



Your 2024 Prescription Drug List

Traditional 4-Tier

Effective January 1, 2024



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2024 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare and Student Resources medical plans with a pharmacy benefit subject to the Traditional 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. They are then listed in alphabetical order.

How do I use my PDL?

You and your doctor can consult the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or brand-name, and if there are coverage requirements or limits. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your 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) if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications). There are also some instances where the same product can be made by 2 or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to the member website listed on your 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.

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
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. Mainly preferred brand-name drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce your out-of-pocket costs.
Tier 4	\$\$\$ Highest-cost Medications that provide the lowest overall value.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.

Drug list information

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

E	May be excluded from coverage. May be subject to Prior Authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York. (Referred to as First Start in New Jersey) —Lower-cost options are available and covered.
H	Health Care Reform Preventive —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
PA	Prior Authorization (sometimes referred to as precertification) —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan. ¹
QL	Quantity Limits² —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program³ —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 be required to obtain these medications from a specialty pharmacy.
ST	Step Therapy (referred to as First Start in New Jersey) —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered. ²

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

2. Not applicable to certain Student Resources plans.

3. Not applicable to Student Resources 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: 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.

- **Infertility**

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

- **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
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	
apap-caff-dihydrocodeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	E	
endocet	1	
ESGIC ORAL TABLET	4	QL
GEN7T EXTERNAL PATCH	E	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	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	4	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	

Drug Name	Drug Tier	Requirements & Limits
tramadol hcl oral tablet 100 mg	E	
tramadol hcl oral tablet 50 mg	1	
TREZIX	1	QL
XTAMPZA ER	4	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
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	
RELAFFEN DS	E	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	QL
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	(includes OTC) QL
SUBOXONE	E	PA, QL
ZIMHI	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	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
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	4	
BACTRIM DS	4	
cefdinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
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, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
mondoxyne nl	1	
mupirocin external	1	QL
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	4	QL
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE	4	
XENLETA ORAL	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTOM	3	PA
BRIVIACT ORAL TABLET	3	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
divalproex sodium er	1	

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Drug Name	Drug Tier	Requirements & Limits
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	4	PA
LAMICTAL ORAL TABLET	4	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	4	PA
NEURONTIN ORAL TABLET	4	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
TOPAMAX	4	PA
topiramate oral tablet	1	
TRILEPTAL ORAL TABLET	4	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA, QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	4	PA
zonisamide oral	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg	1	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
FORFIVO XL	E	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	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	QL
VIIBRYD STARTER PACK	4	
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	
Antiemetics - Drugs for Nausea and Vomiting		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	

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Drug Name	Drug Tier	Requirements & Limits
promethazine hcl oral tablet	1	
REGLAN	4	
scopolamine	1	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL TABLET	E	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
nystatin external cream	1	QL
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
VIVJOA	3	PA, QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	1	
COLCRYS	E	
MITIGARE	2	
ZYLOPRIM	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
eletriptan hydrobromide	1	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA, ST, QL
IMITREX ORAL	E	QL
MAXALT	E	QL
NURTEC	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
RELPAX	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA, ST, QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
Antineoplastics - Drugs for Cancer		
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	4	PA, QL, SP
FEMARA	E	
GAVRETO	4	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	4	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, QL, SP
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
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
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	4	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
NEUPRO	3	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	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	4	PA, ST, QL
RISPERDAL ORAL TABLET	E	

Drug Name	Drug Tier	Requirements & Limits
risperidone oral tablet	1	
SEROQUEL	E	
VRAYLAR ORAL CAPSULE	4	QL
ZYPREXA ORAL	E	
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY	E	PA, 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	4	PA
SITAVIG	E	QL
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	4	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL

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Drug Name	Drug Tier	Requirements & Limits
VALTREX	E	QL
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	4	
XANAX	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
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	

Drug Name	Drug Tier	Requirements & Limits
AVAPRO	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CARDIZEM CD	E	
CARDURA	4	
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	4	PA, QL
EXFORGE	E	
ezetimibe	1	
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
FENOGLIDE	E	
flecainide acetate	1	
FUROSCIX	4	PA, QL
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	

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Drug Name	Drug Tier	Requirements & Limits
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	4	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	4	
LOPRESSOR	4	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	4	
MAXZIDE-25	4	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MICARDIS	E	
MINIPRESS	4	
minoxidil oral	1	
MULTAQ	4	PA
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	4	
NORLIQVA	4	PA
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	

Drug Name	Drug Tier	Requirements & Limits
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	4	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, 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	E	QL
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
TENORMIN	E	
THALITONE	E	
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	4	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	

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Drug Name	Drug Tier	Requirements & Limits
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
APTENSIO XR	E	QL
atomoxetine hcl	1	QL
CONCERTA	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
FOCALIN	4	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	E	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)	E	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	E	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
Central Nervous System Agents - Drugs for Multiple Sclerosis		
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	4	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
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
LYRICA ORAL CAPSULE	4	PA
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
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	4	
periogard	1	

Dermatological Agents - Drugs for Skin Conditions

AKLIEF	4	PA, QL
ala-cort	E	
AMZEEQ	4	QL
AVITA	E	PA, QL
brimonidine tartrate external	1	PA, QL
CARAC	E	
CIBINQO	2	PA, QL, SP
CLEOCIN-T	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL
clindamycin phosphate gel 1 % external	1	(generic for Cleocin T gel) QL
clobetasol propionate external cream	1	QL
clobetasol propionate external ointment	1	QL

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external solution	1	QL
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	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	4	
FLUOROPLEX	4	
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	E	QL
KLISYRI	4	ST, QL
METROCREAM	4	
metronidazole external cream	1	
MIRVASO	4	PA, QL
NORITATE	E	
OPZELURA	4	PA, QL, SP
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	4	PA, QL
SANTYL	3	QL
SOOLANTRA	1	QL
TACLONEX EXTERNAL OINTMENT	E	QL
tacrolimus external	1	QL

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Drug Name	Drug Tier	Requirements & Limits
TOLAK	E	
tretinoin external cream	1	
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX	E	
triderm	1	QL
tritocin	E	
VTAMA	4	PA, QL
XEPI	3	QL
ZILXI	4	PA, ST, QL
ZORYVE	4	PA, QL
Diabetes - Glucose Monitoring and Supplies		
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
AQINJECT PEN NEEDLE	2	QL
bd autoshield duo pen needles	2	

Drug Name	Drug Tier	Requirements & Limits
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
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ENLITE GLUCOSE SENSOR	3	PA	NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
EQ BLOOD GLUCOSE TEST	E	QL	NOVOFINE PEN NEEDLE	2	QL
FORTISCARE G1 TEST STRIP	E	QL	NOVOFINE PLUS PEN NEEDLE	2	QL
FORTISCARE TEST	E	QL	NOVOTWIST PEN NEEDLE	2	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL	OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	OMNIPOD 5 G6 POD (GEN 5)	2	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	ON CALL EXPRESS BLOOD GLUCOSE	E	QL
FREESTYLE PRECISION NEO SYSTEM	E		ON CALL EXPRESS MONITORING SYS	E	
FREESTYLE PRECISION NEO TEST	E	QL	ONETOUCH CLUB LANCETS FINE PT	1	
FREESTYLE TEST	E	QL	ONETOUCH DELICA LANCETS 30G	1	
GLUCOCARD EXPRESSION TEST	E	QL	ONETOUCH DELICA LANCETS 33G	1	
GLUCOCARD SHINE TEST	E	QL	ONETOUCH DELICA PLUS LANCET30G	1	
GLUCOCARD VITAL TEST	E	QL	ONETOUCH DELICA PLUS LANCET33G	1	
GUARDIAN 4 GLUCOSE SENSOR	E		ONETOUCH FINEPOINT LANCETS	1	
GUARDIAN 4 TRANSMITTER	E		ONETOUCH ULTRA 2 KIT W/DEVICE	1	
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	ONETOUCH ULTRA TEST STRIPS	1	QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	ONETOUCH ULTRASOFT LANCETS	1	
GUARDIAN SENSOR (3)	3	PA, QL	ONETOUCH VERIO FLEX SYSTEM KIT	E	
GUARDIAN SENSOR 3	3	PA, QL	ONETOUCH VERIO IQ BLOOD GLUCOSE METER	1	
GVOKE HYOPEN 1-PACK	2	QL	ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
GVOKE HYOPEN 2-PACK	2	QL	ONETOUCH VERIO TEST STRIPS	1	QL
GVOKE KIT	2		OPTIUMEZ TEST	E	QL
GVOKE PFS	2	QL	PARADIGM REAL-TIME TRANSMITTER	3	PA
HEALTHPRO BLOOD GLUCOSE MONITO	E		PIP BLOOD GLUCOSE TEST STRIP	E	QL
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL	PRECISION XTRA	E	
MICRODOT TEST	E	QL			
MINILINK REAL-TIME TRANSMITTER	3	PA			
MINIMED 630G GUARDIAN PRESS	3	PA			
MM EASY TOUCH GLUCOSE METER	E				
NEUTEK 2TEK TEST	E	QL			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PRECISION XTRA BLOOD GLUCOSE	E	QL	HUMALOG MIX 50/50 KWIKPEN	2	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL	HUMALOG MIX 50/50 VIAL	1	QL
PTS PANELS EGLU TEST	E	QL	HUMALOG MIX 75/25 KWIKPEN	2	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL	HUMALOG MIX 75/25 VIAL	1	QL
QUINTET BLOOD GLUCOSE TEST	E	QL	HUMALOG TEMPO PEN	E	
RELION TRUE MET AIR GLUC METER	E		HUMALOG U-100 JUNIOR KWIKPEN	2	QL
RELION TRUE METRIX TEST STRIPS	E	QL	HUMALOG VIAL	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E		HUMULIN 70/30 KWIKPEN	2	QL
RELION ULTIMA TEST	E	QL	HUMULIN 70/30 VIAL	1	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL	HUMULIN N KWIKPEN	2	QL
TECHLITE INSULIN SYRINGES	2	(manufactured by Arkay) QL	HUMULIN N VIAL	1	QL
TECHLITE PEN NEEDLES	2	(manufactured by Arkay) QL	HUMULIN R U-500 KWIKPEN	2	QL
TEMPO REFILL	E		HUMULIN R U-500 VIAL	1	QL
TEMPO WELCOME	E		HUMULIN R VIAL	1	QL
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL	INSULIN GLARGINE	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E		INSULIN GLARGINE SOLOSTAR	E	QL
TRUE METRIX BLOOD GLUCOSE TEST	E	QL	INSULIN LISPRO JUNIOR KWIKPEN	2	QL
TRUE METRIX GO GLUCOSE METER	E		INSULIN LISPRO KWIKPEN	2	QL
TRUE METRIX METER KIT	E		INSULIN LISPRO PROTAMINE / INSULIN LISPRO KWIKPEN	2	QL
TRUE METRIX PRO BLOOD GLUCOSE	E	QL	INSULIN LISPRO VIAL	1	QL
TRUETRACK TEST	E	QL	LANTUS SOLOSTAR	1	QL
UNISTRIP1 GENERIC	E	QL	LANTUS U-100 VIAL	1	QL
Diabetes - Insulin			LYUMJEV KWIKPEN	2	QL
ADMELOG	E	QL	LYUMJEV TEMPO PEN	E	
ADMELOG SOLOSTAR	E	QL	LYUMJEV VIAL	1	QL
BASAGLAR KWIKPEN	E	QL	NOVOLIN 70/30 FLEXPEN	E	ST, QL
BASAGLAR TEMPO PEN	E		NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
HUMALOG KWIKPEN	2	QL	NOVOLIN 70/30 RELION	E	ST, QL
			NOVOLIN 70/30 VIAL	E	ST, QL
			NOVOLIN N FLEXPEN	E	ST, QL
			NOVOLIN N FLEXPEN RELION	E	ST, QL
			NOVOLIN N RELION	E	ST, QL
			NOVOLIN N VIAL	E	ST, QL
			NOVOLIN R FLEXPEN	E	ST, QL
			NOVOLIN R FLEXPEN RELION	E	ST, QL

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Drug Name	Drug Tier	Requirements & Limits
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	4	ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
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	QL
GLUCOTROL XL	4	
GLUMETZA	E	PA
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	PA
metformin hcl er (osm)	E	PA
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

Drug Name	Drug Tier	Requirements & Limits
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	QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	E	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	4	PA, QL, SP
ELOCTATE	4	PA, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
KOATE	2	SP

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Drug Name	Drug Tier	Requirements & Limits
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, 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	4	PA, QL, SP
UDENYCA	2	
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	4	PA, QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	

Drug Name	Drug Tier	Requirements & Limits
DODEX	4	
DRISDOL	4	
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	PA, QL
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	1	QL
bismuth/metronidaz/tetracyclin	1	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	4	
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	

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Drug Name	Drug Tier	Requirements & Limits
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	4	QL
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	1	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	1	QL
peg-kcl-nacl-nasulf-na asc-c	1	QL
PLENVU	3	QL
ROBINUL	E	
ROBINUL-FORTE	E	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	3	PA, QL
ZELNORM	3	PA, ST
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP

Drug Name	Drug Tier	Requirements & Limits
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	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	
PYRIDIUM	3	
solifenacin succinate	1	
THIOLA	4	SP
THIOLA EC	3	SP
VELPHORO	2	
VESICARE	E	
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	
Hormonal Agents - Hormone Replacement and Birth Control		
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

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Drug Name	Drug Tier	Requirements & Limits
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	4	
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	3	QL
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	2	QL
DIVIGEL	3	
dotti	1	QL
drospirenone-ethinyl estradiol	1	H
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 Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), 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
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

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
kalliga	1	H	NATAZIA	1	
kurvelo	1	H	nikki	1	H
larin 1.5/30	1	H	nora-be	1	H
larin 1/20	1	H	norethin ace-eth estrad-fe oral tablet	1	H
larin 24 fe	1	H	norethindrone acetate oral	1	
larin fe 1.5/30	1	H	norethindrone acet-ethinyl est	1	H
larin fe 1/20	1	H	norethindrone oral	1	H
lessina	1	H	norgestimate-eth estradiol	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H	norgestimate-ethinyl estradiol triphasic	1	H
levora 0.15/30 (28)	1	H	norlyroc	1	H
LO LOESTRIN FE	1	H	NUVARING	E	
LOESTRIN 1.5/30 (21)	E		nymyo	1	H
LOESTRIN 1/20 (21)	E		ocella	1	H
LOESTRIN FE 1.5/30	E		portia-28	1	H
LOESTRIN FE 1/20	E		PREMARIN ORAL	3	
loryna	1	H	PREMARIN VAGINAL	3	
lo-zumandimine	1	H	PREMPHASE	3	
lutera	1	H	PREMPRO	3	
lyleq	1	H	progesterone oral	1	
lyllana	1	QL	PROMETRIUM	E	
lyza	1	H	PROVERA	4	
marlissa	1	H	reclipsen	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H	sharobel	1	H
medroxyprogesterone acetate oral	1		sprintec 28	1	H
MENOSTAR	3	QL	sronyx	1	H
microgestin 1.5/30	1	H	syeda	1	H
microgestin 1/20	1	H	tarina 24 fe	1	H
microgestin 24 fe	1	H	tarina fe 1/20 eq	1	H
microgestin fe 1.5/30	1	H	tri-estarylla	1	H
microgestin fe 1/20	1	H	tri-linyah	1	H
mili	1	H	tri-lo-estarylla	1	H
MINIVELLE	E	QL	tri-lo-marzia	1	H
mono-linyah	1	H	tri-lo-mili	1	H
MYFEMBREE	2	PA, QL	tri-lo-sprintec	1	H
			tri-mili	1	H

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Drug Name	Drug Tier	Requirements & Limits
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
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
Hormonal Agents - Other		
cabergoline	1	
LANREOTIDE ACETATE	E	SP
NOCDURNA	3	PA, 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	PA, QL
SKYTROFA	E	PA, QL, SP
SOMATULINE DEPOT	4	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	1	PA, QL
testosterone cypionate intramuscular	1	
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	

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Drug Name	Drug Tier	Requirements & Limits
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	E	PA
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-ADAZ	2	(manufactured by Sandoz) PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA	2	PA, QL, SP
AZASAN	4	
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

Drug Name	Drug Tier	Requirements & Limits
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
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, QL, SP
HYFTOR	4	PA, QL
IMURAN	E	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
KINERET	3	PA, ST, QL, SP
LUPKYNIS	4	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, QL
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA ORAL TABLET	2	PA, QL, SP
OTREXUP	E	QL

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Drug Name	Drug Tier	Requirements & Limits
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	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
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

Drug Name	Drug Tier	Requirements & Limits
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	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	4	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	4	QL
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
FLUOROPLEX	4	
ILEVRO	E	
INVELTYS	3	
KLARITY-A	E	
LASTACAFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	

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Drug Name	Drug Tier	Requirements & Limits
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	1	QL
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	4	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	1	
VIGAMOX	E	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
BETIMOL	2	QL
bimatoprost ophthalmic	1	QL
brimonidine tartrate ophthalmic solution 0.15 %	1	QL

Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	1	ST, QL
timolol maleate (once-daily)	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	4	
XALATAN	E	
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
RESTASIS	1	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
XIIDRA	4	PA, QL

Otic Agents - Drugs for Ear Conditions

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

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Drug Name	Drug Tier	Requirements & Limits
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
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 oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AIRDUO DIGIHALER	E	QL

Drug Name	Drug Tier	Requirements & Limits
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), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), 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 INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	3	
ANORO ELLIPTA	3	QL
ARMONAIR DIGIHALER	E	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
COMBIVENT RESPIMAT	3	QL
FASENRA PEN	4	PA, QL
FLOVENT HFA	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL

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Drug Name	Drug Tier	Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
PERFOROMIST	4	QL
PROVENTIL HFA	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	E	QL
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL

Drug Name	Drug Tier	Requirements & Limits
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	4	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REMODULIN	E	PA
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	PA
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
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 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
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	4	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
eszopiclone	1	
LUNESTA	E	
modafinil	1	QL
PROVIGIL	E	QL
RESTORIL	4	
SODIUM OXYBATE	4	(manufactured by Hikma), PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	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).



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ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8
ICLUSIG ORAL TABLET 10 MG, 30 MG	11
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IMBRUVICA ORAL TABLET	11
IMITREX ORAL	11
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IMURAN	26
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IMVEXXY STARTER PACK	21
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incassia	23
INDERAL LA	14
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INSULIN GLARGINE SOLOSTAR	19
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INSULIN LISPRO KWIKPEN	19
INSULIN LISPRO PROTAMINE / INSULIN LISPRO KWIKPEN	19
INSULIN LISPRO VIAL	19
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JARDIANCE	20	KRINTAFEL	12	LINZESS	22	
jasmiel	23	kurvelo	24	liothyronine sodium oral	26	
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JENTADUETO	20			lisinopril oral	14	
JENTADUETO XR	20	L			lisinopril-hydrochlorothiazide	14
JORNAY PM	15	labetalol hcl oral	14	lithium carbonate er	13	
juleber	23	LAMICTAL ORAL TABLET	10	lithium carbonate oral capsule	13	
JULUCA	12	lamotrigine oral tablet	10	LITHOBID	13	
junel 1/20	23	LANREOTIDE ACETATE	25	LO LOESTRIN FE	24	
junel 1.5/30	23	LANTUS SOLOSTAR	19	lo-zumandimine	24	
junel fe 1/20	23	LANTUS U-100 VIAL	19	LOESTRIN 1/20 (21)	24	
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		larin 24 fe	24	LOESTRIN FE 1.5/30	24	
		larin fe 1/20	24	LOKELMA	21	
		larin fe 1.5/30	24	LOPID	14	
		LASIX	14	LOPRESSOR	14	
		LASTACAPT	27	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	27	
		lessina	24	LOTEMAX OPHTHALMIC OINTMENT	27	
		letrozole oral	11	LOTEMAX OPHTHALMIC SUSPENSION	28	
		LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	30	LOTEMAX SM	28	
		levetiracetam oral tablet	10	LOTENSIN	14	
		levo-t	26	loteprednol etabonate ophthalmic gel	28	
		levocetirizine dihydrochloride oral tablet	29	loteprednol etabonate ophthalmic suspension	28	
		levofloxacin oral tablet	9	LOTREL	14	
		levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	24	lovastatin oral	14	
		levora 0.15/30 (28)	24	LOVAZA	14	
		levothyroxine sodium oral tablet	26	LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	9	
		levoxyl	26	LUMAKRAS	11	
		LEXAPRO	10	LUMIGAN	28	
		LIALDA	27	LUNESTA	31	
		lidocaine external patch 5 %	8	LUPKYNIS	26	
		lidocaine hcl mouth/throat	16	lurasidone hcl	12	
		lidocaine viscous hcl	16	lutera	24	
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lyleq	24	methocarbamol oral tablet 500 mg, 750 mg.	31	MINIMED 630G GUARDIAN PRESS	18
lyllana.	24	methotrexate oral	26	MINIPRESS.	14
LYNPARZA	11	methotrexate sodium oral	26	MINIVELLE	23, 24
LYRICA ORAL CAPSULE	15	methylphenidate hcl er (cd).	15	minocycline hcl oral capsule	9
LYUMJEV KWIKPEN	19	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15	minoxidil oral.	14
LYUMJEV TEMPO PEN	19	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg.	15	mirtazapine oral tablet	10
LYUMJEV VIAL	19	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	15	MIRVASO	16
lyza.	24	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	15	misoprostol oral	21
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MACROBID	9	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	15	MITIGARE.	11
MACRODANTIN	9	methylphenidate hcl er (xr)	15	MM EASY TOUCH GLUCOSE METER	18
marlissa.	24	methylphenidate hcl er oral tablet extended release	15	modafinil	31
MAVENCLAD	15	methylphenidate hcl oral tablet.	15	mondoxyne nl	9
MAVYRET ORAL PACKET	12	methylprednisolone oral tablet therapy pack.	25	mono-lynyah.	24
MAXALT	11	metoclopramide hcl oral tablet	10	montelukast sodium oral tablet.	30
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	28	metoprolol succinate er	14	montelukast sodium oral tablet chewable.	30
MAXZIDE.	14	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg.	14	morphine sulfate er oral tablet extended release	8
MAXZIDE-25	14	METOCREAM	16	MOTTEGRITY.	22
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	15	metronidazole external cream	16	MOUNJARO	20
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medroxyprogesterone acetate intramuscular suspension prefilled syringe.	24	MICARDIS	14	moxifloxacin hcl ophthalmic	28
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metformin hcl er	20	microgestin fe 1/20	24	mycophenolate mofetil oral tablet	26
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metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	20	MINILINK REAL-TIME TRANSMITTER.	18	N	
metformin hcl oral tablet 625 mg	20			na sulfate-k sulfate-mg sulf	22
methimazole oral	26			nabumetone oral	8
methocarbamol oral tablet 1000 mg	31			NALOCET	8
				naloxone hcl injection solution prefilled syringe	8
				naloxone hcl nasal	8
				naltrexone hcl oral	8
				NAPROSYN ORAL TABLET	8
				naproxen oral tablet.	8
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ONGLYZA	20	PAXIL ORAL TABLET.	10	prednisolone acetate ophthalmic	28
OPSUMIT	30	PAXLOVID (150/100)	12	PREDNISOLONE ACETATE P-F	28
OPTIUMEZ TEST	18	PAXLOVID (300/100)	12	prednisolone oral solution	25
OPZELURA	16	PEDIAPRED	25	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	25
ORENCIA CLICKJECT.	26	peg 3350-kcl-na bicarb-nacl	22	prednisolone sodium phosphate oral solution 15 mg/5ml	25
ORENCIA SUBCUTANEOUS	26	peg-3350/electrolytes	22	prednisolone sodium phosphate oral solution 20 mg/5ml	25
ORFADIN ORAL CAPSULE.	22	peg-3350/electrolytes/ascorbat	22	prednisone oral tablet	25
ORFADIN ORAL SUSPENSION	22	peg-kcl-nacl-nasulf-na asc-c	22	prednisone oral tablet therapy pack.	25
ORGOVYX.	11	penicillin v potassium oral tablet.	9	pregabalin oral capsule	15
ORIAHNN	25	PERCOCET.	8	PREMARIN ORAL	24
ORILISSA	25	PERFOROMIST	30	PREMARIN VAGINAL.	24
oseltamivir phosphate oral capsule	12	PERIDEX	16	PREMIUM BLOOD GLUCOSE TEST	19
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OXAYDO	8	phenazo oral tablet 200 mg.	22	PROCARDIA XL	14
oxcarbazepine oral tablet	10	phenazopyridine hcl oral	22	prochlorperazine maleate oral	10
oxybutynin chloride er	22	pioglitazone hcl	20	PROCTOFOAM HC	27
oxybutynin chloride oral tablet	22	PIP BLOOD GLUCOSE TEST STRIP	18	progesterone oral.	24
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8	PLAQUENIL	12	PROGRAF ORAL CAPSULE	27
oxycodone hcl oral tablet 5 mg.	8	PLAVIX.	12	PROLATE ORAL TABLET	8
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	8	PLEGRIDY INTRAMUSCULAR	15	promethazine hcl oral tablet	11
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8	PLEGRIDY STARTER PACK	15	promethazine-dm	29
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG.	8	PLEGRIDY SUBCUTANEOUS.	15	PROMETRIUM	24
OZEMPIC.	20	PLENUVU.	22	propranolol hcl er	14
		polymyxin b-trimethoprim	28	propranolol hcl oral tablet	14
		POLYTRIM	28	PROSCAR.	22
		POMALYST	11	PROTONIX ORAL TABLET DELAYED RELEASE	21
		portia-28	24	PROVENTIL HFA	29, 30
		potassium chloride crys er	21	PROVERA	23, 24
		potassium chloride er	21	PROVIGIL	31
		potassium citrate er	21	PROZAC	10
		PRADAXA ORAL CAPSULE	9	pseudoephedrine-bromphen-dm	29
		pramipexole dihydrochloride.	12	PTS PANELS EGLU TEST	19
		pravastatin sodium.	14	PULMICORT SUSPENSION	30
		prazosin hcl oral	14		
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QUINTET BLOOD GLUCOSE TEST	19
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RADICAVA ORS STARTER KIT	15
ramipril	14
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reclipsen	24
RECOMBINATE	21
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RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG	15
RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG	15
RELION TRUE MET AIR GLUC METER	19
RELION TRUE METRIX TEST STRIPS	19
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RELION ULTIMA TEST	19
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REPATHA PUSHTRONEX SYSTEM	14
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RETACRIT INJECTION SOLUTION 20000 UNIT/ML	21
RETEVMO ORAL CAPSULE 40 MG	11
RETEVMO ORAL CAPSULE 80 MG	11
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REVATIO ORAL TABLET	30
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RIGHTEST GT333 GLUCOSE TEST	19
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RITALIN LA	15
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rosuvastatin calcium	14
roweepra	10
ROXICODONE	8
RUCONEST	27
RUKOBIA	12
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scopolamine	11
SEREVENT DISKUS	30
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sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	21
sildenafil citrate oral tablet 20 mg	30
SIMPONI	27
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	14
simvastatin oral tablet 80 mg	14
SINGULAIR ORAL TABLET	30
SINGULAIR ORAL TABLET CHEWABLE	30
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SOLIQUA	20
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SPIRIVA RESPIMAT	30
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STIOLTO RESPIMAT	30
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STRATTERA	15
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SYMFI	12	TEKTURNA HCT	14	TOUJEO MAX SOLOSTAR	20
SYMFI LO	12	telmisartan	14	TOUJEO SOLOSTAR	20
SYMJEPI	29	temazepam	31	TRACLEER 62.5 MG, 125 MG.	30
SYMLINPEN 120.	20	TEMPO REFILL.	19	TRADJENTA	20
SYMLINPEN 60.	20	TEMPO WELCOME	19	tramadol hcl oral tablet 100 mg	8
SYMPROIC	22	TENORMIN	14	tramadol hcl oral tablet 50 mg	8
SYNJARDY	20	terbinafine hcl oral	11	TRANSDERM-SCOP	11
SYNJARDY XR	20	TERIPARATIDE (RECOMBINANT)	27	trazodone hcl oral.	10
SYNTHROID	26	TESTIM	25	TRELEGY ELLIPTA.	30
T					
TABRECTA	12	testosterone cypionate intramuscular	25	TREMFYA	27
TACLONEX EXTERNAL OINTMENT	16	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30	treprostinil	30
tacrolimus external.	16	TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	30	tretinoin external cream.	17
tacrolimus oral	27	THALITONE	14	TREXALL.	27
tadalafil oral.	21	THIOLA	22	TREZIX	8
TADLIQ	30	THIOLA EC	22	tri-estarylla.	24
tafluprost (pf)	28	THYQUIDITY.	26	tri-linyah	24
TAGRISO	12	thyroid oral	26	tri-lo-estarylla	24
TAKHZYRO	27	TIGLUTIK.	16	tri-lo-marzia.	24
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR.	27	timolol maleate (once-daily).	28	tri-lo-mili.	24
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27	timolol maleate ophthalmic solution.	28	tri-lo-sprintec.	24
TAMIFLU ORAL CAPSULE	12	timolol maleate pf.	28	tri-mili.	24
tamoxifen citrate oral tablet 10 mg	12	TIMOPTIC OCUDOSE	28	tri-nymyo	25
tamoxifen citrate oral tablet 20 mg	12	TIROSINT-SOL	26	tri-sprintec.	25
tamsulosin hcl.	22	TIVICAY	12	tri-vylibra	25
TAPERDEX 12-DAY.	25	tizanidine hcl oral tablet.	31	tri-vylibra lo	25
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	25	TOBI NEBULIZER.	30	triamcinolone acetonide external cream 0.025 %, 0.1 %	17
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21).	25	TOBI PODHALER.	30	triamcinolone acetonide external cream 0.5 %	17
TAPERDEX 7-DAY.	25	TOBRADEX OPHTHALMIC SUSPENSION.	28	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	17
TARGADOX.	9	TOBRADEX ST	28	triamcinolone acetonide external ointment 0.05 %	17
tarina 24 fe.	24	tobramycin inhalation nebulization solution 300 mg/4ml	30	triamcinolone in absorbase.	17
tarina fe 1/20 eq	24	tobramycin nebulization solution 300 mg/5ml inhalation.	30	triamterene-hctz	14
TASIGNA.	12	tobramycin ophthalmic	28	TRIANEX	17
TAVALISSE	21	tobramycin-dexamethasone	28	triazolam	13
TECHLITE INSULIN SYRINGES	19	TOLAK.	17	TRICOR	14
TECHLITE PEN NEEDLES.	19	TOPAMAX	10	triderm	17
		topiramate oral tablet.	10	TRIJARDY XR	20
				TRILEPTAL ORAL TABLET	10



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tritocin	17	valsartan oral tablet	14	vylibra	25
TRIUMEQ	12	valsartan-hydrochlorothiazide	14	VYVANSE	15
TRUE FOCUS BLOOD GLUCOSE STRIP	19	VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	10	W	
TRUE METRIX AIR GLUCOSE METER KIT	19	VALTRESX	13	WAKIX	31
TRUE METRIX BLOOD GLUCOSE TEST	19	VANDAZOLE	9	warfarin sodium oral	9
TRUE METRIX GO GLUCOSE METER	19	VASOTEC	14	WELLBUTRIN SR	10
TRUE METRIX METER KIT	19	VELPHORO	22	WELLBUTRIN XL	10
TRUE METRIX PRO BLOOD GLUCOSE	19	VELTASSA	21	WILATE	21
TRUETRACK TEST	19	venlafaxine hcl	10	wixela inhub	30
TRULICITY	20	venlafaxine hcl er oral capsule extended release 24 hour	10	X	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	12	VENTOLIN HFA	29, 30	XALATAN	28
TRUVADA ORAL TABLET 200-300 MG	12	verapamil hcl er oral tablet extended release	14	XANAX	13
TYMLOS	27	VERKAZIA	28	XARELTO	9
TYRVAYA	28	VERQUVO	14	XARELTO STARTER PACK	9
TYVASO	30	VERZENIO	12	XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	10
TYVASO DPI MAINTENANCE KIT	30	VESICARE	22	XELJANZ	27
TYVASO DPI TITRATION KIT	30	vestura	25	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	27
TYVASO REFILL	30	VIAGRA	21	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	27
TYVASO STARTER	30	VIBERZI	22	XENLETA ORAL	9
U		VIBRAMYCIN ORAL CAPSULE	9	XEPI	17
UBRELVY	11	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	20	XIIDRA	28
UCERIS ORAL	27	vienna	25	XOFLUZA (40 MG DOSE)	13
UDENYCA	21	VIGAMOX	28	XOFLUZA (80 MG DOSE)	13
UNISTRIP1 GENERIC	19	VIIBRYD	10	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27
unithroid	26	VIIBRYD STARTER PACK	10	XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	27
UROCIT-K 10	21	vilazodone hcl	10	XOPENEX HFA	30
UROCIT-K 15	21	VISTARIL	13	XTAMPZA ER	8
UROCIT-K 5	21	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	21	XTANDI	12
UROXATRAL	22	VITRAKVI	12	xulane	25
V		VIVELLE-DOT	23, 25	XYWAV	31
VAGIFEM	25	VIVJOA	11	Y	
valacyclovir hcl oral	12	VOGELXO	25	YASMIN 28	25
		VOGELXO PUMP	25		
		VOSEVI	13		
		VRAYLAR ORAL CAPSULE	12		
		VTAMA	17		



YAZ	25	zumandimine.....	25
YUPELRI	30	ZYLET	28
yuvafem.....	25	ZYLOPRIM	11
		ZYPREXA ORAL.....	12

Z

zafemy	25
ZANAFLEX ORAL TABLET	31
ZARXIO	21
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	20
ZEJULA ORAL CAPSULE	12
ZELBORAF	12
ZELNORM.....	22
ZENPEP.....	22
ZEPOSIA	16
ZEPOSIA 7-DAY STARTER PACK....	16
ZEPOSIA STARTER KIT.....	16
ZESTORETIC	14
ZESTRIL	14
ZETIA.....	14
ZETONNA	29
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	14
ZIAC ORAL TABLET 5-6.25 MG....	15
ZILXI.....	17
ZIMHI.....	8
ZIOPTAN	28
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	9
ZITHROMAX ORAL TABLET.....	9
ZITHROMAX TRI-PAK	9
ZITHROMAX Z-PAK	9
ZOCOR	15
ZOLOFT ORAL TABLET	10
zolpidem tartrate er	31
zolpidem tartrate oral tablet	31
ZOMIG NASAL SOLUTION 2.5 MG ..	11
ZOMIG NASAL SOLUTION 5 MG....	11
ZONEGRAN	10
zonisamide oral.....	10
ZORYVE	17
ZTLIDO	8
ZUBSOLV	8



Nondiscrimination notice and access to communication services

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If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your 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.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free **1-800-368-1019**, **1-800-537-7697 (TDD)**

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

We provide free services to help you communicate with us, including letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your 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, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែកម្រិតតម្កល់ ដល់មាន់នៃលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos niit'izí bee nééhozinígíí bine'déę t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

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