



Your 2026 Prescription Drug List

Traditional 4-Tier

Effective May 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2026 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our UnitedHealthcare, River Valley, Optimum Choice, Inc., Global Solutions, Student Resources, New Jersey Oxford and UnitedHealthOne medical plans when sold in your market 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. Then, they are listed in alphabetical order.

How do I use my PDL?

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

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 5 for more information.

When does the PDL change?

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

Why are some medications excluded from coverage?

We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification)¹ if your plan covers other lower-cost medications. For example, there may be a lower-cost covered option or an over-the-counter medication that works the same way.² In some cases, the same product can be made by 2 or more drug companies, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, senior UnitedHealth Group® doctors and business leaders meet to evaluate overall health care value. They also set coverage and tier status for all medications.

About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. **This PDL is not a full list of medications, and not all medications listed may be covered by your plan.**

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

The PDL gives you choices. This allows you and your doctor to decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE. Generics are in lowercase.

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	\$\$ Mid-range cost Medications that provide good overall value. Mainly preferred brand-name drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help lower your out-of-pocket costs.
Tier 4	\$\$\$ Highest-cost Medications that provide the lowest overall value.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.



Reading your PDL (continued)

Drug list information

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

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

Coverage details

Some drug classes in this PDL have other important coverage details. Review this list to see if drug classes that apply to you are noted. Please review your plan documents for coverage and cost-share.

- **Central nervous system: sedatives/hypnotics**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: blood glucose monitoring, insulin, non-insulin**
Diabetic supplies and prescription medications may be subject to different cost-share amounts for New Jersey Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for details.
- **Diabetes: continuous glucose monitors, sensors**
Coverage is set by your prescription drug benefit plan. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.
- **Endocrine: growth hormone**
Coverage is set by your prescription drug benefit plan.

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

4. Not applicable to certain Student Resources plans.



Reading your PDL (continued)

- **Infertility**

Coverage is set by your prescription drug benefit plan. Prior authorization (sometimes referred to as precertification) may be required for New Jersey Oxford plans or where a state mandates infertility drug coverage.

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan.

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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

Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac (bitalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
buprenorphine	1	PA, QL
bitalbital-acetaminophen oral tablet 50-325 mg	1	
bitalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
bitalbital-apap-caffeine	1	QL
bitalbital-asa-caff-codeine	1	QL
bitalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	QL
endocet	1	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
ESGIC ORAL TABLET 50-325-40 MG	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA, QL
FIORICET	4	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	4	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL

Drug Name	Drug Tier	Requirements & Limits
lidocaine-prilocaine external cream	1	
methadone hcl oral tablet	1	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
premium lidocaine	1	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er	1	(generic for Ultram ER), QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
TREZIX	3	QL
XTAMPZA ER	4	PA, QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL
ZTLIDO	3	PA, QL

Analgesics - Drugs for Pain and Inflammation		
celecoxib oral	1	
DAYPRO	4	
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3		eq nicotine polacrilex	1	H
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4		eq nicotine step 3	1	H
ec-naproxen	1		eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
etodolac	1		ft naloxone hcl	1	QL
FELDENE ORAL CAPSULE 20 MG	4		ft nicotine	1	H
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1		ft nicotine mini	1	H
indomethacin er	1		gnp naloxone hcl	1	QL
indomethacin oral capsule	1		gnp nicotine mini	1	H
ketorolac tromethamine oral	1		gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
meloxicam oral tablet	1		gnp nicotine polacrilex mouth/throat lozenge	1	H
nabumetone oral	1		gnp nicotine transdermal	1	H
naproxen dr	1		goodsense nicotine	1	H
naproxen oral tablet	1		habitrol	1	H
naproxen oral tablet delayed release	1		hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
naproxen sodium oral tablet 275 mg, 550 mg	1		hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H
oxaprozin oral tablet	1		hm nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	H
piroxicam oral	1		KLOXXADO	1	QL
sulindac oral	1		kls quit2	1	H
Anti-Addiction / Substance Abuse Treatment Agents			kls quit4	1	H
acamprosate calcium	1		naloxone hcl injection solution prefilled syringe	1	QL
buprenorphine hcl sublingual	1	QL	naloxone hcl nasal	1	QL
buprenorphine hcl-naloxone hcl sublingual film	1	QL	naltrexone hcl oral	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	QL	NARCAN	1	QL (includes Narcan OTC)
bupropion hcl er (smoking det)	1	H	NICODERM CQ	4	H
cvs nicotine	1	H	NICORETTE MINI	2	H
cvs nicotine polacrilex	1	H	NICORETTE MOUTH/THROAT GUM	4	H
disulfiram oral	1		NICORETTE MOUTH/THROAT LOZENGE	2	H
eq nicotine	1	H			
eq nicotine mouth/throat gum 4 mg	1	H			

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NICORETTE STARTER KIT	4	H	cefadroxil oral capsule	1	
nicotine mini	1	H	cefadroxil oral suspension reconstituted	1	
nicotine polacrilex mini	1	H	cefdinir	1	
nicotine polacrilex mouth/throat	1	H	cefixime oral capsule	1	
nicotine step 1	1	H	cefpodoxime proxetil oral tablet	1	
nicotine step 2	1	H	cefprozil	1	
nicotine step 3	1	H	cefuroxime axetil	1	
nicotine transdermal patch 24 hour	1	H	cephalexin	1	
OPVEE	1	QL	CIPRO ORAL TABLET	4	
qc nicotine transdermal system	1	H	ciprofloxacin hcl oral	1	
ra mini nicotine	1	H	clarithromycin oral tablet	1	
ra nicotine mouth/throat gum 4 mg	1	H	CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
ra nicotine polacrilex	1	H	CLEOCIN ORAL CAPSULE 75 MG	2	
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H	CLEOCIN ORAL SOLUTION RECONSTITUTED	4	
RETOVY	1	QL	CLEOCIN VAGINAL CREAM	4	
sm nicotine	1	H	clindamycin hcl oral	1	
sm nicotine polacrilex	1	H	clindamycin palmitate hcl	1	
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H	clindamycin phosphate vaginal	1	
THRIVE	4	H	CLINDESSE	2	
varenicline	1	H	dicloxacillin sodium	1	
ZIMHI	2	QL	doxycycline hyclate oral capsule	1	
ZUBSOLV	1	QL	doxycycline hyclate oral tablet 100 mg, 20 mg	1	
Antibacterials - Drugs for Infections			doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
amoxicillin	1		doxycycline monohydrate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate	1		doxycycline monohydrate oral tablet	1	
ampicillin	1		E.E.S. GRANULES	3	
AVIDOXY	4		ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3	
azithromycin oral packet 1 gm	1		ERYPED 400	4	
BACTRIM	4				
BACTRIM DS	4				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
erythromycin base oral tablet	1		trimethoprim oral	1	
erythromycin ethylsuccinate oral suspension reconstituted	1		VANCOCIN	4	
fidaxomicin oral tablet	1	QL	vancomycin hcl oral capsule	1	
fosfomycin tromethamine	1		VANDAZOLE	4	
gentamicin sulfate external	1	QL	VIBRAMYCIN ORAL CAPSULE 100 MG	4	
HIPREX	4		VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
levofloxacin oral tablet	1		XACIATO	2	QL
LIKMEZ	4		XENLETA ORAL TABLET 600 MG	3	
linezolid oral tablet	1		XEPI	3	QL
MACROBID	4		XIFAXAN	3	PA, QL
MACRODANTIN	4		ZITHROMAX	4	
methenamine hippurate	1		Anticoagulants - Drugs to Treat or Prevent Blood Clots		
metronidazole oral tablet 250 mg, 500 mg	1		dabigatran etexilate mesylate	1	QL
metronidazole vaginal	1		ELIQUIS TABLET	2	QL
minocycline hcl oral capsule	1		enoxaparin sodium injection solution prefilled syringe	1	QL
moxifloxacin hcl oral	1		jantoven	1	
mupirocin cream	1	QL	rivaroxaban	1	QL
mupirocin ointment	1	QL	warfarin sodium oral	1	
neomycin sulfate oral	1		XARELTO	2	QL
nitrofurantoin macrocrystal	1		Anticonvulsants - Drugs for Seizures		
nitrofurantoin monohydrate macrocrystals	1		BRIVIACT ORAL TABLET	3	PA
NUZYRA ORAL	4	QL	carbamazepine er	1	
penicillin v potassium	1		carbamazepine oral tablet	1	
SILVADENE	4		carbamazepine oral tablet chewable	1	
silver sulfadiazine external	1		CARBATROL	4	
ssd	1		clobazam oral suspension 2.5 mg/ml	1	PA
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1		clobazam oral tablet	1	PA
sulfamethoxazole-trimethoprim oral tablet	1		DEPAKOTE	4	PA
sulfatrim pediatric	1		DEPAKOTE ER	4	PA
tetracycline hcl oral capsule	1				
tinidazole oral	1				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DEPAKOTE SPRINKLES	4	PA	LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL	MOTPOLY XR	3	PA
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL	MYSOLINE	2	PA
diazepam rectal	1	QL	NAYZILAM	3	PA, QL
DILANTIN	3		NEURONTIN	4	PA
divalproex sodium er	1		ONFI	4	PA
divalproex sodium oral	1		oxcarbazepine	1	
EPIDIOLEX	3	PA, SP	perampanel	1	PA
epitol	1		phenobarbital oral tablet	1	
eslicarbazepine acetate	1	PA	phenytek	1	
ethosuximide oral	1		phenytoin sodium extended	1	
FYCOMPA ORAL SUSPENSION	4	PA	primidone oral tablet 125 mg	1	PA
FYCOMPA ORAL TABLET	3	PA	primidone oral tablet 250 mg, 50 mg	1	
gabapentin oral capsule	1		roweepra	1	
gabapentin oral solution 250 mg/5ml	1		subvenite	1	
gabapentin oral tablet 600 mg, 800 mg	1		SYMPAZAN	4	PA
KEPPRA ORAL	4	PA	TEGRETOL ORAL TABLET	4	
KEPPRA XR	4	PA	TEGRETOL-XR	4	
lacosamide oral	1		TOPAMAX	4	PA
LAMICTAL	4	PA	TOPAMAX SPRINKLE	4	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA	topiramate oral capsule sprinkle	1	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	topiramate oral tablet	1	
lamotrigine er	1		TRILEPTAL	4	PA
lamotrigine oral tablet	1		valproic acid oral capsule	1	
lamotrigine oral tablet chewable	1		valproic acid oral solution 250 mg/5ml	1	
lamotrigine oral tablet dispersible	1	PA	VALTOCO	3	PA, QL
levetiracetam er	1		VIMPAT ORAL	4	PA
levetiracetam oral solution	1		XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	PA
levetiracetam oral tablet	1		ZARONTIN	4	
			ZONEGRAN	4	PA
			zonisamide oral capsule	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
donepezil hcl oral tablet	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
AUVELITY	4	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	
escitalopram oxalate oral solution 5 mg/5ml	1	
escitalopram oxalate oral tablet	1	
FETZIMA	4	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	1	
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	

Drug Name	Drug Tier	Requirements & Limits
imipramine hcl oral	1	
mirtazapine oral	1	
NORPRAMIN	4	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	QL
paroxetine hcl oral tablet	1	
RALDESY	4	PA
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
SPRAVATO	4	PA, QL, SP
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
vilazodone hcl	1	QL
WAINUA	2	PA, QL, SP
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	QL
dronabinol	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	4	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	QL
posaconazole oral tablet delayed release	1	
SPORANOX	4	QL
terbinafine hcl oral	1	
terconazole	1	
VFEND ORAL TABLET 200 MG	4	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	

Drug Name	Drug Tier	Requirements & Limits
colchicine oral	1	
colchicine-probenecid	1	
febuxostat	1	
MITIGARE	2	
probenecid	1	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST, QL
eletriptan hydrobromide	1	QL
EMGALITY	2	PA, ST, QL
frovatriptan succinate	1	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW	4	PA, ST, QL
rizatriptan	1	QL
sumatriptan nasal	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
zolmitriptan oral	1	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	1	QL
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
pyridostigmine bromide oral tablet 60 mg	1	
VYVGART HYTRULO	4	PA, QL, SP
ZILBRYSQ	4	PA, QL, SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Antimycobacterials - Drugs to Treat Infections			IDHIFA	2	PA, QL, SP
dapsone oral	1		imatinib mesylate oral	1	QL, SP
ethambutol hcl oral	1		IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
isoniazid oral tablet	1		IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
MYAMBUTOL ORAL TABLET 400 MG	4		IMKELDI	4	PA, QL, SP
rifampin oral	1		JAKAFI	2	PA, QL, SP
Antineoplastics - Drugs for Cancer			KISQALI	2	PA, QL, SP
abiraterone acetate oral tablet 250 mg	1	QL, SP	KOSELUGO	3	PA, QL, SP
abirtega	1	QL, SP	lenalidomide	1	PA, QL, SP
ALECENSA	2	PA, QL, SP	LENVIMA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP	letrozole oral	1	H-PA
anastrozole oral	1	H-PA	leucovorin calcium oral	1	
AUGTYRO	2	PA, QL, SP	LUMAKRAS	4	PA, QL, SP
BESREMI	4	PA, QL, SP	LYNPARZA	2	PA, QL, SP
bicalutamide	1		mercaptopurine oral tablet	1	
BRUKINSA	3	PA, ST, QL, SP	nilotinib hcl	1	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP	NUBEQA	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP	ODOMZO	2	PA, QL, SP
capecitabine	1	SP	ORGOVYX	3	PA, QL, SP
COTELLIC	2	PA, QL, SP	PIQRAY	2	PA, QL, SP
dasatinib	1	PA, QL, SP	POMALYST	3	PA, QL, SP
ENSACOVE	2	PA, QL, SP	RETEVMO	4	PA, QL, SP
ERIVEDGE	2	PA, QL, SP	REVLIMID	2	PA, QL, SP
ERLEADA	2	PA, QL, SP	ROZLYTREK	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP	RYDAPT	2	PA, QL, SP
exemestane	1	H-PA	SCEMBLIX	4	PA, QL, SP
EXKIVITY ORAL CAPSULE 40 MG	4	SP	STIVARGA	2	PA, QL, SP
GAVRETO	4	PA, QL, SP	TABRECTA	4	PA, QL, SP
hydroxyurea oral	1		TAGRISSO	3	PA, QL, SP
IBRANCE ORAL TABLET	4	PA, ST, QL, SP	tamoxifen citrate oral tablet 10 mg	1	
ICLUSIG	3	PA, QL, SP	tamoxifen citrate oral tablet 20 mg	1	H-PA

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
temozolomide	1	SP
tiopronin	1	SP
tiopronin delayed release	1	SP
torpenz	1	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP

Antiparasitics - Drugs for Parasitic Infections

ARAKODA	4	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
KRINTAFEL	1	QL
MALARONE	4	
mefloquine hcl	1	
permethrin external	1	
STROMEKTOL	4	PA, QL

Antiparkinson Agents - Drugs for Parkinson's Disease

amantadine hcl oral capsule	1	
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
CREXONT	4	ST
INBRIJA	3	PA, QL, SP
NEUPRO	3	

Drug Name	Drug Tier	Requirements & Limits
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
SINEMET	4	
trihexyphenidyl hcl oral tablet	1	

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	E	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
ticagrelor	1	QL

Antipsychotics - Drugs for Mood Disorders

aripiprazole oral	1	
asenapine maleate	1	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
haloperidol oral	1	
lurasidone hcl	1	QL
olanzapine oral	1	
paliperidone er	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	4	QL
risperidone	1	
VRAYLAR	4	QL
ziprasidone hcl	1	

Antivirals - Drugs for Viral Infections

acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY ORAL TABLET 120-15 MG	4	QL
DESCOVY ORAL TABLET 200-25 MG	4	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA ORAL TABLET	2	PA, QL, SP
famciclovir oral	1	
GENVOYA	4	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	PA, QL, SP
ODEFSEY	4	QL
oseltamivir phosphate oral	1	
PAXLOVID	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
RUKOBIA	4	PA
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	2	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL

Drug Name	Drug Tier	Requirements & Limits
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
valacyclovir hcl oral	1	QL
valganciclovir hcl oral tablet	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	
triazolam	1	
VISTARIL ORAL CAPSULE 25 MG	4	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
aliskiren fumarate	1		colestipol hcl oral tablet	1	
amiloride hcl oral	1		CORGARD ORAL TABLET 20 MG, 40 MG	4	
amiodarone hcl oral	1		CORLANOR	3	PA, QL
amlodipine besylate oral	1		digoxin oral tablet	1	
amlodipine besylate-benazepril hcl	1		diltiazem hcl er	1	
amlodipine besylate-valsartan	1		diltiazem hcl er beads	1	
ARBLI	4	PA	diltiazem hcl er coated beads	1	
atenolol oral	1		diltiazem hcl oral	1	
atenolol-chlorthalidone	1		dilt-xr	1	
ATORVALIQ	4	PA	dofetilide	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	doxazosin mesylate oral	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		EDARBI	E	
benazepril hcl oral	1		EDARBYCLOR	E	
benazepril-hydrochlorothiazide	1		enalapril maleate oral solution	1	PA
bisoprolol fumarate oral tablet	1		enalapril maleate oral tablet	1	
bisoprolol-hydrochlorothiazide	1		enalapril-hydrochlorothiazide	1	
bumetanide oral	1		eplerenone	1	
BUMEX	3		ezetimibe	1	
CAMZYOS	4	PA, QL, SP	ezetimibe-simvastatin	1	
candesartan cilexetil	1		felodipine er	1	
candesartan cilexetil-hctz	1		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
captopril oral	1		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
CARDURA	4		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
cartia xt	1		fenofibric acid oral capsule delayed release	1	
carvedilol	1		flecainide acetate	1	
chlorthalidone	1		fosinopril sodium	1	
cholestyramine light	1		FUROSCIX	4	PA, QL
cholestyramine oral	1		furosemide oral	1	
clonidine hcl oral	1		gemfibrozil oral	1	
clonidine patch	1		guanfacine hcl	1	
colesevelam hcl oral tablet	1				
COLESTID ORAL TABLET	4				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HEMANGEOL	3		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
hydralazine hcl oral	1		metoprolol-hydrochlorothiazide	1	
hydrochlorothiazide oral	1		mexiletine hcl oral	1	
indapamide	1		midodrine hcl	1	
INZIRQO	4	PA	MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
irbesartan	1		minoxidil oral	1	
irbesartan-hydrochlorothiazide	1		MULTAQ	4	PA
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		nadolol oral	1	
isosorbide mononitrate er	1		nebivolol hcl	1	
ivabradine hcl	1	PA, QL	NEXLETOL	2	PA, ST, QL
KAPSPARGO SPRINKLE	4		NEXLIZET	2	PA, ST, QL
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA, QL	niacin er (antihyperlipidemic)	1	
labetalol hcl oral	1		nifedipine er	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		nifedipine er osmotic release	1	
LANOXIN ORAL TABLET 62.5 MCG	4		nifedipine oral	1	
LASIX	4		NITRO-BID	2	
lisinopril oral	1		NITRO-DUR	3	
lisinopril-hydrochlorothiazide	1		nitroglycerin rectal	1	QL
LODOCO	4	QL	nitroglycerin sublingual	1	
LOPID	4		nitroglycerin transdermal	1	
LOPRESSOR ORAL SOLUTION	4	PA	NITROSTAT	4	
losartan potassium oral	1		NORLIQVA	4	PA
losartan potassium-hctz	1		olmesartan medoxomil oral	1	
LOTENSIN	4		olmesartan medoxomil-hctz	1	
LOTENSIN HCT	4		omega-3-acid ethyl esters	1	
lovastatin oral	1	H	PACERONE ORAL TABLET 100 MG, 400 MG	3	
matzim la	1		PACERONE ORAL TABLET 200 MG	4	
MAXZIDE ORAL TABLET 75-50 MG	4		pentoxifylline er	1	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4		pravastatin sodium	1	
metolazone	1		prazosin hcl oral	1	
metoprolol succinate er	1		prevalite	1	
			propafenone hcl	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
propafenone hcl er	1		valsartan-hydrochlorothiazide	1	
propranolol hcl er	1		verapamil hcl er	1	
propranolol hcl oral	1		verapamil hcl oral	1	
QUESTRAN	4		VERELAN	4	
QUESTRAN LIGHT	4		VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4	
ramipril	1		VERQUVO	4	PA, QL
ranolazine er	1		VYNDAQEL	2	PA, QL, SP
RECTIV	4	QL	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
REPATHA	2	QL	ZIAC ORAL TABLET 5-6.25 MG	4	
REPATHA PUSHTRONEX SYSTEM	2	QL	Central Nervous System Agents - Drugs for Attention Deficit Disorder		
REPATHA SURECLICK	2	QL	amphetamine sulfate	1	
rosuvastatin calcium oral	1		amphetamine-dextroamphetamine	1	
sacubitril-valsartan	1	PA, QL	amphetamine-dextroamphetamine er	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA	amphet-dextroamphet 3-bead er	1	QL
simvastatin oral tablet 80 mg	1		atomoxetine hcl	1	QL
sotalol hcl oral	1		AZSTARYS	3	ST, QL
spironolactone oral tablet	1		clonidine hcl er	1	
spironolactone-hctz	1		dexmethylphenidate hcl	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1		dexmethylphenidate hcl er	1	QL
TEKTURNA	3		dextroamphetamine sulfate er	1	QL
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3		dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	
telmisartan	1		FOCALIN	4	
telmisartan-hctz	1		guanfacine hcl er	1	
TEZRULY	4	PA	JORNAY PM	3	ST, QL
tiadylt er	1		lisdexamfetamine dimesylate	1	QL
TIAZAC	4		METHYLIN	4	
TIKOSYN	4		methylphenidate hcl er (cd)	1	QL
torsemide	1		methylphenidate hcl er (la) oral capsule extended release 24 hour	1	QL
trandolapril	1				
triamterene-hctz	1				
valsartan oral solution	4	PA			
valsartan oral tablet	1				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
methlyphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
methlyphenidate hcl er oral tablet extended release	1	QL
methlyphenidate hcl oral	1	
ONYDA XR	3	QL

Central Nervous System Agents - Drugs for Multiple Sclerosis

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

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYRICA ORAL CAPSULE	4	PA
NUDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	4	QL
TEGLUTIK	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
TIGLUTIK	3	PA: SP
VEOZAH	4	PA, QL
ZEPOSIA	3	PA, ST, QL, SP

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
sf gel 1.1%	1		CALCITRENE	3	
sodium fluoride 5000 plus	1		CIBINQO	2	PA, QL, SP
sodium fluoride 5000 ppm	1		ciclopirox olamine external suspension	1	
sodium fluoride dental	1		claravis	1	
triamcinolone acetonide mouth/throat	1		CLEOCIN-T	4	
Dermatological Agents - Drugs for Skin Conditions			clindacin etz external swab	1	
acutane	1		clindacin-p	1	
acitretin	1		clindamycin phos (once-daily) gel 1 % external	1	QL
adapalene-benzoyl peroxide external gel	1	QL	clindamycin phos (twice-daily) gel 1 % external	1	QL
AKLIEF	4	PA, QL	clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T), QL
alclometasone dipropionate	1		clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
amnestem	1		clindamycin phosphate external lotion	1	
AMZEEQ	4	QL	clindamycin phosphate external solution	1	
AVAR CLEANSER	4		clindamycin phosphate external swab	1	
azelaic acid external	1		clobetasol prop emollient base external cream 0.05 %	1	QL
AZELEX	3	QL	clobetasol propionate e	1	QL
BENZAMYCIN	2	QL	clobetasol propionate external cream 0.05 %	1	QL
benzoyl peroxide-erythromycin	1	QL	clobetasol propionate external gel	1	QL
betamethasone dipropionate aug external cream	1		clobetasol propionate external liquid	1	QL
betamethasone dipropionate aug external lotion	1		clobetasol propionate external ointment	1	QL
betamethasone dipropionate aug external ointment	1		clobetasol propionate external solution	1	QL
betamethasone dipropionate external	1		clotrimazole-betamethasone	1	
betamethasone valerate external cream	1		dapsone external	1	QL
betamethasone valerate external lotion	1		DERMA-SMOOTH/FS BODY	4	QL
betamethasone valerate external ointment	1				
calcipotriene external cream	1	QL			
calcipotriene external ointment	1				
calcipotriene external solution	1	QL			

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DERMA-SMOOTH/FS SCALP	4		halobetasol propionate external ointment	1	QL
desonide external cream	1	QL	hydrocortisone external cream 2.5 %	1	
desonide external lotion	1	QL	hydrocortisone external ointment 1 %, 2.5 %	1	
desonide external ointment	1	QL	hydrocortisone valerate external cream	1	QL
DESOWEN	3	QL	imiquimod external cream 5 %	1	
desoximetasone external cream	1	QL	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
desoximetasone external ointment	1	QL	KLARON	4	
diclofenac sodium external gel 3 %	1	PA, QL	KLISYRI	4	ST, QL
DIPROLENE	4		METROCREAM	4	
DRYSOL	4		METROLOTION	4	
DUPIXENT	2	PA, QL, SP	metronidazole external cream	1	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	metronidazole external gel 0.75 %	1	
EFUDEX EXTERNAL CREAM 5 %	4		metronidazole external lotion	1	
ENSTILAR	4	QL	MIRVASO	2	PA, QL
ERYGEL	3		mometasone furoate external	1	
erythromycin external	1		NEMLUVIO	2	PA, QL, SP
EUCRISA	3	ST, QL	neuac	1	QL
FINACEA EXTERNAL FOAM	4		OPZELURA	4	PA, QL, SP
fluocinolone acetonide body	1	QL	OVACE PLUS WASH EXTERNAL LIQUID	4	
fluocinolone acetonide external	1	QL	OVACE WASH	4	
fluocinolone acetonide scalp	1		PANRETIN	3	
fluocinonide external cream 0.05 %	1		pimecrolimus	1	QL
fluocinonide external gel	1		podofilox external solution	1	
fluocinonide external ointment	1		RHOFADE	4	PA, QL
fluocinonide external solution	1		SANTYL	3	QL
fluorouracil external cream 5 %	1		selenium sulfide external lotion	1	
fluticasone propionate external cream	1		sodium sulfacetamide wash	1	
fluticasone propionate external ointment	1		SOOLANTRA	1	QL
halobetasol propionate external cream	1	QL	sulfacetamide sodium (acne)	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium external	1		ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1		ACCU-CHEK GUIDE KIT W/ DEVICE	2	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1		ACCU-CHEK GUIDE ME METER	2	
TACLONEX EXTERNAL SUSPENSION	1		ACCU-CHEK GUIDE TEST STRIPS	2	QL
tacrolimus external	1	QL	ACCU-CHEK SOFTCLIX LANCET	1	
tazarotene external cream	1	PA, QL	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
TAZORAC EXTERNAL CREAM	4	PA, QL	BD AUTOSHIELD DUO PEN NEEDLES	2	QL
TOPICORT	4	QL	BD ULTRA-FINE PEN NEEDLES	2	QL
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	4	QL	BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
tretinoin external cream	1	QL	BD VEO ULTRA-FINE INSULIN SYRINGES	2	
triamcinolone acetonide external cream 0.025 %, 0.1 %	1		BD-ULTRA FINE INSULIN SYRINGES	2	
triamcinolone acetonide external cream 0.5 %	1	QL	CEQUR SIMPLICITY 2U 8PK	3	ST
triamcinolone acetonide external lotion	1		CONTOUR NEXT EZ KIT W/ DEVICE	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		CONTOUR NEXT GEN MONITOR KIT	1	
triderm	1	QL	CONTOUR NEXT MONITOR KIT W/DEVICE	1	
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL	CONTOUR NEXT ONE KIT	1	
urea external cream 20 %, 40 %, 45 %	1		CONTOUR NEXT TEST STRIPS	1	
UREMEZ-40	3		CONTOUR PLUS BLUE KIT W/ DEVICE	1	
VTAMA	4	PA, QL	CONTOUR PLUS TEST STRIP	1	QL
ZELSUVMI	4	PA, QL	DEXCOM G6 RECEIVER	3	PA, QL
zenatane	1		DEXCOM G6 SENSOR	3	PA, QL
ZILXI	4	PA, ST, QL	DEXCOM G6 TRANSMITTER	3	PA, QL
ZORYVE EXTERNAL CREAM 0.15%, 0.3%	4	PA, QL	DEXCOM G7 RECEIVER	3	PA, QL
ZORYVE EXTERNAL FOAM	4	PA, QL	DEXCOM G7 SENSOR	3	PA, QL
Diabetes - Glucose Monitoring and Supplies			EMBECTA INSULIN SYRINGE	2	QL
ACCU-CHEK AVIVA SOLUTION	1		ENLITE GLUCOSE SENSOR	3	PA
ACCU-CHEK FASTCLIX LANCET	1				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL
GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
GUARDIAN 4 TRANSMITTER	3	PA, QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR 3	3	PA, QL
INPEN	3	ST
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 LIBRE INTRO KIT	2	PA, QL
OMNIPOD 5 LIBRE PODS	2	PA, QL
TECHLITE INSULIN SYRINGES (Arkray)	2	QL

Drug Name	Drug Tier	Requirements & Limits
TECHLITE PEN NEEDLES (Arkray)	2	QL
TECHLITE PLUS PEN NEEDLES (Arkray)	2	QL
TWIIST REFILL KIT	2	PA, QL
TWIIST REFILL KIT/INFUSION SET	2	PA, QL
TWIIST STARTER KIT	2	PA, QL
Diabetes - Insulin		
HUMALOG CARTRIDGE	2	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
INSULIN LISPRO VIAL	1	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
TOUJEO MAX SOLOSTAR	2	QL	liraglutide	1	PA, QL
TOUJEO SOLOSTAR	2	QL	metformin hcl er	1	
Diabetes - Non-Insulin Agents			metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
acarbose oral	1		MOUNJARO	2	PA, QL
ACTOPLUS MET	4	QL	nateglinide	1	QL
ALOGLIPTIN BENZOATE	2	QL	OZEMPIC	2	PA, QL
BAQSIMI ONE PACK	2	QL	pioglitazone hcl	1	QL
BAQSIMI TWO PACK	2	QL	pioglitazone hcl-metformin hcl	1	QL
BRENZAVVY	3	ST, QL	repaglinide	1	QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL	RYBELSUS	2	PA, QL
BYETTA	2	PA, QL	saxagliptin hcl	1	QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		saxagliptin-metformin er	1	QL
glipizide er	1		SOLIQUA	2	QL
glipizide oral tablet 10 mg, 5 mg	1		SYMLINPEN 120	3	QL
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1		SYMLINPEN 60	3	QL
glipizide-metformin hcl	1		SYNJARDY	2	QL
glucagon emergency kit 1 mg injection	1		SYNJARDY XR	2	QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR (Fresenius)	2		TRADJENTA	2	QL
GLUCOTROL XL	4		TRIJARDY XR	2	QL
glyburide oral	1		TRULICITY	2	PA, QL
glyburide-metformin	1		ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
GLYXAMBI	2	ST, QL	Drugs for Blood Disorders		
GVOKE HYPOPEN 1-PACK	2	QL	ADVATE	2	SP
GVOKE HYPOPEN 2-PACK	2	QL	ADYNOVATE	4	SP
GVOKE KIT	2	QL	AFSTYLA	4	SP
GVOKE PFS	2	QL	ALPHANATE	2	SP
JARDIANCE	2	QL	ALPROLIX	3	SP
JENTADUETO	2	QL	ALTUVIIIO	4	SP
JENTADUETO XR	2	QL	ALVAIZ	4	PA, SP
			ARANESP (ALBUMIN FREE)	2	QL, SP
			BENEFIX	2	SP
			DOPTelet	4	PA, QL, SP
			ELOCTATE	4	SP
			eltrombopag powder	1	PA, QL: SP

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
PROMACTA POWDER	4	PA, QL, SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
TAVALISSE	4	PA, QL, SP
tranexamic acid oral	1	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	SP
VOYDEYA	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
avanafil	1	PA, QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA, QL
OSPHEA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL

Drug Name	Drug Tier	Requirements & Limits
STENDRA	4	PA, QL
tadalafil oral	1	QL
varденаfil hcl oral tablet	1	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
CARNITOR ORAL SOLUTION	4	
CARNITOR SF	4	
CO-NATAL FA	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	1	
DENTA 5000 PLUS SENSITIVE	3	
DODEX INJECTION SOLUTION 1000 MCG/ML	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	3	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
M-NATAL PLUS	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
multivitamin w/fluoride tablet chewable 0.5 mg oral	1		sodium fluoride oral tablet chewable	1	H
multivitamin w/fluoride tablet chewable 1 mg oral	1		TRICARE ORAL TABLET	3	
multi-vitamin/fluoride	1		TRINATAL RX 1	3	
multivitamin/fluoride oral tablet chewable	1		TRINATE	3	
NASCOBAL	3		tri-vite/fluoride	1	
NEONATAL COMPLETE	3		UROCIT-K 10	4	
NEONATAL PLUS	3		UROCIT-K 15	4	
NIVA-PLUS	3		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
ONE VITE WOMENS PLUS	3		VELTASSA	3	PA, QL
ORACIT	2		VITAFOL FE+	3	
ORAL CITRATE	2		VITAFOL ULTRA	3	
PHOSPHA 250 NEUTRAL	2		VITAFOL-OB	3	
phosphorous	1		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
phospho-trin 250 neutral	1		VITATHELY WITH GINGER	3	
pnv 27-ca/fe/fa	1		wes-phos 250 neutral	1	
potassium chloride crys er	1		Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
potassium chloride er	1		bis subcit-metronid-tetracyc	1	QL
potassium chloride oral	1		bismuth/metronidaz/tetracyclin	1	QL
potassium citrate er	1		cimetidine oral	1	
prenatal oral tablet 27-1 mg	1		CYTOTEC	4	
prenatal plus	1		esomeprazole magnesium oral packet	1	PA, ST, QL
prenatal plus vitamin/mineral	1		famotidine oral suspension reconstituted	1	
PRENATE MINI	3		lansoprazole oral tablet delayed release dispersible	1	PA, ST, QL
PREVIDENT 5000 ENAMEL PROTECT	3		misoprostol oral	1	
PREVIDENT 5000 SENSITIVE	3		OMECLAMOX-PAK	3	QL
QUFLORA PEDIATRIC	3		omeprazole oral capsule delayed release	1	
sod citrate-citric acid oral solution 500-334 mg/5ml	1		pantoprazole sodium oral tablet delayed release	1	
sod fluoride-potassium nitrate	1				
sodium fluoride 5000 enamel	1				
sodium fluoride 5000 sensitive	1				
sodium fluoride oral solution	1	H			

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PYLERA	4	QL	LEVBIID	4	
rabeprazole sodium oral tablet delayed release	1	QL	LEVSIN	4	
sucralfate oral	1		LEVSIN/SL	4	
VOQUEZNA	4	PA, QL	LINZESS	2	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL	LIVDELZI	4	PA, ST, QL, SP
VOQUEZNA TRIPLE PAK	4	ST, QL	LOMOTIL	4	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			lubiprostone	1	PA, QL
ANASPAZ	2		MOVIPREP	4	QL
BYLVAY	4	PA, QL, SP	na sulfate-k sulfate-mg sulf	1	QL
BYLVAY (PELLETS)	4	PA, QL, SP	NULEV	4	
chlordiazepoxide-clidinium	1		OSCIMIN	4	
CLENPIQ	3	QL	peg 3350-kcl-na bicarb-nacl	1	QL, H
constulose	1		peg-3350/electrolytes	1	QL, H
cromolyn sodium oral	1		peg-3350/electrolytes/ascorbat	1	QL
dicyclomine hcl oral capsule	1		peg-kcl-nacl-nasulf-na asc-c	1	QL
dicyclomine hcl oral tablet 10mg, 20 mg	1		PLENVU	3	QL
diphenoxylate-atropine oral tablet	1		prucalopride succinate	1	PA, QL
enulose	1		REZDIFFRA	4	PA, QL
gavilyte-c	1	H	SUFLAVE	3	QL
gavilyte-g	1	QL, H	SUPREP BOWEL PREP KIT	3	QL
gavilyte-n with flavor pack	1	QL, H	SUTAB	3	
generlac	1		SYMPROIC	2	PA, QL
glycopyrrolate oral tablet 1 mg, 2 mg	1		ursodiol oral capsule 300 mg	1	
GOLYTELY	1	QL, H	ursodiol oral tablet	1	
hyoscyamine sulfate er	1		VIBERZI	3	PA, QL
hyoscyamine sulfate oral tablet	1		Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
hyoscyamine sulfate oral tablet dispersible	1		ATTRUBY	2	PA, QL, SP
hyoscyamine sulfate sublingual	1		CARNITOR ORAL TABLET	4	
IQIRVO	4	PA, ST, QL, SP	CERDELGA	2	PA, SP
lactulose encephalopathy	1		CREON	2	
lactulose oral solution	1		DEPEN TITRATABS	2	SP
			EVRYSDI ORAL SOLUTION RECONSTITUTED	2	PA, QL, SP
			levocarnitine oral tablet	1	

See page 5-7 for coverage details.



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
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
tolvaptan oral tablet therapy pack	1	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
VYNDAQEL	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
ELMIRON	4	ST
mirabegron er	1	ST
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
trospium chloride	1	
VANRAFIA	4	PA, QL, SP
VELPHORO	4	ST
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
dutasteride oral	1	

Drug Name	Drug Tier	Requirements & Limits
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
Hormonal Agents - Hormone Replacement and Birth Control		
abigale	1	
abigale lo	1	
ACTIVELLA	4	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
amethia oral tablet 0.15-0.03 & 0.01 mg	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	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 ORAL TABLET 5 MG	4	
ayuna	1	H
azurette	1	H
balziva	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
blisovi fe 1/20	1	H	emzahh	1	H
briellyn	1	H	enilloring	1	H
camila	1	H	enpresse-28	1	H
camrese	1	H	enskyce	1	H
camrese lo	1	H	errin	1	H
charlotte 24 fe	1	H	est estrogens-methyltest	1	
chateal eq	1	H	est estrogens-methyltest ds	1	
CLIMARA PRO	3	QL	est estrogens-methyltest hs	1	
COMBIPATCH	3	QL	estarylla	1	H
conjugated estrogen oral	1		estradiol oral	1	
COVARYX	2		estradiol patch twice weekly	1	QL
COVARYX HS	3		estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	1	
cryselle-28	1	H	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
cyred eq	1	H	estradiol transdermal patch weekly	1	(generic for Climara), QL
dasetta 1/35 (28)	1	H	estradiol vaginal	1	
dasetta 7/7/7	1	H	estradiol valerate intramuscular	1	
daysee	1	H	estradiol-norethindrone acet	1	
deblitane	1	H	estratest f.s.	1	
DELESTROGEN	4		ESTRATEST H.S.	3	
delyla	1	H	ESTRING	2	QL
DEPO-PROVERA	4	QL	ESTROGEL	3	QL
DEPO-SUBQ PROVERA 104	1	QL, H	ethynodiol diac-eth estradiol	1	H
desogestrel-ethinyl estradiol	1	H	etonogestrel-ethinyl estradiol	1	H
DIVIGEL	3		EVAMIST	2	
dotti	1	QL	falmina	1	H
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H	fayosim oral tablet 42-21-21-7 days	1	H
drospirenone-ethinyl estradiol	1	H	feirza 1.5/30	1	H
DUAVEE	3	QL	feirza 1/20	1	H
EEMT	2		FEMRING	3	QL
EEMT HS	3		finzala	1	H
ELESTRIN	3				
elinest	1	H			
ELLA	1	QL, H			
eluryng	1	H			

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
fyavolv	1		levonest	1	H
gallifrey	1		levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
hailey 1.5/30	1	H	levonorgest-eth estrad 91-day	1	H
hailey 24 fe	1	H	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
hailey fe 1.5/30	1	H	levonorg-eth estrad triphasic	1	H
hailey fe 1/20	1	H	levora 0.15/30 (28)	1	H
haloette	1	H	LO LOESTRIN FE	1	H
heather	1	H	lojaimiess	1	H
iclevia	1	H	loryna	1	H
incassia	1	H	low-ogestrel	1	H
introvale	1	H	lo-zumandimine	1	H
isibloom	1	H	luteria	1	H
jaimiess	1	H	lyleq	1	H
jasmiel	1	H	lyllana	1	QL
jencycla	1	H	lyza	1	H
jinteli	1		marlissa	1	H
jolessa	1	H	medroxyprogesterone acetate intramuscular	1	QL, H
juleber	1	H	medroxyprogesterone acetate oral	1	
junel 1.5/30	1	H	megestrol acetate oral tablet	1	
junel 1/20	1	H	meleya	1	H
junel fe 1.5/30	1	H	MENOSTAR	3	QL
junel fe 1/20	1	H	mibelas 24 fe	1	H
junel fe 24	1	H	microgestin 1.5/30	1	H
kalliga	1	H	microgestin 1/20	1	H
kariva	1	H	microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
kelnor 1/35	1	H	microgestin fe 1.5/30	1	H
kelnor 1/50	1	H	microgestin fe 1/20	1	H
kurvelo	1	H	mili	1	H
larin 1.5/30	1	H	mimvey	1	
larin 1/20	1	H	mono-lynyah	1	H
larin 24 fe	1	H			
larin fe 1.5/30	1	H			
larin fe 1/20	1	H			
leena	1	H			
lessina	1	H			

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H
ocella	1	H
philith	1	H
pimtrea	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	

Drug Name	Drug Tier	Requirements & Limits
PREMPRO	3	
progesterone intramuscular	1	
progesterone oral	1	
PROVERA	4	
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H
setlakin	1	H
sharobel	1	H
simliya	1	H
simpesse	1	H
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-lynyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TYBLUME	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
tydemy oral tablet 3-0.03-0.451 mg	1	H
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	4	
dexamethasone intensol	1	
dexamethasone oral	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral	1	

Drug Name	Drug Tier	Requirements & Limits
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	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA: SP
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	4	PA, QL, SP
NOC DURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	3	PA, QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
KYZATREX	4	PA, QL
TESTIM	1	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal gel 1.62 %	1	PA, QL (generic Androgel Pump)

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Thyroid			ENBREL SURECLICK	2	PA, QL, SP
ARMOUR THYROID	3		ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
ERMEZA	2	PA	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
euthyrox	1		gengraf oral capsule	1	
levo-t	1		HAEGARDA	2	PA, QL, SP
levothyroxine sodium oral tablet	1		HUMIRA*	E	PA, QL, SP
levoxyl	1		HYFTOR	4	PA, QL
liothyronine sodium oral	1		JYLAMVO	4	PA
methimazole oral	1		KEVZARA	4	PA, ST, QL, SP
NIVA THYROID	3		leflunomide oral	1	
np thyroid	1		LITFULO	3	PA, QL, SP
propylthiouracil oral	1		LUPKYNIS	4	PA, QL, SP
RENTHYROID	3		methotrexate sodium (pf)	1	
thyroid oral	1		methotrexate sodium injection solution	1	
TIROSINT-SOL	2	PA	methotrexate sodium oral	1	
unithroid	1		mycophenolate mofetil oral capsule	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression			mycophenolate mofetil oral tablet	1	
ACTEMRA ACTPEN	3	PA, ST, QL, SP	mycophenolate sodium	1	
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP	mycophenolic acid	1	
ADALIMUMAB-ADAZ	2	PA, QL, SP	MYHIBBIN	1	
ADBRY	2	PA, QL, SP	OLUMIANT	3	PA, ST, QL, SP
AMJEVITA	2	PA, QL, SP	OMVOH SUBCUTANEOUS	2	PA, QL, SP
ANDEMBRY	2	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
AZASAN	4		ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
azathioprine oral	1		OTEZLA	2	PA, QL, SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	OTEZLA XR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP	PROGRAF ORAL CAPSULE	4	
CIMZIA	2	PA, QL, SP	RASUVO	2	QL
COSENTYX	2	PA, QL, SP	RINVOQ	2	PA, QL, SP
cyclosporine modified oral capsule	1		RUCONEST	4	PA, QL, SP
EMPAVELI	2	PA, QL, SP	SIMPONI	2	PA, QL, SP
ENBREL	2	PA, QL, SP			
ENBREL MINI	2	PA, QL, SP			

See page 5-7 for coverage details.

* Members currently on therapy may be allowed to continue.



Drug Name	Drug Tier	Requirements & Limits
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
WEZLANA	2	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
Immunological Agents - Drugs for Vaccination		
ABRYSVO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GONAL-F	4	ST, SP	PROCTOSOL HC	4	
MENOPUR	4	QL, SP	PROCTOZONE-HC	4	
NOVAREL	3	SP	SFROWASA	4	
OVIDREL	4	SP	sulfasalazine oral	1	
PREGNYL	3	SP	UCERIS ORAL	1	
progesterone suppository	1		Metabolic Bone Disease Agents - Drugs for Osteoporosis		
Inflammatory Bowel Disease Agents			alendronate sodium oral tablet	1	
ANALPRAM HC	4		BONSITY	3	PA, SP
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4		FOSAMAX	4	
ANALPRAM-HC EXTERNAL CREAM	4	QL	ibandronate sodium oral	1	
ANUCORT-HC	2		raloxifene hcl	1	H-PA
ANUSOL-HC EXTERNAL	4		risedronate sodium oral tablet 150 mg, 35 mg	1	
APRISO	1		risedronate sodium oral tablet 30 mg, 5 mg	1	
AZULFIDINE	4		TERIPARATIDE SOLUTION PEN-INJECTOR 560 mcg/2.24ml SUBCUTANEOUS	3	PA, SP
AZULFIDINE EN-TABS	4		TYMLOS	3	PA, SP
balsalazide disodium	1		Metabolic Bone Disease Agents - Other		
budesonide oral	1		calcitriol oral capsule	1	
CORTIFOAM	2		cinacalcet hcl	1	
DIPENTUM	3		ROCALtrol ORAL CAPSULE	4	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3		YORVIPATH	4	PA, QL, SP
hydrocortisone (perianal) external cream 2.5 %	1		Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
hydrocortisone ace-pramoxine external cream 1-1 %	1		ACULAR	4	
hydrocortisone acetate rectal	1		ACULAR LS	4	
hydrocort-pramoxine (perianal)	1		ALREX	4	QL
mesalamine oral capsule delayed release 400 mg	1		AZASITE	3	
mesalamine oral tablet delayed release 1.2 gm	1		azelastine hcl ophthalmic	1	
mesalamine rectal enema	1	QL	bacitracin-polymyxin b	1	
mesalamine rectal suppository	1	QL	BESIVANCE	3	
PROCTOFOAM HC	2		bromfenac sodium (once-daily)	1	
procto-med hc	1		ciprofloxacin hcl ophthalmic	1	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
dexamethasone sodium phosphate ophthalmic	1		TOBRADEX OPHTHALMIC OINTMENT	3	
diclofenac sodium ophthalmic	1		TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
epinastine hcl	1	QL	tobramycin ophthalmic	1	QL
erythromycin ophthalmic	1	H-PA	tobramycin-dexamethasone	1	
EYSUVIS	4	QL	XDEMVEY	4	PA, QL
FLAREX	2		ZYLET	3	
fluorometholone	1		Ophthalmic Agents - Drugs for Glaucoma		
FML FORTE	3		ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1	QL
FML LIQUIFILM	4		ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
gatifloxacin ophthalmic	1		BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
gentamicin sulfate ophthalmic	1	QL	BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	QL
INVELTYS	3		bimatoprost ophthalmic	1	QL
ketorolac tromethamine ophthalmic	1		brimonidine tartrate ophthalmic solution 0.15 %	1	QL
LOTEMAX OPHTHALMIC OINTMENT	3		brimonidine tartrate ophthalmic solution 0.2 %	1	
LOTEMAX SM	3	QL	brinzolamide	1	QL
loteprednol etabonate ophthalmic suspension	1	QL	COMBIGAN	1	QL
MAXITROL	4		COSOPT	4	
moxifloxacin hcl (2x day)	1		DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
moxifloxacin hcl ophthalmic	1		dorzolamide hcl solution 2 % ophthalmic	1	
neomycin-polymyxin-dexameth	1		dorzolamide hcl-timolol mal	1	
NEVANAC	4		ISTALOL	4	
OCUFLOX	4		latanoprost ophthalmic	1	
ofloxacin ophthalmic	1		LUMIGAN	2	QL
olopatadine hcl ophthalmic solution 0.1 %	1		RHOPRESSA	3	QL
POLYCIN	3		ROCKLATAN	3	QL
polymyxin b-trimethoprim	1		tafluprost (pf)	1	ST, QL
PRED MILD	3		timolol hemihydrate	1	QL
prednisolone acetate ophthalmic	1				
sulfacetamide sodium ophthalmic solution	1				

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4	
travoprost (bak free)	1	QL
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
difluprednate	1	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
MIEBO	4	PA, QL
RESTASIS	1	PA, QL
TRYPTYR	4	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
XIIDRA	4	PA, QL

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
ciprofloxacin-dexamethasone	1	
DERMOTIC	4	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

Drug Name	Drug Tier	Requirements & Limits
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	QL
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	2	
epinephrine solution auto-injector	1	QL
NEFFY	4	QL

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

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

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ODACTRA	4	PA, QL	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
olopatadine hcl nasal	1		albuterol sulfate oral syrup 2 mg/5ml	1	
promethazine-codeine	1	PA, QL	ANORO ELLIPTA	3	QL
promethazine-dm	1		ARNUITY ELLIPTA	1	QL
pseudoephedrine-bromphen-dm	1		ATROVENT HFA	3	QL
PULMOSAL	2		BEVESPI AEROSPHERE	2	QL
sodium chloride inhalation	1		BREATHE COMFORT CHAMBER/ADULT	2	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3		BREATHE COMFORT CHAMBER/CHILD	2	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD			BREO ELLIPTA	3	QL, RS
ACCOLATE	4		BREZTRI AEROSPHERE	3	QL, RS
ADVAIR HFA	3	QL, RS	budesonide inhalation	1	QL
AEROCHAMBER HOLDING CHAMBER	2		COMBIVENT RESPIMAT	3	QL
AEROCHAMBER PLS FLOVU MTHPIECE	2		EASIVENT	2	
AEROCHAMBER PLUS FLO-VU	2		EASIVENT MASK LARGE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2		EASIVENT MASK MEDIUM	2	
AEROCHAMBER PLUS FLO-VU LARGE	2		EASIVENT MASK SMALL	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2		FASENRA PEN	4	PA, QL, SP
AEROCHAMBER PLUS FLO-VU SMALL	2		FLEXICHAMBER	2	
AEROCHAMBER PLUS FLO-VU W/MASK	2		fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL
AEROCHAMBER2GO ANTI-STATIC	2		FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
AIRSUPRA	3	QL	INSPIREASE	2	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	QL	ipratropium bromide inhalation	1	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1		ipratropium-albuterol	1	
			levalbuterol hcl inhalation	1	QL

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	2	
montelukast sodium oral	1	
NUCALA	4	PA, QL, SP
PERFOROMIST	4	QL
PROCHAMBER VHC	2	
QVAR REDHALER	1	QL
roflumilast	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
TRELEGY ELLIPTA	3	QL, RS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	1	QL
XOLAIR	2	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
zafirlukast	1	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
pirfenidone	1	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
bosentan	1	PA, QL, SP
OPSUMIT	2	PA, QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI	2	PA, QL, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	1	
TANLOR	3	
tizanidine hcl oral	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	4	

See page 5-7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Sleep Disorder Agents		
armodafinil	1	QL
BELSOMRA	4	QL
eszopiclone	1	
LUMRYZ	4	PA, QL, SP
modafinil oral	1	QL
ramelteon	1	QL
RESTORIL	4	
SODIUM OXYBATE	4	PA, QL, SP (Manufactured by Hikma)
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

See page 5-7 for coverage details.



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abigale	30
abigale lo	30
abiraterone acetate oral tablet 250 mg	15
abirtega	15
ABRYSVO	36
acamprosate calcium	9
acarbose oral	26
ACCOLATE	40
ACCU-CHEK AVIVA SOLUTION	24
ACCU-CHEK FASTCLIX LANCET	24
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	24
ACCU-CHEK GUIDE KIT W/ DEVICE	24
ACCU-CHEK GUIDE ME METER	24
ACCU-CHEK GUIDE TEST STRIPS	24
ACCU-CHEK SOFTCLIX LANCET	24
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	24
accutane	22
acebutolol hcl oral	17
acetaminophen-codeine oral tablet	8
acetazolamide er	17
acetazolamide oral	17
acetic acid otic	39
acitretin	22
ACTEMRA ACTPEN	35
ACTEMRA SUBCUTANEOUS	35
ACTIVELLA	30
ACTOPLUS MET	26
ACULAR	37
ACULAR LS	37
acyclovir external ointment	16
acyclovir oral capsule	16

acyclovir oral suspension 200 mg/5ml	16
acyclovir oral tablet	16
ADACEL	36
ADALIMUMAB-ADAZ	35
adapalene-benzoyl peroxide external gel	22
ADBRY	35
ADDYI	27
ADEMPAS	41
ADVAIR HFA	40
ADVATE	26
ADYNOVATE	26
AEROCHAMBER HOLDING CHAMBER	40
AEROCHAMBER PLS FLOVU MTHPIECE	40
AEROCHAMBER PLUS FLO-VU ...	40
AEROCHAMBER PLUS FLO-VU INTERM	40
AEROCHAMBER PLUS FLO-VU LARGE	40
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	40
AEROCHAMBER PLUS FLO-VU SMALL	40
AEROCHAMBER PLUS FLO-VU W/MASK	40
AEROCHAMBER2GO ANTI- STATIC	40
afirmelle	30
AFLURIA PRESERVATIVE FREE ...	36
AFSTYLA	26
AIMOVIG	14
AIRSUPRA	40
AKLIEF	22
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	40

albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	40
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION ...	40
albuterol sulfate oral syrup 2 mg/5ml	40
alclometasone dipropionate	22
ALECENSA	15
alendronate sodium oral tablet ...	37
alfuzosin hcl er	30
aliskiren fumarate	18
allopurinol oral tablet 100 mg, 300 mg	14
ALOGLIPTIN BENZOATE	26
ALORA	30
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	38
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	38
ALPHANATE	26
alprazolam er	17
alprazolam oral	17
alprazolam xr	17
ALPROLIX	26
ALREX	37
altavera	30
ALTUVIIIO	26
ALUNBRIG	15
ALVAIZ	26
alyacen 1/35	30
alyacen 7/7/7	30
alyq	41
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	30
amantadine hcl oral capsule	16
amantadine hcl oral tablet	16



BELSOMRA.....	42	bisoprolol fumarate oral tablet....	18	buprenorphine hcl-naloxone hcl sublingual film.....	9
benazepril hcl oral.....	18	bisoprolol-hydrochlorothiazide ...	18	buprenorphine hcl-naloxone hcl sublingual tablet sublingual	9
benazepril-hydrochlorothiazide...	18	blisovi 24 fe.....	30	bupropion hcl er (smoking det)....	9
BENEFIX.....	26	blisovi fe 1/20.....	31	bupropion hcl er (sr)	13
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	35	blisovi fe 1.5/30.....	30	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	13
BENZAMYCIN	22	BONSITY	37	bupropion hcl oral.....	13
benzonatate oral capsule 100 mg, 200 mg	39	BOOSTRIX.....	36	buspirone hcl oral.....	17
benzoyl peroxide-erythromycin...	22	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	36	butalbital-acetaminophen oral tablet 50-325 mg.....	8
benztropine mesylate oral.....	16	bosentan	41	butalbital-apap-caff-cod oral capsule 50-325-40-30 mg.....	8
BESIVANCE.....	37	BREATHE COMFORT CHAMBER/ ADULT	40	butalbital-apap-caffeine	8
BESREMI.....	15	BREATHE COMFORT CHAMBER/ CHILD.....	40	butalbital-asa-caff-codeine	8
betamethasone dipropionate aug external cream	22	BRENZAVVY	26	butalbital-aspirin-caffeine	8
betamethasone dipropionate aug external lotion	22	BREO ELLIPTA.....	40	butorphanol tartrate nasal	8
betamethasone dipropionate aug external ointment.....	22	briellyn.....	31	BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO- INJECTOR 2 MG/0.85ML	26
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betamethasone valerate external ointment.....	22	brinzolamide	38		
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bethanechol chloride oral	30	BROMFED DM ORAL SYRUP 2-30-10 MG/5ML.....	39		
BETIMOL OPHTHALMIC SOLUTION 0.25 %.....	38	bromfenac sodium (once-daily)...	37		
BETIMOL OPHTHALMIC SOLUTION 0.5 %	38	bromocriptine mesylate oral tablet	16		
BEVESPI AEROSPHERE	40	bromphen-pseudoeph-dm.....	39		
bicalutamide	15	BRONCHITOL	41		
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BIKTARVY.....	17	budesonide inhalation	40		
bimatoprost ophthalmic.....	38	budesonide oral.....	37		
BIMZELX.....	35	bumetanide oral.....	18		
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		buprenorphine hcl sublingual	9		

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candesartan cilexetil.....	18	chlordiazepoxide-clidinium.....	29	clindacin-p.....	22
candesartan cilexetil-hctz.....	18	chlorhexidine gluconate mouth/ throat.....	21	clindamycin hcl oral.....	10
capecitabine.....	15	chlorpromazine hcl oral tablet.....	16	clindamycin palmitate hcl.....	10
CAPLYTA.....	16	chlorthalidone.....	18	clindamycin phos (once-daily) gel 1 % external.....	22
captopril oral.....	18	chlorzoxazone oral tablet 500 mg.....	41	clindamycin phos (twice-daily) gel 1 % external.....	22
CAPVAXIVE.....	36	cholestyramine light.....	18	clindamycin phos-benzoyl perox external gel 1.2-5 %.....	22
carbamazepine er.....	11	cholestyramine oral.....	18	clindamycin phosphate external lotion.....	22
carbamazepine oral tablet.....	11	CHORIONIC GONADOTROPIN INTRAMUSCULAR.....	36	clindamycin phosphate external solution.....	22
carbamazepine oral tablet chewable.....	11	CIBINQO.....	22	clindamycin phosphate external swab.....	22
CARBATROL.....	11	ciclodan.....	14	clindamycin phosphate vaginal.....	10
carbidopa-levodopa er.....	16	ciclopirox external.....	14	CLINDESSE.....	10
carbidopa-levodopa oral tablet.....	16	ciclopirox olamine external cream.....	14	CLINPRO 5000.....	21
carbinoxamine maleate oral tablet 4 mg.....	39	ciclopirox olamine external suspension.....	22	clobazam oral suspension 2.5 mg/ml.....	11
CARDURA.....	18	cilostazol.....	16	clobazam oral tablet.....	11
carisoprodol oral tablet 350 mg.....	41	CIMDUO.....	17	clobetasol prop emollient base external cream 0.05 %.....	22
CARNITOR ORAL SOLUTION.....	27	cimetidine oral.....	28	clobetasol propionate e.....	22
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CARNITOR SF.....	27	cinacalcet hcl.....	37	clobetasol propionate external gel.....	22
cartia xt.....	18	CIPRO ORAL TABLET.....	10	clobetasol propionate external liquid.....	22
carvedilol.....	18	ciprofloxacin hcl ophthalmic.....	37	clobetasol propionate external ointment.....	22
cefadroxil oral capsule.....	10	ciprofloxacin hcl oral.....	10	clobetasol propionate external solution.....	22
cefadroxil oral suspension reconstituted.....	10	ciprofloxacin-dexamethasone.....	39	CLOMID.....	36
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cefpodoxime proxetil oral tablet.....	10	clarithromycin oral tablet.....	10	clonazepam oral.....	17
cefprozil.....	10	CLENPIQ.....	29	clonidine hcl er.....	20
cefuroxime axetil.....	10	CLEOCIN ORAL CAPSULE 150 MG, 300 MG.....	10	clonidine hcl oral.....	18
celecoxib oral.....	8	CLEOCIN ORAL CAPSULE 75 MG.....	10	clonidine patch.....	18
cephalexin.....	10	CLEOCIN ORAL SOLUTION RECONSTITUTED.....	10		
CEQUR SIMPLICITY 2U 8PK.....	24	CLEOCIN VAGINAL CREAM.....	10		
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clopidogrel bisulfate oral	16	CRESEMBA ORAL	14	DEPAKOTE ER	11
clorazepate dipotassium	17	CREXONT.....	16	DEPAKOTE SPRINKLES	12
clotrimazole mouth/throat.....	14	cromolyn sodium ophthalmic	39	DEPEN TITRATABS.....	29
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CO-NATAL FA.....	27	cvs nicotine polacrilex	9	DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML.....	34
colchicine oral.....	14	cyanocobalamin injection solution 1000 mcg/ml	27	DERMA-SMOOTH/FS BODY.....	22
colchicine-probenecid.....	14	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	27	DERMA-SMOOTH/FS SCALP	23
colesevelam hcl oral tablet.....	18	cyanocobalamin nasal	27	DERMOTIC	39
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colestipol hcl oral tablet.....	18	CYCLOGYL	39	DESCOVY ORAL TABLET 200-25 MG	17
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COMBIPATCH	31	cyclosporine modified oral capsule	35	desmopressin acetate oral	34
COMBIVENT RESPIMAT	40	cyproheptadine hcl oral	39	desmopressin acetate spray.....	34
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COTELLIC	15			dexmethylphenidate hcl.....	20
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dextroamphetamine sulfate oral		donepezil hcl oral tablet	13	DELAYED RELEASE 375 MG	9
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DIASTAT ACUDIAL RECTAL GEL		DORZOLAMIDE HCL SOLUTION		DELAYED RELEASE 500 MG	9
10 MG, 20 MG.....	12	2 % OPHTHALMIC	38	ec-naproxen.....	9
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diazepam oral tablet	17	doxazosin mesylate oral	18	EEMT.....	31
diazepam rectal	12	doxepin hcl oral capsule	13	EEMT HS	31
diclofenac potassium oral tablet		doxepin hcl oral concentrate	13	EFUDEX EXTERNAL CREAM 5 %...23	
50 mg.....	8	doxycycline hyclate oral capsule ..	10	ELESTRIN.....	31
diclofenac sodium er.....	8	doxycycline hyclate oral tablet		eletriptan hydrobromide.....	14
diclofenac sodium external gel		100 mg, 20 mg.....	10	ELIMITE	16
3 %	23	doxycycline monohydrate oral		elinest.....	31
diclofenac sodium ophthalmic ...	38	capsule 100 mg, 50 mg	10	ELIQUIS TABLET	11
diclofenac sodium oral.....	8	doxycycline monohydrate oral		ELLA	31
diclofenac-misoprostol.....	8	suspension reconstituted	10	ELMIRON	30
dicloxacillin sodium	10	doxycycline monohydrate oral		ELOCTATE	26
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diltiazem hcl er coated beads	18	delayed release particles 20 mg,		tablet 200-300 mg.....	17
diltiazem hcl oral	18	30 mg, 60 mg.....	13	emzahn	31
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DIPENTUM.....	37	dutasteride oral	30	enalapril maleate oral tablet.....	18
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disulfiram oral	9			ENBREL SURECLICK	35
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divalproex sodium oral.....	12			ENDOMETRIN.....	36
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1000 MCG/ML.....	27				

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ENLITE GLUCOSE SENSOR.....	24	escitalopram oxalate oral solution 5 mg/5ml	13	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	35
enoxaparin sodium injection solution prefilled syringe	11	escitalopram oxalate oral tablet...13		everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg.....	15
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ENSACOVE	15	ESGIC ORAL TABLET 50-325-40 MG.....	8	exemestane	15
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ENTYVIO PEN	35	est estrogens-methyltest ds	31	ezetimibe-simvastatin	18
enulose	29	est estrogens-methyltest hs	31		
EPCLUSA ORAL TABLET	17	estarylla	31		
EPIDIOLEX	12	estradiol oral	31, 33		
epinastine hcl	38	estradiol patch twice weekly	31		
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML	39	estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	31		
epinephrine solution auto- injector	39	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	31		
epitol.....	12	estradiol transdermal patch weekly	31		
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eq nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	9	ESTRING.....	31		
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fenofibrate oral capsule 134 mg, 200 mg, 67 mg	18
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	18
fenofibric acid oral capsule delayed release.....	18
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr..	8
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FINACEA EXTERNAL FOAM	23	fluoxetine hcl oral tablet 20 mg, 60 mg	13	FREESTYLE LIBRE 3 SENSOR.	25
finasteride oral tablet 5 mg.	30	fluticasone propionate external cream	23	FREESTYLE LIBRE READER.	25
fingolimod hcl.	21	fluticasone propionate external ointment.	23	frovatriptan succinate	14
finzala.	31	fluticasone propionate nasal	39	ft naloxone hcl	9
FIORICET	8	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/ act, 250-50 mcg/act, 500-50 mcg/act	40	ft nicotine	9
flac otic oil 0.01 %	39	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ ACT, 55-14 MCG/ACT.	40	ft nicotine mini	9
FLAREX	38	fluvoxamine maleate.	13	FUROSCIX	18
flecainide acetate.	18	fluvoxamine maleate er.	13	furosemide oral	18
FLEXICHAMBER.	40	FLUZONE HIGH-DOSE	36	fyavolv	32
FLORAFOL PEDIATRIC ORAL SOLUTION 0.25 MG/ML	27	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.	36	FYCOMPA ORAL SUSPENSION	12
FLUAD	36	FML FORTE	38	FYCOMPA ORAL TABLET	12
FLUARIX	36	FML LIQUIFILM.	38	FYREMADEL	36
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flunisolide nasal	39	fosfomycin tromethamine.	11		
fluocinolone acetonide body	23	fosinopril sodium.	18		
fluocinolone acetonide external	23	FRAICHE 5000 DENTAL	21		
fluocinolone acetonide otic	39	FREESTYLE LIBRE 14 DAY READER.	25		
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fluocinonide external cream 0.05 %.	23	FREESTYLE LIBRE 2 PLUS SENSOR.	25		
fluocinonide external gel	23	FREESTYLE LIBRE 2 READER.	25		
fluocinonide external ointment	23	FREESTYLE LIBRE 2 SENSOR.	25		
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fluorometholone.	38				
fluorouracil external cream 5 %	23				
fluoxetine hcl oral capsule.	13				
fluoxetine hcl oral solution	13				
fluoxetine hcl oral tablet 10 mg	13				

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gabapentin oral capsule	12
gabapentin oral solution 250 mg/5ml	12
gabapentin oral tablet 600 mg, 800 mg	12
gallifrey	32
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	36
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE.	36
gatifloxacin ophthalmic	38
gavilyte-c.	29
gavilyte-g.	29
gavilyte-n with flavor pack.	29
GAVRETO.	15
gemfibrozil oral	18
generlac	29
gengraf oral capsule	35
gentamicin sulfate external	11
gentamicin sulfate ophthalmic.	38
GENVOYA.	17
GILENYA ORAL CAPSULE 0.25 MG.	21

glatiramer acetate	21	GUARDIAN LINK 3 TRANSMITTER	25	hm nicotine transdermal patch	
glatopa	21	GUARDIAN REAL-TIME		24 hour 21 mg/24hr, 7 mg/24hr.....	9
glimepiride oral tablet 1 mg,		REPLACE PED	25	HUMALOG CARTRIDGE.....	25
2 mg, 4 mg.....	26	GUARDIAN SENSOR 3.....	25	HUMALOG KWIKPEN	25
glipizide er.....	26	GVOKE HYPOPEN 1-PACK	26	HUMALOG MIX 50/50 KWIKPEN ..	25
glipizide oral tablet 10 mg, 5 mg..	26	GVOKE HYPOPEN 2-PACK	26	HUMALOG MIX 50/50 VIAL	
glipizide xl oral tablet extended		GVOKE KIT	26	SUBCUTANEOUS SUSPENSION	
release 24 hour 10 mg, 2.5 mg,		GVOKE PFS.....	26	(50-50) 100 UNIT/ML.....	25
5 mg	26	GYNAZOLE-1	14	HUMALOG MIX 75/25 KWIKPEN ..	25
glipizide-metformin hcl.....	26			HUMALOG MIX 75/25 VIAL.....	25
glucagon emergency kit 1 mg				HUMALOG U-100 JUNIOR	
injection	26			KWIKPEN	25
GLUCAGON EMERGENCY				HUMATE-P.....	27
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(Fresenius).....	26			HUMULIN 70/30 KWIKPEN	25
GLUCOTROL XL	26			HUMULIN 70/30 VIAL	25
glyburide oral.....	26			HUMULIN N KWIKPEN	25
glyburide-metformin	26			HUMULIN N VIAL	25
glycopyrrolate oral tablet 1 mg,				HUMULIN R U-500 KWIKPEN.....	25
2 mg.....	29			HUMULIN R U-500 VIAL.....	25
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gnp nicotine mini.....	9			hydrochlorothiazide oral.....	19
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throat gum 2 mg	9			hydrocodone bit-homatrop mbr	
gnp nicotine polacrilex mouth/				oral solution	39
throat lozenge.....	9			hydrocodone-acetaminophen	
gnp nicotine transdermal.....	9			oral solution 10-300 mg/15ml,	
GOLYTELY	29			10-325 mg/15ml,	
GONAL-F	37			7.5-325 mg/15ml	8
goodsense nicotine	9			hydrocodone-acetaminophen	
griseofulvin microsize oral				oral tablet 10-325 mg,	
suspension	14			2.5-325 mg, 5-325 mg, 7.5-325 mg .	8
guaifenesin ac oral syrup				hydrocort-pramoxine (perianal)...	37
100-10 mg/5ml.....	39			hydrocortisone (perianal)	
guaifenesin-codeine.....	39			external cream 2.5 %	37
guanfacine hcl.....	18, 20			hydrocortisone ace-pramoxine	
guanfacine hcl er.....	20			external cream 1-1 %	37
GUARDIAN 4 GLUCOSE SENSOR.	25			hydrocortisone acetate rectal....	37
GUARDIAN 4 TRANSMITTER	25			hydrocortisone external cream	
GUARDIAN CONNECT				2.5 %	23
TRANSMITTER	25				

H

habitol	9	hm nicotine polacrilex mouth/	
HAEGARDA	35	throat gum 2 mg, 4 mg.....	9
hailey 1.5/30.....	32	hm nicotine polacrilex mouth/	
hailey 24 fe.....	32	throat lozenge 2 mg.....	9
hailey fe 1/20	32		
hailey fe 1.5/30	32		
HALCION	17		
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ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

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

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

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

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer) សេវាជំនួយភាសាគតិកថា និងការទំនាក់ទំនងគតិកថាផ្គត់ផ្គង់សម្រាប់អ្នក ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វថ្ងៃមកលេខគតិកថាផ្គត់ផ្គង់នៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

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

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

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

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

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

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

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

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

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

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

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

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

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

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

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

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

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

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

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

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

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

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

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

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