic	E	PA
RESTASIS	1	PA
RESTASIS MULTIDOSE	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	2	PA

#### Otic Agents - Drugs for Ear Conditions

CIPRODEX	E	
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	

#### Respiratory - Drugs for Anaphylaxis

AUVI-Q	E	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
EPIPEN 2-PAK	E	

Drug Name	Drug Tier	Requirements & Limits
EPIPEN JR 2-PAK	E	
SYMJEPI	2	

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

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

#### Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

ADVAIR DISKUS	E	QL
ADVAIR HFA	2	QL, RS
AIRDUO DIGIHALER	E	QL
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	3	
ANORO ELLIPTA	3	QL
ARMONAIR DIGIHALER	E	QL
ARNUITY ELLIPTA	1	QL

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



Drug Name	Drug Tier	Requirements & Limits
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	2	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	3	QL, RS
COMBIVENT RESPIMAT	2	QL
FASENRA PEN	3	PA, QL
FLOVENT HFA	E	QL
FLUTICASONE FUROATE-VILANTEROL	3	QL, RS
FLUTICASONE PROPIONATE HFA	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL
PERFORMIST	3	QL
PROVENTIL HFA	E	

Drug Name	Drug Tier	Requirements & Limits
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	
wixela inhub	E	QL
XOPENEX HFA	3	
YUPELRI	3	QL

#### Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP

#### Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	3	PA, QL, SP
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See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REMODULIN	E	
REVATIO ORAL TABLET	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	
TYVASO	2	PA, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral tablet	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
methocarbamol oral	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	3	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	3	QL
DAYVIGO	3	QL
eszopiclone	1	
LUNESTA	E	
modafinil	1	QL
PROVIGIL	E	QL
RESTORIL	3	
SODIUM OXYBATE	3	(manufactured by Hikma), PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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guanfacine hcl . . . . .	13, 15
guanfacine hcl er . . . . .	15
GUARDIAN 4 GLUCOSE SENSOR . . . . .	18
GUARDIAN 4 TRANSMITTER . . . . .	18
GUARDIAN CONNECT TRANSMITTER . . . . .	18
GUARDIAN LINK 3 TRANSMITTER . . . . .	18
GUARDIAN SENSOR (3) . . . . .	18
GUARDIAN SENSOR 3 . . . . .	18
GVOKE HYPOPEN 1-PACK . . . . .	18
GVOKE HYPOPEN 2-PACK . . . . .	18



GVOKE KIT.....	18	HUMULIN 70/30 VIAL.....	19	INSULIN GLARGINE SOLOSTAR ...	19
GVOKE PFS.....	18	HUMULIN N KWIKPEN.....	19	INSULIN LISPRO JUNIOR	
GYNAZOLE-1.....	11	HUMULIN N VIAL.....	19	KWIKPEN.....	19
<b>H</b>					
HADLIMA.....	26	HUMULIN R U-500 KWIKPEN.....	19	INSULIN LISPRO KWIKPEN.....	19
HAEGARDA.....	26	HUMULIN R U-500 VIAL.....	19	INSULIN LISPRO PROTAMINE /	
hailey 1.5/30.....	23	HUMULIN R VIAL.....	19	INSULIN LISPRO KWIKPEN.....	19
hailey 24 fe.....	23	hydralazine hcl oral.....	13	INSULIN LISPRO VIAL.....	19
hailey fe 1/20.....	24	hydrochlorothiazide oral.....	13	INSULIN PEN NEEDLES 29G X	
hailey fe 1.5/30.....	24	hydrocodone-acetaminophen oral		12MM , 30G X 5 MM , 31G X 5 MM ,	
HALCION.....	13	tablet.....	8	31G X 8 MM , 32G X 4 MM.....	18
haloette.....	24	hydrocortisone external cream 1 %..	16	INTUNIV.....	15
HARVONI ORAL TABLET.....	12	hydrocortisone external cream		INVELTYS.....	28
HEALTHPRO BLOOD GLUCOSE		2.5 %.....	16	ipratropium bromide nasal.....	29
MONITO.....	18	hydrocortisone external ointment		ipratropium-albuterol.....	30
heather.....	24	1 %, 2.5 %.....	16	irbesartan.....	13
HEMADY.....	25	hydrocortisone oral.....	25	irbesartan-hydrochlorothiazide.....	13
HEMLIBRA.....	21	hydromorphone hcl oral tablet.....	8	isibloom.....	24
HEMOPIL M.....	21	hydroxychloroquine sulfate oral.....	12	isosorbide mononitrate er.....	14
HIDEX 6-DAY.....	25	hydroxyzine hcl oral tablet.....	13	ISTALOL.....	28
HUMALOG KWIKPEN.....	19	hydroxyzine pamoate oral.....	13	<b>J</b>	
HUMALOG MIX 50/50 KWIKPEN ...	19	HYFTOR.....	27	jantoven.....	9
HUMALOG MIX 50/50 VIAL.....	19	HYZAAR.....	13	JARDIANCE.....	20
HUMALOG MIX 75/25 KWIKPEN ...	19	<b>I</b>		jasmiel.....	24
HUMALOG MIX 75/25 VIAL.....	19	IBRANCE ORAL CAPSULE.....	11	jencycla.....	24
HUMALOG TEMPO PEN.....	19	ibuprofen oral tablet 400 mg,		JENTADUETO.....	20
HUMALOG U-100 JUNIOR		600 mg, 800 mg.....	8	JENTADUETO XR.....	20
KWIKPEN.....	19	ICLUSIG ORAL TABLET 10 MG,		JORNAY PM.....	15
HUMALOG VIAL.....	19	30 MG.....	11	juleber.....	24
HUMATE-P.....	21	ICLUSIG ORAL TABLET 15 MG,		JULUCA.....	12
HUMIRA.....	26, 27	45 MG.....	11	junel 1/20.....	24
HUMIRA PEDIATRIC CROHNS		IDHIFA.....	11	junel 1.5/30.....	24
START.....	26	ILEVRO.....	28	junel fe 1/20.....	24
HUMIRA PEN.....	26	IMBRUVICA ORAL TABLET.....	11	junel fe 1.5/30.....	24
HUMIRA PEN-CD/UC/HS		IMITREX ORAL.....	11	junel fe 24.....	24
STARTER.....	26	IMPOYZ.....	16	<b>K</b>	
HUMIRA PEN-PEDIATRIC UC		IMURAN.....	27	K-TAB.....	21
START.....	26	IMVEXXY MAINTENANCE PACK ...	21	kalliga.....	24
HUMIRA PEN-PS/UV/ADOL HS		IMVEXXY STARTER PACK.....	21	KAZANO.....	20
START.....	27	INBRIJA.....	12	KEPPRA ORAL TABLET.....	10
HUMIRA PEN-PSOR/UEVIT		incassia.....	24	KESIMPTA.....	15
STARTER.....	27	INDERAL LA.....	13	ketoconazole external cream.....	11
HUMULIN 70/30 KWIKPEN.....	19	indomethacin oral.....	8		
		INSULIN GLARGINE.....	19		

ketoconazole external shampoo . . . .	11	lessina. . . . .	24	LOTEMAX OPHTHALMIC OINTMENT . . . . .	28
ketorolac tromethamine oral . . . . .	8	letrozole oral . . . . .	11	LOTEMAX OPHTHALMIC SUSPENSION . . . . .	28
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	27	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT . . . . .	30	LOTEMAX SM . . . . .	28
KINERET . . . . .	27	levetiracetam oral tablet . . . . .	10	LOTENSIN . . . . .	14
KITABIS PAK . . . . .	30	levo-t . . . . .	26	loteprednol etabonate. . . . .	28
KLARITY-A . . . . .	28	levocetirizine dihydrochloride oral tablet . . . . .	29	LOTREL . . . . .	14
KLISYRI . . . . .	16	levofloxacin oral tablet . . . . .	9	lovastatin oral. . . . .	14
KLONOPIN . . . . .	13	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg. . . . .	24	LOVAZA . . . . .	14
klor-con 10 . . . . .	21	levora 0.15/30 (28). . . . .	24	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE. . . . .	9
klor-con m10 . . . . .	21	levothyroxine sodium oral tablet . . . . .	26	LUMAKRAS . . . . .	11
klor-con m15. . . . .	21	levoxyl. . . . .	26	LUMIGAN . . . . .	28
klor-con m20 . . . . .	21	LEXAPRO . . . . .	10	LUNESTA . . . . .	31
klor-con oral tablet extended release . . . . .	21	LIALDA . . . . .	27	LUPKYNIS . . . . .	27
KLOXXADO . . . . .	8	lidocaine external patch 5 % . . . . .	8	lurasidone hcl . . . . .	12
KOATE . . . . .	21	lidocaine hcl mouth/throat . . . . .	16	lutera . . . . .	24
KOATE-DVI . . . . .	21	lidocaine viscous hcl. . . . .	16	lyleq . . . . .	24
KOGENATE FS. . . . .	21	LIDODERM. . . . .	8	lyllana . . . . .	24
KOSELUGO . . . . .	11	LINZESS. . . . .	22	LYNPARZA. . . . .	11
KOVALTRY . . . . .	21	liothyronine sodium oral . . . . .	26	LYRICA ORAL CAPSULE . . . . .	15
KRINTAFEL . . . . .	12	LIPITOR . . . . .	14	LYUMJEV KWIKPEN . . . . .	19
kurvelo . . . . .	24	lisinopril oral. . . . .	14	LYUMJEV TEMPO PEN. . . . .	19
KYNMOBI. . . . .	12	lisinopril-hydrochlorothiazide. . . . .	14	LYUMJEV VIAL . . . . .	19
<b>L</b>				lyza . . . . .	24
labetalol hcl oral . . . . .	14	lithium carbonate er . . . . .	13	<b>M</b>	
LAMICTAL ORAL TABLET . . . . .	10	lithium carbonate oral capsule. . . . .	13	MACROBID . . . . .	9
lamotrigine oral tablet . . . . .	10	LITHOBID. . . . .	13	MACRODANTIN . . . . .	9
LANREOTIDE ACETATE. . . . .	25	LO LOESTRIN FE. . . . .	24	marlissa . . . . .	24
LANTUS SOLOSTAR . . . . .	19	lo-zumandimine . . . . .	24	MAVENCLAD. . . . .	15
LANTUS U-100 VIAL . . . . .	19	LOESTRIN 1/20 (21) . . . . .	24	MAVYRET ORAL PACKET . . . . .	12
larin 1/20 . . . . .	24	LOESTRIN 1.5/30 (21). . . . .	24	MAXALT . . . . .	11
larin 1.5/30 . . . . .	24	LOESTRIN FE 1/20 . . . . .	24	MAXITROL OPHTHALMIC SUSPENSION 0.1 % . . . . .	28
larin 24 fe . . . . .	24	LOESTRIN FE 1.5/30. . . . .	24	MAXZIDE . . . . .	14
larin fe 1/20 . . . . .	24	LOKELMA. . . . .	21	MAXZIDE-25 . . . . .	14
larin fe 1.5/30 . . . . .	24	LOPID . . . . .	14	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG . . . . .	15
LASIX . . . . .	14	LOPRESSOR . . . . .	14	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG . . . . .	15
LASTACAPT. . . . .	28	lorazepam oral tablet . . . . .	13		
latanoprost ophthalmic. . . . .	28	loryna . . . . .	24		
LATUDA . . . . .	12	losartan potassium oral . . . . .	14		
LEDIPASVIR-SOFOSBUVIR . . . . .	12	losartan potassium-hctz. . . . .	14		
lenalidomide. . . . .	11	LOTEMAX OPHTHALMIC GEL . . . . .	28		





MEDROL ORAL TABLET THERAPY PACK . . . . .	25	metronidazole external cream . . . . .	16	MYFEMBREE . . . . .	24
medroxyprogesterone acetate intramuscular suspension prefilled syringe . . . . .	24	metronidazole oral tablet . . . . .	9	<b>N</b>	
medroxyprogesterone acetate oral . . . . .	24	metronidazole vaginal . . . . .	9	na sulfate-k sulfate-mg sulf. . . . .	22
meloxicam oral tablet . . . . .	8	MICARDIS . . . . .	14	nabumetone oral . . . . .	8
MENOSTAR . . . . .	24	MICRODOT TEST . . . . .	18	NALOCET . . . . .	8
mesalamine oral tablet delayed release . . . . .	27	microgestin 1/20 . . . . .	24	naloxone hcl injection solution prefilled syringe . . . . .	8
metformin hcl er . . . . .	20	microgestin 1.5/30 . . . . .	24	naloxone hcl nasal . . . . .	8
metformin hcl er (mod) . . . . .	20	microgestin 24 fe . . . . .	24	naltrexone hcl oral . . . . .	8
metformin hcl er (osm) . . . . .	20	microgestin fe 1/20 . . . . .	24	NAPROSYN ORAL TABLET . . . . .	8
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg . . . . .	20	microgestin fe 1.5/30 . . . . .	24	naproxen oral tablet . . . . .	8
metformin hcl oral tablet 625 mg . . . . .	20	mili . . . . .	24	NARCAN . . . . .	8
methimazole oral . . . . .	26	MINILINK REAL-TIME TRANSMITTER . . . . .	18	NASCOBAL . . . . .	21
methocarbamol oral . . . . .	31	MINIMED 630G GUARDIAN PRESS . . . . .	18	NATAZIA . . . . .	24
methotrexate oral . . . . .	27	MINIPRESS . . . . .	14	NATESTO . . . . .	26
methotrexate sodium oral . . . . .	27	MINIVELLE . . . . .	23, 24	NAYZILAM . . . . .	10
methylphenidate hcl er (cd) . . . . .	15	minocycline hcl oral capsule . . . . .	9	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 . . . . .	28
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg . . . . .	15	minoxidil oral . . . . .	14	neomycin-polymyxin-hc otic suspension . . . . .	29
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg . . . . .	15	mirtazapine oral tablet . . . . .	10	NESINA . . . . .	20
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg . . . . .	15	MIRVASO . . . . .	16	NEULASTA . . . . .	21
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG . . . . .	15	misoprostol oral . . . . .	22	NEUPRO . . . . .	12
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG . . . . .	15	MITIGARE . . . . .	11	NEURONTIN ORAL CAPSULE . . . . .	10
methylphenidate hcl er (xr) . . . . .	15	MM EASY TOUCH GLUCOSE METER . . . . .	18	NEURONTIN ORAL TABLET . . . . .	10
methylphenidate hcl er oral tablet extended release . . . . .	15	modafinil . . . . .	31	NEUTEK 2TEK TEST . . . . .	18
methylphenidate hcl oral tablet . . . . .	15	mondoxylene nl . . . . .	9	NEVANAC . . . . .	28
methylprednisolone oral tablet therapy pack . . . . .	25	mono-lynyah . . . . .	24	NEXLETOL . . . . .	14
metoclopramide hcl oral tablet . . . . .	10	montelukast sodium oral tablet . . . . .	30	NEXLIZET . . . . .	14
metoprolol succinate er . . . . .	14	montelukast sodium oral tablet chewable . . . . .	30	nifedipine er . . . . .	14
metoprolol tartrate oral . . . . .	14	morphine sulfate er oral tablet extended release . . . . .	8	nifedipine er osmotic release . . . . .	14
METROCREAM . . . . .	16	MOTEGRITY . . . . .	22	nikki . . . . .	24
		MOUNJARO . . . . .	20	nitrofurantoin macrocrystal . . . . .	9
		MOVIPREP . . . . .	22	nitrofurantoin monohydrate macrocrystals . . . . .	9
		moxifloxacin hcl (2x day) . . . . .	28	nitroglycerin sublingual . . . . .	14
		moxifloxacin hcl ophthalmic . . . . .	28	NITROSTAT . . . . .	14
		MS CONTIN . . . . .	8	NOCDURNA . . . . .	25
		MULPLETA . . . . .	21	nora-be . . . . .	24
		MULTAQ . . . . .	14	NORDITROPIN FLEXPPO . . . . .	25
		mupirocin external . . . . .	9	norethin ace-eth estrad-fe oral tablet . . . . .	24
		mycophenolate mofetil oral tablet . . . . .	27		
		MYDAYIS . . . . .	15		



norethindrone acet-ethinyl est . . . . .	24	NUTROPIN AQ NUSPIN 20 . . . . .	25	ONETOUCH DELICA PLUS LANCET30G . . . . .	18
norethindrone acetate oral . . . . .	24	NUTROPIN AQ NUSPIN 5 . . . . .	25	ONETOUCH DELICA PLUS LANCET33G . . . . .	18
norethindrone oral . . . . .	24	NUVARING . . . . .	24	ONETOUCH FINEPOINT LANCETS .	18
norgestimate-eth estradiol . . . . .	24	NUVESSA . . . . .	9	ONETOUCH ULTRA 2 KIT W/DEVICE . . . . .	18
norgestimate-ethinyl estradiol triphasic . . . . .	24	NUVIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT . . . . .	21	ONETOUCH ULTRA TEST STRIPS .	18
NORITATE . . . . .	16	NUVIQ INTRAVENOUS KIT 1500 UNIT . . . . .	21	ONETOUCH ULTRASOFT LANCETS . . . . .	18
NORLIQVA . . . . .	14	NUZYRA ORAL . . . . .	9	ONETOUCH VERIO FLEX SYSTEM KIT . . . . .	18
norlyroc . . . . .	24	nymyo . . . . .	24	ONETOUCH VERIO IQ BLOOD GLUCOSE METER . . . . .	18
nortriptyline hcl oral capsule . . . . .	10	nystatin external cream . . . . .	11	ONETOUCH VERIO REFLECT KIT W/DEVICE . . . . .	18
NORVASC . . . . .	14	nystatin mouth/throat . . . . .	11	ONETOUCH VERIO TEST STRIPS .	18
NOURIANZ . . . . .	12			ONGLYZA . . . . .	20
NOVOEIGHT . . . . .	21			OPSUMIT . . . . .	31
NOVOFINE AUTOCOVER PEN NEEDLE . . . . .	18			OPTIUMEZ TEST . . . . .	18
NOVOFINE PEN NEEDLE . . . . .	18			OPZELURA . . . . .	16
NOVOFINE PLUS PEN NEEDLE . . . . .	18			ORENCIA CLICKJECT . . . . .	27
NOVOLIN 70/30 FLEXPEN . . . . .	19			ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML . . . . .	27
NOVOLIN 70/30 FLEXPEN RELION .	19			ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML . . . . .	27
NOVOLIN 70/30 RELION . . . . .	19			ORFADIN ORAL CAPSULE . . . . .	22
NOVOLIN 70/30 VIAL . . . . .	19			ORFADIN ORAL SUSPENSION . . . . .	22
NOVOLIN N FLEXPEN . . . . .	19			ORGOVYX . . . . .	11
NOVOLIN N FLEXPEN RELION . . . . .	19			ORIAHNN . . . . .	25
NOVOLIN N RELION . . . . .	20			ORILISSA . . . . .	25
NOVOLIN N VIAL . . . . .	20			oseltamivir phosphate oral capsule .	12
NOVOLIN R FLEXPEN . . . . .	20			OSENI . . . . .	20
NOVOLIN R FLEXPEN RELION . . . . .	20			OSPHENA . . . . .	21
NOVOLIN R RELION . . . . .	20			OTEZLA ORAL TABLET . . . . .	27
NOVOLIN R VIAL . . . . .	20			OTREXUP . . . . .	27
NOVOTWIST PEN NEEDLE . . . . .	18			OXAYDO . . . . .	8
np thyroid . . . . .	26			oxcarbazepine oral tablet . . . . .	10
NUBEQA . . . . .	11			oxybutynin chloride er . . . . .	22
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	30			oxybutynin chloride oral tablet . . . . .	22
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML . . . . .	30			oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg . . . . .	8
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML . . . . .	30			oxycodone hcl oral tablet 5 mg . . . . .	8
NUCYNTA . . . . .	8				
NUCYNTA ER . . . . .	8				
NURTEC . . . . .	11				
NUTROPIN AQ NUSPIN 10 . . . . .	25				

## O





OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG . . . . .	8	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8	OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG . . . . .	8	OZEMPIC . . . . .	20
<b>P</b>							
PACERONE ORAL TABLET 100 MG, 400 MG . . . . .	14	PACERONE ORAL TABLET 200 MG. . . . .	14	PAMELOR . . . . .	10	PANCREAZE . . . . .	22
pantoprazole sodium oral tablet delayed release . . . . .	22	PARADIGM REAL-TIME TRANSMITTER . . . . .	18	paroxetine hcl oral tablet . . . . .	10	PAXIL ORAL TABLET . . . . .	10
PAXLOVID (150/100). . . . .	12	PAXLOVID (300/100). . . . .	12	PEDIAPRED . . . . .	25	peg 3350-kcl-na bicarb-nacl . . . . .	22
peg-3350/electrolytes. . . . .	22	peg-3350/electrolytes/ascorbat . . . . .	22	peg-kcl-nacl-nasulf-na asc-c . . . . .	22	penicillin v potassium oral tablet . . . . .	9
PERCOCET . . . . .	8	PERFOROMIST . . . . .	30	PERIDEX. . . . .	16	perio gard . . . . .	16
PERTZYE . . . . .	22	PFIZER COVID-19 VAC BIVAL 5-11 . . . . .	27	PFIZER COVID-19 VAC BIVALENT. . . . .	27	phenazo oral tablet 200 mg . . . . .	22
phenazopyridine hcl oral . . . . .	22	pioglitazone hcl . . . . .	20	PIP BLOOD GLUCOSE TEST STRIP. . . . .	19	PLAQUENIL . . . . .	12
PLAVIX . . . . .	12	PLEGRIDY INTRAMUSCULAR . . . . .	15	PLEGRIDY STARTER PACK. . . . .	15	PLEGRIDY SUBCUTANEOUS . . . . .	15
PLENUVU . . . . .	22	polymyxin b-trimethoprim. . . . .	28	POLYTRIM . . . . .	28	POMALYST . . . . .	11
portia-28 . . . . .	24	potassium chloride crys er . . . . .	21	potassium chloride er . . . . .	21	potassium citrate er . . . . .	21
PRADAXA ORAL CAPSULE . . . . .	9	pramipexole dihydrochloride . . . . .	12	pravastatin sodium . . . . .	14	prazosin hcl oral . . . . .	14
PRECISION XTRA. . . . .	19	PRECISION XTRA BLOOD GLUCOSE . . . . .	19	PRED FORTE. . . . .	28	PRED MILD . . . . .	28
prednisolone acetate ophthalmic . . . . .	28	PREDNISOLONE ACETATE P-F. . . . .	28	prednisolone oral solution . . . . .	25	prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml . . . . .	25
prednisolone sodium phosphate oral solution 15 mg/5ml . . . . .	25	prednisone oral tablet. . . . .	25	prednisone oral tablet therapy pack . . . . .	25	pregabalin oral capsule . . . . .	15
PREMARIN ORAL . . . . .	24	PREMARIN VAGINAL . . . . .	24	PREMIUM BLOOD GLUCOSE TEST. . . . .	19	PREMPHASE . . . . .	24
PREMPRO . . . . .	24	PREZCOBIX. . . . .	12	PRISTIQ . . . . .	10	PROCARDIA XL. . . . .	14
prochlorperazine maleate oral . . . . .	10	PROCTOFOAM HC . . . . .	27	progesterone oral . . . . .	24	PROGRAF ORAL CAPSULE . . . . .	27
PROLATE ORAL TABLET . . . . .	8	promethazine hcl oral tablet. . . . .	10	promethazine-dm . . . . .	29	PROMETRIUM. . . . .	24
propranolol hcl er . . . . .	14	propranolol hcl oral tablet . . . . .	14	PROSCAR . . . . .	22	PROTONIX ORAL TABLET DELAYED RELEASE . . . . .	22
PROVENTIL HFA . . . . .	29, 30	PROVERA. . . . .	23, 24	PROVIGIL . . . . .	31	PROZAC. . . . .	10
pseudoephedrine-bromphen-dm . . . . .	29	PTS PANELS EGLU TEST . . . . .	19	PULMICORT SUSPENSION. . . . .	30	PULMOZYME . . . . .	30
PYLERA . . . . .	22	PYRIDIDIUM . . . . .	22	<b>Q</b>			
quetiapine fumarate . . . . .	12	QUINTET AC BLOOD GLUCOSE TEST . . . . .	19	QUINTET BLOOD GLUCOSE TEST . . . . .	19	QVAR REDHALER . . . . .	30
<b>R</b>							
rabeprazole sodium oral tablet delayed release . . . . .	22	RADICAVA ORS. . . . .	15, 16	RADICAVA ORS STARTER KIT . . . . .	16	ramipril . . . . .	14
RASUVO. . . . .	27	REBIF . . . . .	15	REBIF TITRATION PACK . . . . .	15	reclipsen. . . . .	25
RECOMBINATE. . . . .	21	REGLAN. . . . .	10	RELAFEN DS. . . . .	8	RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG. . . . .	15



RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG . . . . .	15	rosuvastatin calcium . . . . .	14	STENDRA. . . . .	21	
RELION TRUE MET AIR GLUC METER . . . . .	19	roweepra . . . . .	10	STIOLTO RESPIMAT . . . . .	30	
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RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML. . . . .	21	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	21	syeda . . . . .	25	
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UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

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

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200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

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



# Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**khmer (Khmer)**សម្រាប់សេវាសំខាន់ៗសម្រាប់អ្នករស់នៅក្នុងស្ថានភាពប្រយោជន៍ គឺមានសំណុំអ្នករស់នៅស្រុកស្រីស្រី ដែលមានន័យសម្រាប់អ្នករស់នៅក្នុងស្ថានភាពប្រយោជន៍។

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

DÍI BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłt'ígo, saad bee áka>anída>awo>ígíí, t'áá jíík'eh, bee ná'ahóót'í'. T'áá shóqdí ninaaltsoos nítł'ízí bee nééhozinígíí bine'déq' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíłnih.

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

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