Missouri
Individual & Family plans

2026 Prescription Drug List

Effective as of Jan. 1, 2026

United Healthcare®

Table of contents

Understanding your prescription drug list

What is a prescription drug list (PDL)?

A PDL is a list of prescribed medications or other pharmacy care products or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, UnitedHealthcare® is guided by the Prescription Drug List Management Committee (PDL MC). This group reviews which medications will be covered based on their overall value. Medications are chosen for their safety, cost and effectiveness. The committee also makes sure there are safe and covered options.

About this PDL

Where differences between this document and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

How do I use my PDL?

You and your health care provider can use the PDL to help you choose the most cost-effective prescription medications. This guide tells you if your medication is covered, what tier your medication is considered under your plan, and if your medication has coverage rules or limits. You can reference this list when you see your health care provider. ou can also search for medications at **myuhc.com/exchange** and find the PDL in the **Pharmacies & Prescriptions** section.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, and you can find cost-sharing information in your plan documents. This determines how much you will pay when you fill a prescription at a network pharmacy. Using lower-tier medications may help you pay the lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you can ask your health care provider if a lower-tier medication can work for your condition. In the chart below, the overall value is based on factors such as medication's effectiveness, safety, cost, and the availability of alternative medications that can work for your condition.

Tier	Cost-share	Includes
1	$0	**$0 Cost-share** Medications available at no cost to you, which includes **preventive medications.**
2	$	**Lower cost-share** Medications that offer the **highest overall value,** which includes **preferred generic medications.**
3	$$	**Mid-range cost-share** Medications that provide **good overall value,** which includes **preferred brand name** and **non-preferred generic** medications.
4	$$$	**Higher cost-share** Medications that provide **lower overall value**, which includes **non-preferred brand name** and **non-preferred generic** medications.
5	$$$$	**Highest cost-share** Medications that provide the **lowest overall value**, which includes most **specialty** medications.

Can the PDL change?

Most changes in drug coverage typically happen on January 1st. However, changes that have a positive impact for you—such as coverage for new medications or cost savings—may occur at any time.

Why are some medications not covered?

Non-formulary medications

Medications that are not covered on your PDL are also called non-formulary medications. 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 if your plan covers other medications for your condition. Talk to your health care provider. They may be able to ask about an exception to get your medication covered or may switch you to a covered medication that can work for your condition. See the Prior authorization and exception requests section.

Excluded medications

Review your benefit plan documents to see if any medications are excluded from your plan. If excluded, ask your health care provider if covered medications may work for you.

Coverage details

What are coverage rules or limits?

Some medications on your PDL have extra rules before they can be covered. A few of the most common coverage rules or limits are prior authorization (PA), quantity limits (QL), and step therapy (ST). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information. In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage rules or limits. Your benefit plan sets how these medications may be covered for you. To get a medication that has a coverage rule or limit, see the "Prior authorization and exception requests" section.

PA	**Prior authorization required**
	Requires your health care provider to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	**Quantity limit**
	The largest quantity of medication covered per copayment or in a defined period of time.
ST	**Step therapy**
	Requires you to try one or more medications before the medication you are requesting may be covered.
SP	**Specialty medication**
	Specialty medications treat complex or rare conditions and may require special storage and handling. Your plan limits specialty medications to a 1-month supply. Specialty medications may not be available at a retail pharmacy. You may have to get these medications from a specialty pharmacy.

MME	**Morphine milligram equivalent and 7-day limit if you have not filled an opioid prescription recently**
	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your health care provider prescribes more than this amount, or thinks the limit is not right for your situation, you or your health care provider can ask the plan to cover the additional quantity.
7D	**7 day limit if you have not filled an opioid prescription recently**
	If you have not filled an opioid prescription recently, you may be limited to a 7-day supply. This limit is intended to minimize initial duration if you do not have recent history of opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy. For members who have filled an opioid recently, prescriptions are limited to a 1 month supply.

Which preventive medications are covered?

Your UnitedHealthcare Individual & Family plan covers certain preventive medications and supplements at no cost to you when filled at a network pharmacy.

Under the Affordable Care Act (ACA) of 2010, prescription and over-the-counter (OTC) preventive medications and supplements include:

- Aspirin to prevent preeclampsia during pregnancy
- Birth control (contraceptives)
- Bowel preparation for a colonoscopy needed for colon cancer screening
- Breast cancer preventive medications
- Fluoride to prevent dental cavities
- Folic acid to prevent birth defects
- Gonococcal Ophthalmia Neonatorum preventive medications
- Human Immunodeficiency Virus (HIV) infection pre-exposure preventive (PrEP) medications
- Statin medications to prevent cardiovascular events
- Tobacco cessation medications to help you quit smoking
- Vaccines

We follow recommendations by the U.S. Preventive Services Task Force, Health Resources and Services Administration, and Advisory Committee on Immunization Practices.

Preventive medications are listed as Tier 1 or are noted as $0 Copay medications in this drug list. Some medications are available at no cost to you only when certain requirements are met. As noted in this list, we may need your health care provider to provide information about your medical condition to confirm that you meet the requirements to obtain the preventive medication at no cost. Follow the steps in the "Prior authorization and exception requests" section. If you qualify, you can receive these drugs at $0 cost-share. If you are using it to treat another medical condition, a cost-share may apply.

What medications are covered under my medical benefit?

To learn about medications covered under your medical benefit, visit **uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/IFP-Clinical-Program-Summary-Drug-List.pdf**

Prior authorization and exception requests

Some medications require prior authorization or may need an exception. This includes medications that:

- Require a prior authorization, including compounded prescription medications
- Require step therapy
- Exceed quantity limits
- Exceed opioid safety edits
  - 7-day supply limit for members who have not filled an opioid prescription recently or
  - Opioid use that exceeds the established morphine milligram equivalent (MME) level
- Are not listed in the PDL (also called non-formulary drugs)
- May be covered at no cost when specific requirements are met such as preventive medications

How can I get a medication that requires a prior authorization or an exception?

Optum Rx, our Pharmacy Benefit Manager, processes prior authorization and exception requests on behalf of UnitedHealthcare Individual & Family plans. Contact your health care provider to submit a request. Health care providers can submit a request:

- Online: **professionals.optumrx.com/prior-authorization.html**
- Phone: 1-800-711-4555

The request should include the diagnosis, medication history, clinical justification, medical records/lab tests as needed and other supporting information. If information is missing, Optum Rx will contact your health care provider and request additional information.

We'll send written notification of the decision to both you and your health care provider. If your health care provider does not agree with the decision, the notification will provide instructions on requesting a peer-to-peer review or requesting an appeal.

You and your health care provider can learn more and find clinical criteria by visiting **uhcprovider.com/exchange**.

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. If you are taking a non-formulary brand-name medication that has a generic equivalent, you may also be responsible for the difference in cost between the brand-name drug and the generic equivalent. Check your plan documents for more information.

What if my health care provider writes a brand-name prescription?

If your health care provider gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

Over-the-counter medications

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your health care provider about available OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

What if I require multiple prescriptions with different strengths of the same medication?

If you require multiple prescriptions with different strengths of the same medication to achieve your dose, your plan allows you to pay for only a single copayment for those prescriptions.

For example: If your health care provider prescribes a medication for 15 mg and the drug is only made in a 5mg and 10mg tablet, you'll need 2 prescriptions but with different strengths (5mg and 10mg) to achieve 15mg. When this happens, you may be responsible for a copayment for each strength when you get your prescriptions from the pharmacy.

To make sure you get the lowest out-of-pocket costs, you can*:

- **Switch to a single strength** – Ask your health care provider to switch to a single strength for you to achieve the same dose. Using the example above, use 3 of the 5 mg tablets to achieve the 15 mg dose. If your medication has a quantity limit, your health care provider may need to request an exception.
- **Request an override** – If you remain on multiple strengths, you can ask your pharmacy to contact Optum Rx for an override each time you fill your prescription. Your pharmacy can contact Optum Rx at the number listed on your health plan ID card.

Reading your PDL

The PDL gives you choices so you and your health care provider can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE (for example, JARDIANCE). Generic medications are shown in lowercase (for example, atorvastatin). There are 2 ways to find your drug within the PDL:

1. By category – the drugs in this formulary are grouped into categories depending on the medical conditions that they are used to treat. For example, drugs used to treat an infection are generally listed under the category, Antibacterial. If you know what your drug is used for, look for the category name, then look under the category name for your drug .
2. By alphabet – if you are not sure what category to look under, you should look for your drug in the Index. The Index provides an alphabetical list of all the drugs included in this document for both brand name drugs and generic drugs. Review the Index to find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to that page listed in the Index and find the name of your drug in the first column of the list .

Questions

Review your policy for more information about your pharmacy benefit

Call the Member Services number on your health plan ID card

Register or login to your online account at **myuhc.com/exchange** to:

- Find current list of covered medications
- Find a network pharmacy by ZIP code
- Learn about home delivery
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

*If your claim is in the deductible phase or you are responsible for a coinsurance (percentage cost-share), you are responsible for the cost-sharing for all strengths.

Drug name	Tier	Notes
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
aspirin 81 oral tablet delayed release	1	$0 Copay for members between ages of 15 to 49 years.
aspirin adult low dose	1	$0 Copay for members between ages of 15 to 49 years.
aspirin adult low strength	1	$0 Copay for members between ages of 15 to 49 years.
aspirin childrens	1	$0 Copay for members between ages of 15 to 49 years.
aspirin ec adult low dose	1	$0 Copay for members between ages of 15 to 49 years.
aspirin ec low dose	1	$0 Copay for members between ages of 15 to 49 years.
aspirin ec low strength	1	$0 Copay for members between ages of 15 to 49 years.
aspirin low dose	1	$0 Copay for members between ages of 15 to 49 years.
aspirin oral tablet chewable	1	$0 Copay for members between ages of 15 to 49 years.
aspirin oral tablet delayed release 81 mg	1	$0 Copay for members between ages of 15 to 49 years.
aspirin regimen	1	$0 Copay for members between ages of 15 to 49 years.
celecoxib oral	2	QL
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium oral	2	
diclofenac-misoprostol	3	
diflunisal oral	2	
etodolac	2	
etodolac er	3	
flurbiprofen oral tablet 100 mg	2	
ft aspirin low dose	1	$0 Copay for members between ages of 15 to 49 years.
ft aspirin oral tablet chewable	1	$0 Copay for members between ages of 15 to 49 years.
goodsense aspirin low dose	1	$0 Copay for members between ages of 15 to 49 years.
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
indomethacin er	2	
indomethacin oral capsule	2	QL
ketoprofen er	4	ST
ketoprofen oral	3	ST
ketorolac tromethamine oral	2	
meclofenamate sodium oral	4	
mefenamic acid oral	4	
meloxicam oral tablet	2	
mm aspirin	1	$0 Copay for members between ages of 15 to 49 years.
nabumetone oral	2	
naproxen dr	2	
naproxen oral suspension	4	PA
naproxen oral tablet	2	
naproxen oral tablet delayed release	2	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	3	
piroxicam oral	2	
salsalate oral	2	
ST JOSEPH LOW DOSE	1	$0 Copay for members between ages of 15 to 49 years.
sulindac oral	2	
tolmetin sodium	4	
Opioid Analgesics, Long-acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	PA; QL; MME; 7D
hydrocodone bitartrate er oral capsule extended release 12 hour	4	PA; QL; MME; 7D
hydromorphone hcl er	4	PA; QL; MME; 7D
levorphanol tartrate oral	4	PA; QL; MME; 7D
methadone hcl intensol	2	PA; QL; MME; 7D
methadone hcl oral concentrate	2	PA; QL; MME; 7D
methadone hcl oral solution	2	PA; QL; MME; 7D
methadone hcl oral tablet	2	PA; QL; MME; 7D
morphine sulfate er oral tablet extended release	2	PA; QL; MME; 7D
NUCYNTA ER	4	PA; QL; MME; 7D
oxymorphone hcl er	4	PA; QL; MME; 7D
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL; MME; 7D

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
tramadol hcl er	3	PA; QL; MME; 7D
XTAMPZA ER	4	PA; QL; MME; 7D
Opioid Analgesics, Short-acting		
acetaminophen-codeine oral solution 120-12 mg/5ml	2	QL; MME; 7D
acetaminophen-codeine oral tablet	2	QL; MME; 7D
apap-caff-dihydrocodeine	4	QL; MME; 7D
ascomp-codeine	3	QL; MME; 7D
bac (butalbital-acetamin-caff)	2	QL
butalbital-acetaminophen oral tablet	3	QL
butalbital-apap-caff-cod	4	QL; MME; 7D
butalbital-apap-caffeine oral capsule	4	QL
butalbital-apap-caffeine oral tablet	2	QL
butalbital-asa-caff-codeine	3	QL; MME; 7D
butalbital-aspirin-caffeine	3	QL
butorphanol tartrate nasal	3	QL; MME; 7D
codeine sulfate	2	QL; MME; 7D
endocet	2	QL; MME; 7D
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL; MME; 7D
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
hydrocodone-ibuprofen	4	QL; MME; 7D
hydromorphone hcl oral liquid	3	QL; MME; 7D
hydromorphone hcl oral tablet	2	QL; MME; 7D
morphine sulfate (concentrate) oral solution 100 mg/5ml	3	QL; MME; 7D
morphine sulfate oral solution	3	QL; MME; 7D
morphine sulfate oral tablet	2	QL; MME; 7D
oxycodone hcl oral capsule	2	QL; MME; 7D
oxycodone hcl oral concentrate	4	QL; MME; 7D
oxycodone hcl oral solution	2	QL; MME; 7D
oxycodone hcl oral tablet	2	QL; MME; 7D
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
oxymorphone hcl	3	QL; MME; 7D
pentazocine-naloxone hcl	3	QL; MME; 7D
TENCON	3	QL
tramadol hcl oral tablet 50 mg	2	QL; MME; 7D
tramadol-acetaminophen	2	QL; MME; 7D
Anesthetics		
Local Anesthetics		
glydo	2	
lidocaine external patch 5 %	3	PA; QL
lidocaine hcl external solution	3	
lidocaine hcl mouth/throat	3	
lidocaine hcl urethral/mucosal	2	
lidocaine viscous hcl	2	
lidocaine-prilocaine external cream	2	

Drug name	Tier	Notes
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	3	
disulfiram oral	2	
naltrexone hcl oral	2	
Opioid Dependence Treatments		
buprenorphine hcl sublingual	2	
buprenorphine hcl-naloxone hcl sublingual film	4	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	
ZUBSOLV	3	
Opioid Reversal Agents		
ft naloxone hcl	1	
naloxone hcl injection	2	
naloxone hcl nasal	1	
NARCAN	1	
REXTOVY	1	
Smoking Cessation Agents		
bupropion hcl er (smoking det)	1	
ft nicotine	1	
ft nicotine mini	1	
goodsense nicotine mouth/throat gum	1	
goodsense nicotine mouth/throat lozenge 4 mg	1	
habitrol	1	
NICORETTE MINI	1	
NICORETTE MOUTH/THROAT GUM 2 MG	1	
NICORETTE MOUTH/THROAT LOZENGE	1	
nicotine mini	1	
nicotine polacrilex mini	1	
nicotine polacrilex mouth/throat	1	
nicotine step 1	1	
nicotine step 2	1	
nicotine step 3	1	
nicotine transdermal kit	1	
nicotine transdermal patch 24 hour 21 mg/24hr, 7 mg/24hr	1	
NICOTROL	1	PA
NICOTROL NS	1	PA
varenicline tartrate	1	PA
varenicline tartrate (starter)	1	PA
varenicline tartrate(continue)	1	PA
Antibacterials		
Aminoglycosides		
gentamicin sulfate external	3	
HUMATIN	4	
neomycin sulfate oral	2	
Antibacterials, Other		
clindamycin hcl oral	2	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
clindamycin palmitate hcl	3	
clindamycin phosphate vaginal	2	
fosfomycin tromethamine	4	
linezolid oral suspension reconstituted	4	QL
linezolid oral tablet	3	QL
methenamine hippurate	3	
metronidazole oral tablet 250 mg, 500 mg	2	
metronidazole vaginal	2	
mupirocin cream	4	QL
mupirocin ointment	2	QL
NEO-SYNALAR	4	QL
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	3	
nitrofurantoin macrocrystal oral capsule 25 mg	4	QL
nitrofurantoin monohydrate macrocrystals	2	
nitrofurantoin oral suspension 25 mg/5ml	4	PA
silver sulfadiazine external	2	
SIVEXTRO ORAL	4	PA; QL
SOLOSEC	4	QL
ssd	2	
SULFAMYLON	4	
tinidazole oral	2	
trimethoprim oral	2	
vancomycin hcl oral capsule	2	QL
vancomycin hcl oral solution reconstituted	3	
VANDAZOLE	3	
XIFAXAN	5	PA; QL
Beta-lactam, Cephalosporins		
cefaclor er	3	
cefaclor oral capsule	2	
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefadroxil oral tablet	3	
cefdinir	2	
cefixime oral capsule	3	
cefixime oral suspension reconstituted	4	
cefpodoxime proxetil	3	
cefprozil	2	
cefuroxime axetil	2	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted	2	
Beta-lactam, Penicillins		
amoxicillin	2	
amoxicillin-potassium clavulanate	2	

Drug name	Tier	Notes
ampicillin	2	
dicloxacillin sodium	2	
penicillin v potassium	2	
Macrolides		
azithromycin oral	2	
clarithromycin er	3	
clarithromycin oral suspension reconstituted	4	
clarithromycin oral tablet	2	
erythromycin base oral capsule delayed release particles	4	
erythromycin base oral tablet	3	
erythromycin base oral tablet delayed release	3	
erythromycin ethylsuccinate oral suspension reconstituted	4	
erythromycin oral	3	
Quinolones		
BAXDELA ORAL	4	
ciprofloxacin hcl oral	2	
levofloxacin oral solution	4	
levofloxacin oral tablet	2	
moxifloxacin hcl oral	2	
ofloxacin oral	3	
Sulfonamides		
sulfadiazine oral	4	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2	
sulfamethoxazole-trimethoprim oral tablet	2	
sulfatrim pediatric	2	
Tetracyclines		
demeclocycline hcl	4	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	2	
minocycline hcl oral capsule	2	
tetracycline hcl oral capsule	2	
Anticonvulsants		
Anticonvulsants, Other		
EPIDIOLEX	5	PA; SP
levetiracetam er	2	
levetiracetam oral solution	2	
levetiracetam oral tablet	2	
roweepra	2	
Calcium Channel Modifying Agents		
ethosuximide oral	3	
methsuximide	3	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
zonisamide oral	2	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	4	PA; QL
clobazam oral tablet	4	PA; QL
diazepam rectal	3	QL
gabapentin oral capsule	2	
gabapentin oral solution 250 mg/5ml	2	
gabapentin oral tablet 600 mg, 800 mg	2	
NAYZILAM	4	PA; QL
phenobarbital oral elixir 20 mg/5ml	2	
phenobarbital oral tablet	2	
primidone oral	2	
tiagabine hcl	4	
valproic acid oral capsule	2	
valproic acid oral solution 250 mg/5ml	2	
vigabatrin	5	PA; QL; SP
Glutamate Reducing Agents		
felbamate	4	
FYCOMPA ORAL SUSPENSION	4	PA; QL
lamotrigine oral tablet	2	
lamotrigine oral tablet chewable	2	
subvenite	2	
topiramate oral capsule sprinkle	3	
topiramate oral tablet	2	
Sodium Channel Agents		
carbamazepine er	3	
carbamazepine oral suspension 100 mg/5ml	3	
carbamazepine oral tablet	2	
carbamazepine oral tablet chewable 100 mg	2	
DILANTIN ORAL CAPSULE 30 MG	4	
eslicarbazepine acetate	4	PA; QL
lacosamide oral solution	4	PA; QL
lacosamide oral tablet	2	QL
oxcarbazepine oral suspension	4	
oxcarbazepine oral tablet	2	
phenytek	2	
phenytoin infatabs	2	
phenytoin oral	2	
phenytoin sodium extended	2	
rufinamide	4	PA
Antidementia Agents		
Cholinesterase Inhibitors		
donepezil hcl oral tablet 10 mg, 5 mg	2	QL
donepezil hcl oral tablet dispersible	2	QL
galantamine hydrobromide er	3	QL
galantamine hydrobromide oral solution	4	QL

Drug name	Tier	Notes
galantamine hydrobromide oral tablet	3	QL
rivastigmine	4	QL
rivastigmine tartrate	2	QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl oral solution 2 mg/ml	4	QL
memantine hcl oral tablet	2	QL
Antidepressants		
Antidepressants, Other		
bupropion hcl er (sr)	2	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	QL
bupropion hcl oral	2	
chlordiazepoxide-amitriptyline	3	
mirtazapine oral tablet	2	
mirtazapine oral tablet dispersible	3	
olanzapine-fluoxetine hcl	4	QL
perphenazine-amitriptyline	3	
Monoamine Oxidase Inhibitors		
EMSAM	4	PA; QL
MARPLAN	4	
phenelzine sulfate oral	2	
tranylcypromine sulfate	4	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral solution 10 mg/5ml	3	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	3	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
escitalopram oxalate oral solution 5 mg/5ml	3	
escitalopram oxalate oral tablet	1	
FETZIMA	4	ST; QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	2	
fluoxetine hcl oral tablet 10 mg, 20 mg	3	QL
fluvoxamine maleate	2	
fluvoxamine maleate er	4	QL
nefazodone hcl	3	
paroxetine hcl er	3	QL
paroxetine hcl oral suspension	4	
paroxetine hcl oral tablet	2	
sertraline hcl oral concentrate	2	
sertraline hcl oral tablet	1	
trazodone hcl oral	2	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
venlafaxine hcl	2	
venlafaxine hcl er oral capsule extended release 24 hour	2	
vilazodone hcl	4	QL
Tricyclics		
amitriptyline hcl oral	2	
amoxapine	2	
clomipramine hcl oral	4	
desipramine hcl oral	3	
doxepin hcl oral capsule	2	
doxepin hcl oral concentrate	2	
imipramine hcl oral	2	
imipramine pamoate	4	
nortriptyline hcl oral capsule	2	
nortriptyline hcl oral solution	3	
protriptyline hcl	3	
trimipramine maleate oral	4	
Antiemetics		
Antiemetics, Other		
doxylamine-pyridoxine	4	
meclizine hcl oral tablet 25 mg	2	
meclizine hcl oral tablet 50 mg	3	
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet	2	
perphenazine oral	2	
prochlorperazine	3	
prochlorperazine maleate oral	2	
promethazine hcl oral	2	
promethazine hcl rectal	3	QL
scopolamine	3	
trimethobenzamide hcl oral	2	
Emetogenic Therapy Adjuncts		
ANZEMET	4	QL
aprepitant	3	QL
aprepitant oral 80 & 125 mg	3	QL
dronabinol	4	
granisetron hcl oral	3	QL
ondansetron hcl oral	2	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	2	
VARUBI (180 MG DOSE)	4	QL
Antifungals		
ciclodan	2	
ciclopirox external	2	
ciclopirox olamine external	2	
clotrimazole mouth/throat	2	
clotrimazole-betamethasone external cream	2	QL
clotrimazole-betamethasone external lotion	3	
CRESEMBA ORAL	4	PA
econazole nitrate external	3	QL

Drug name	Tier	Notes
EXELDERM	4	
fluconazole oral	2	
flucytosine oral	4	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	3	
GYNAZOLE-1	4	
itraconazole oral	4	QL
ketoconazole external cream	2	QL
ketoconazole external shampoo	2	
ketoconazole oral	2	
klayesta	2	QL
LULICONAZOLE	4	QL
miconazole 3	2	
naftifine hcl external cream	4	
nyamyc	2	QL
nystatin external cream	2	
nystatin external ointment	2	
nystatin external powder	2	QL
nystatin mouth/throat	2	
nystatin oral	2	
nystatin-triamcinolone	2	
nystop	2	QL
oxiconazole nitrate	4	QL
posaconazole oral tablet delayed release	3	QL
SULCONAZOLE NITRATE	4	
tavaborole	3	QL
terbinafine hcl oral	2	QL
terconazole vaginal cream	2	
terconazole vaginal suppository	3	
voriconazole oral suspension reconstituted	4	
voriconazole oral tablet	4	QL
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	2	
colchicine oral tablet	2	QL
colchicine-probenecid	2	
febuxostat	2	QL
probenecid	2	
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL
EMGALITY	3	PA; QL
UBRELVY	3	PA; QL
Ergot Alkaloids		
dihydroergotamine mesylate injection	4	QL
ERGOMAR	4	QL
ergotamine-caffeine	4	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
MIGERGOT	4	
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	3	ST; QL
eletriptan hydrobromide	3	ST; QL
frovatriptan succinate	4	ST; QL
naratriptan hcl	2	QL
rizatriptan benzoate	2	QL
sumatriptan nasal	4	QL
sumatriptan succinate oral	2	QL
sumatriptan succinate refill subcutaneous solution cartridge	4	QL
sumatriptan succinate subcutaneous	4	QL
sumatriptan-naproxen sodium	4	ST; QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	4	ST; QL
zolmitriptan nasal solution 5 mg	4	ST; QL
zolmitriptan oral	3	ST; QL
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er oral tablet extended release	4	
pyridostigmine bromide oral solution	4	
pyridostigmine bromide oral tablet 60 mg	2	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	2	
rifabutin	4	
Antituberculars		
cycloserine oral	4	
ethambutol hcl oral	2	
isoniazid oral syrup	4	
isoniazid oral tablet	2	
PRIFTIN	3	
pyrazinamide oral	3	
rifampin oral	2	
SIRTURO	5	PA
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	4	
CYCLOPHOSPHAMIDE ORAL TABLET	4	
GLEOSTINE	5	SP
LEUKERAN	4	
MATULANE	5	SP
MYLERAN	4	
temozolomide	5	SP
VALCHLOR	5	PA; QL; SP
Antiandrogens		
abiraterone acetate	5	PA; QL; SP
bicalutamide	2	

Drug name	Tier	Notes
ERLEADA	5	PA; QL; SP
nilutamide	5	SP
NUBEQA	5	PA; QL; SP
XTANDI	5	PA; QL; SP
Antiangiogenic Agents		
lenalidomide	5	PA; QL; SP
POMALYST	5	PA; QL; SP
THALOMID	5	PA; QL; SP
Antiestrogens/Modifiers		
tamoxifen citrate oral tablet 10 mg	2	
tamoxifen citrate oral tablet 20 mg	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
toremifene citrate	4	
Antimetabolites		
capecitabine	5	SP
DROXIA	4	
hydroxyurea oral	2	
mercaptopurine oral tablet	2	
TABLOID	5	SP
Antineoplastics, Other		
diclofenac sodium external gel 3 %	4	QL
FLUOROURACIL EXTERNAL CREAM 0.5 %	4	QL
fluorouracil external cream 5 %	2	QL
fluorouracil external solution	2	
KISQALI (200 MG DOSE)	5	PA; QL; SP
KISQALI (400 MG DOSE)	5	PA; QL; SP
KISQALI (600 MG DOSE)	5	PA; QL; SP
leucovorin calcium oral	2	
PIQRAY	5	PA; QL; SP
VERZENIO	5	PA; QL; SP
ZOLINZA	5	QL; SP
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
exemestane	4	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
letrozole oral	2	$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Enzyme Inhibitors		
etoposide oral	5	SP
HYCAMTIN ORAL	5	PA; QL; SP
TALZENNA	5	PA; QL; SP
Molecular Target Inhibitors		
ALECENSA	5	PA; QL; SP
BOSULIF ORAL CAPSULE	5	PA; QL; SP
BRUKINSA ORAL CAPSULE	5	PA; QL; SP
CALQUENCE	5	PA; QL; SP
CAPRELSA	5	PA; QL; SP
COMETRIQ	5	PA; QL; SP
COTELLIC	5	PA; QL; SP
dasatinib	5	PA; QL; SP
erlotinib hcl	5	PA; QL; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	5	PA; QL; SP
gefitinib	5	PA; QL; SP
GILOTRIF	5	PA; QL; SP
imatinib mesylate oral	5	QL; SP
IMBRUVICA	5	PA; QL; SP
INLYTA	5	PA; QL; SP
JAKAFI	5	PA; QL; SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	5	PA; QL; SP
LORBRENA	5	PA; QL; SP
LYNPARZA	5	PA; QL; SP
ROZLYTREK	5	PA; QL; SP
sorafenib tosylate	5	PA; QL; SP
STIVARGA	5	PA; QL; SP
sunitinib malate	5	PA; QL; SP
TAGRISSO	5	PA; QL; SP
TRUQAP	5	PA; QL; SP
TURALIO	5	PA; QL; SP
VENCLEXTA	5	PA; QL; SP
VENCLEXTA STARTING PACK	5	PA; QL; SP
VITRAKVI	5	PA; QL; SP
XOSPATA	5	PA; QL; SP
ZELBORAF	5	PA; QL; SP
ZYKADIA	5	PA; QL; SP
Retinoids		
bexarotene external	5	QL; SP
bexarotene oral	5	SP
tretinoin oral	5	QL; SP
Treatment Adjuncts		
mesna oral	5	SP
Antiparasitics		
Anthelmintics		
albendazole oral	4	QL
ivermectin oral tablet 3 mg	2	PA; QL
praziquantel oral	4	
Antiprotozoals		
atovaquone	4	
atovaquone-proguanil hcl	3	
BENZNIDAZOLE	3	QL
chloroquine phosphate oral	2	QL
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg	2	QL
KRINTAFEL	3	QL
mefloquine hcl	2	
nitazoxanide oral	3	QL
pentamidine isethionate inhalation	3	QL
primaquine phosphate	2	
pyrimethamine oral	5	PA; SP
quinine sulfate	3	
Pediculicides/Scabicides		
CROTAN	4	
malathion	4	
permethrin external	2	
PRURADIK	4	
spinosad	4	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral	2	
trihexyphenidyl hcl	2	
Antiparkinson Agents, Other		
amantadine hcl oral	2	
carbidopa-levodopa-entacapone	4	
entacapone	3	
tolcapone	4	QL
Dopamine Agonists		
apomorphine hcl subcutaneous	5	QL; SP
bromocriptine mesylate oral capsule	4	
bromocriptine mesylate oral tablet	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 2 MG/24HR	4	
pramipexole dihydrochloride	2	
ropinirole hcl	2	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	4	
carbidopa-levodopa er	2	
carbidopa-levodopa oral tablet	2	
carbidopa-levodopa oral tablet dispersible	3	
DUOPA	5	PA
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral	4	ST
selegiline hcl oral	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral tablet	2	
fluphenazine hcl oral	3	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral	2	
loxapine succinate	2	
pimozide	3	
thioridazine hcl oral	2	
thiothixene	2	
trifluoperazine hcl	2	
2nd Generation/Atypical		
aripiprazole oral solution	4	QL
aripiprazole oral tablet	2	QL
asenapine maleate	4	ST; QL
lurasidone hcl	2	QL
olanzapine oral tablet	2	QL
olanzapine oral tablet dispersible	3	QL
paliperidone er	4	QL
quetiapine fumarate	2	QL
quetiapine fumarate er	3	QL
risperidone oral solution	2	
risperidone oral tablet	2	
risperidone oral tablet dispersible	3	
VRAYLAR	4	PA; QL
ziprasidone hcl	3	QL
Treatment-Resistant		
clozapine oral tablet	2	
clozapine oral tablet dispersible	4	QL
Antivirals		
LAGEVRIO	4	QL
PAXLOVID (150/100)	4	QL
PAXLOVID (300/100 & 150/100)	4	QL
PAXLOVID (300/100)	4	QL
Anti-cytomegalovirus (CMV) Agents		
valganciclovir hcl oral solution reconstituted	4	QL
valganciclovir hcl oral tablet	2	QL
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	5	
BARACLUDE ORAL SOLUTION	5	
entecavir	3	
lamivudine oral tablet 100 mg	3	
Anti-hepatitis C (HCV) Agents		
LEDIPASVIR-SOFOSBUVIR	4	PA; QL; SP
PEGASYS	5	PA; QL; SP
ribavirin oral	3	
SOFOSBUVIR-VELPATASVIR	4	PA; QL; SP
SOVALDI	5	PA; QL; SP
VOSEVI	4	PA; QL; SP
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	4	QL
DOVATO	4	QL
GENVOYA	4	QL
ISENTRESS ORAL PACKET	4	QL
JULUCA	4	QL
TIVICAY	4	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
EDURANT	4	QL
EDURANT PED	4	QL
efavirenz	2	QL
efavirenz-emtricitab-tenofo df	2	QL
efavirenz-lamivudine-tenofovir	3	QL
emtricitab-rilpivir-tenofov df	4	QL
etravirine	4	QL
INTELENCE ORAL TABLET 25 MG	4	QL
nevirapine	2	QL
nevirapine er	2	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	3	QL
abacavir sulfate oral tablet	2	QL
abacavir sulfate-lamivudine	2	QL
DESCOVY ORAL TABLET 200-25 MG	4	QL; $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
emtricitabine	3	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	QL

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
emtricitabine-tenofovir df oral tablet 200-300 mg	2	QL; $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
lamivudine oral solution 10 mg/ml	2	QL
lamivudine oral tablet 150 mg, 300 mg	2	QL
lamivudine-zidovudine	2	QL
ODEFSEY	4	QL
tenofovir disoproxil fumarate	2	QL; $0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
TRIUMEQ	4	QL
zidovudine	2	QL
Anti-HIV Agents, Other		
FUZEON	5	QL
maraviroc	2	QL
SELZENTRY ORAL SOLUTION	4	QL
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	4	QL
atazanavir sulfate	2	QL
darunavir	2	QL
EVOTAZ	4	QL
fosamprenavir calcium	4	QL
lopinavir-ritonavir	2	QL
NORVIR ORAL PACKET	4	QL
PREZISTA ORAL SUSPENSION	4	QL
REYATAZ ORAL PACKET	4	QL
ritonavir	2	QL
VIRACEPT	4	QL
Anti-influenza Agents		
oseltamivir phosphate oral	2	QL
RELENZA DISKHALER	4	QL
rimantadine hcl	3	
Antiherpetic Agents		
acyclovir external ointment	3	QL
acyclovir oral capsule	2	
acyclovir oral suspension 200 mg/5ml	2	
acyclovir oral tablet	2	
famciclovir oral	2	QL
penciclovir	4	QL
valacyclovir hcl oral	2	QL
Anxiolytics		
Anxiolytics, Other		
buspirone hcl oral	2	
hydroxyzine hcl oral	2	
hydroxyzine pamoate oral	2	
meprobamate	4	
Benzodiazepines		
alprazolam er	3	QL
alprazolam intensol	3	QL
alprazolam oral tablet	2	QL
alprazolam oral tablet dispersible	3	QL
alprazolam xr	3	QL
chlordiazepoxide hcl	2	
clonazepam oral tablet	2	QL
clonazepam oral tablet dispersible	3	QL
clorazepate dipotassium	3	QL
diazepam intensol	2	QL
diazepam oral concentrate	2	QL
diazepam oral solution	2	
diazepam oral tablet	2	QL
estazolam	2	QL
lorazepam intensol	2	QL
lorazepam oral concentrate 2 mg/ml	2	QL
lorazepam oral tablet	2	QL
oxazepam	2	
quazepam	4	
Bipolar Agents		
Mood Stabilizers		
divalproex sodium er	2	
divalproex sodium oral	2	
lithium	2	
lithium carbonate er	2	
lithium carbonate oral	2	
Blood Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	1	QL
ACCU-CHEK GUIDE	3	QL
ACCU-CHEK GUIDE CONTROL	1	QL
ACCU-CHEK GUIDE KIT W/DEVICE	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	QL
ADVOCATE SAFETY LANCETS 21G	1	
ADVOCATE SAFETY LANCETS 23G	1	
ADVOCATE SAFETY LANCETS 28G	1	
AUTOLET LANCING DEVICE	1	
AUTOLET LITE LANCING DEVICE	1	
CARESENS CONTROL SOLUTION A/B	1	QL

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
CARESENS LANCETS 30G	1	
CARETOUCH CONTROL SOL LEVEL 2	1	QL
CARETOUCH LANCING/EJECTOR	1	
CHEMSTRIP K	1	
CHEMSTRIP MICRAL	1	
CHEMSTRIP UGK	1	
CHOSEN LANCETS 30G	1	
CHOSEN LANCING DEVICE	1	
CHOSEN SAFETY LANCETS 28G	1	
CLEVER CHOICE COMFORT EZ	1	
COMFORT TOUCH TWIST LANCET 30G	1	
CONTOUR CONTROL SOLUTION	1	QL
CONTOUR NEXT CONTROL SOLUTION	1	QL
CONTOUR NEXT EZ KIT W/DEVICE	1	QL
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	QL
CONTOUR NEXT GEN TEST STRIPS	1	QL
CONTOUR NEXT MONITOR KIT W/ DEVICE	1	QL
CONTOUR NEXT ONE KIT	1	QL
CONTOUR PLUS BLUE KIT W/ DEVICE	1	QL
CONTOUR PLUS TEST STRIP	1	QL
CONTOUR TEST STRIPS	1	QL
DEXCOM G6 RECEIVER	4	PA; QL
DEXCOM G6 SENSOR	4	PA; QL
DEXCOM G6 TRANSMITTER	4	PA; QL
DEXCOM G7 RECEIVER	4	PA; QL
DEXCOM G7 SENSOR	4	PA; QL
DIASTIX REAGENT	1	
DROPSAFE ACTI-LANCE 23G	1	
EASY TOUCH HEALTHPRO HIGH/ LOW	1	QL
EASYMAX 15 LEVEL 2-3 CONTROL	1	QL
EASYMAX CONTROL	1	QL
FORA TEST N'GO ADV-VOICE-6 CON	1	
FREESTYLE LIBRE 14 DAY READER	4	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	4	PA; QL
FREESTYLE LIBRE 2 PLUS SENSOR	4	PA; QL
FREESTYLE LIBRE 2 READER	4	PA; QL
FREESTYLE LIBRE 2 SENSOR	4	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR	4	PA; QL
FREESTYLE LIBRE 3 READER	4	PA; QL
FREESTYLE LIBRE 3 SENSOR	4	PA; QL
FREESTYLE LIBRE READER	4	PA; QL
GLUCOSE CONTROL SOLUTIONS	1	QL
IHEALTH CONTROL SOLUTION	1	QL
IHEALTH LANCING DEVICE	1	
INPEN 100-BLUE-LILLY-HUMALOG	1	
INPEN 100-BLUE-NOVOLOG-FIASP	1	
INPEN 100-GREY-LILLY-HUMALOG	1	
INPEN 100-GREY-NOVOLOG-FIASP	1	
INPEN 100-PINK-LILLY-HUMALOG	1	
INPEN 100-PINK-NOVOLOG-FIASP	1	
KETO-DIASTIX	1	
KETONE CARE	1	
KETOSTIX	1	
LANCETS	1	
LANCETS 28G THIN	1	
LANCETS SUPER THIN	1	
MICROLET NEXT LANCING DEVICE	1	
MOBILE LANCETS 30G	1	
NOVOPEN ECHO	1	
PERFECT POINT SAFETY LANCETS	1	
PIP GLUCOSE CONTROL SOLUTION	1	QL
RELION GLUCOSE TEST STRIPS	3	QL
TECHLITE LANCETS 26G	1	
TRUE METRIX LEVEL 1	1	QL
TRUE METRIX LEVEL 2	1	QL
TRUE METRIX LEVEL 3	1	QL
UNISTRIP CONTROL IN VITRO SOLUTION LOW	1	QL
VERIFINE SAFE LANCET MINI 21G	1	
VERIFINE SAFE LANCET MINI 23G	1	
VERIFINE SAFE LANCET MINI 28G	1	
VERIFINE SAFE LANCET MINI 30G	1	
VIVAGUARD INO CONTROL SOLUTION	1	QL
VIVAGUARD LANCETS 30G	1	
VIVAGUARD LANCING DEVICE	1	
VIVAGUARD SAFETY LANCETS 28G	1	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	2	QL
FARXIGA	3	QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	QL
glipizide er	1	QL
glipizide ir	1	QL
glipizide-metformin hcl	3	QL
glyburide micronized	2	QL
glyburide oral	2	QL
glyburide-metformin	2	QL
JARDIANCE	3	QL
metformin hcl er	1	QL
metformin hcl oral solution	4	QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	QL
miglitol	3	QL
MOUNJARO	3	PA; QL
nateglinide	3	QL
OZEMPIC	3	PA; QL
pioglitazone hcl	1	QL

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
pioglitazone hcl-metformin hcl	3	QL
repaglinide	2	QL
RYBELSUS	3	PA; QL
saxagliptin hcl	3	QL
saxagliptin-metformin er	3	QL
SOLIQUA	3	QL
SYNJARDY	3	QL
SYNJARDY XR	3	QL
TRULICITY	3	PA; QL
XIGDUO XR	3	QL
Glycemic Agents		
BAQSIMI ONE PACK	1	QL
BAQSIMI TWO PACK	1	QL
diazoxide oral	4	
ft glucose	3	
glucagon emergency kit	1	QL
GLUCAGON EMERGENCY KIT	1	QL
GLUCO TO GO	3	
GVOKE HYPOPEN 1-PACK	1	QL
GVOKE HYPOPEN 2-PACK	1	QL
GVOKE KIT	1	QL
GVOKE PFS	1	QL
INSTA-GLUCOSE	3	
ZEGALOGUE	1	QL
Insulins		
BASAGLAR KWIKPEN	1	QL
HUMALOG KWIKPEN	1	QL
HUMALOG MIX 50/50 KWIKPEN	1	QL
HUMALOG MIX 75/25 KWIKPEN	1	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	1	QL
HUMULIN 70/30 KWIKPEN	1	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	1	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	1	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART PROT & ASPART	1	QL
INSULIN DEGLUDEC	1	QL
INSULIN DEGLUDEC FLEXTOUCH	1	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	1	QL
INSULIN LISPRO JUNIOR KWIKPEN	1	QL
INSULIN LISPRO PROT & LISPRO	1	QL
NOVOLOG 70/30 FLEXPEN RELION	1	QL
NOVOLOG FLEXPEN	1	QL
NOVOLOG FLEXPEN RELION	1	QL
NOVOLOG MIX 70/30 FLEXPEN	1	QL
NOVOLOG MIX 70/30 RELION	1	QL
NOVOLOG MIX 70/30 VIAL	1	QL

Drug name	Tier	Notes
NOVOLOG PENFILL	1	QL
REZVOGLAR KWIKPEN	1	QL
TRESIBA	1	QL
TRESIBA FLEXTOUCH	1	QL
Blood Products and Modifiers		
Anticoagulants		
dabigatran etexilate mesylate	3	QL
ELIQUIS	3	QL
ELIQUIS DVT/PE STARTER PACK	3	QL
enoxaparin sodium	3	QL
fondaparinux sodium	4	QL
FRAGMIN	4	QL
heparin sodium (porcine)	2	
heparin sodium (porcine) pf	2	
jantoven	2	
rivaroxaban	3	QL
warfarin sodium oral	2	
XARELTO	3	QL
XARELTO STARTER PACK	3	QL
Blood Formation Modifiers		
anagrelide hcl	4	
ARANESP (ALBUMIN FREE)	5	QL; SP
eltrombopag olamine	5	PA; QL; SP
LEUKINE	5	SP
NEULASTA	5	SP
NEULASTA ONPRO	5	SP
plerixafor	5	SP
RETACRIT	5	QL; SP
ZARXIO	5	SP
Hemostasis Agents		
aminocaproic acid oral	4	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT	4	
RECOTHROM SPRAY KIT	4	
THROMBIN-JMI EPISTAXIS	4	
THROMBIN-JMI EXTERNAL KIT	4	
tranexamic acid oral	3	QL
Platelet Modifying Agents		
aspirin-dipyridamole er	4	QL
cilostazol	2	
clopidogrel bisulfate oral	2	QL
dipyridamole oral	2	
prasugrel hcl	2	QL
ticagrelor	4	QL
YOSPRALA	3	QL
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	3	
clonidine hcl oral	2	
guanfacine hcl	2	QL
methyldopa	2	
midodrine hcl	2	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	2	
phenoxybenzamine hcl oral	4	
prazosin hcl oral	2	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	3	QL
irbesartan	2	QL
losartan potassium oral	1	QL
olmesartan medoxomil oral	2	QL
telmisartan	3	QL
valsartan oral tablet	2	QL
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	2	QL
captopril oral	2	QL
enalapril maleate oral tablet	2	QL
fosinopril sodium	2	QL
lisinopril oral	1	QL
moexipril hcl	2	QL
perindopril erbumine	2	QL
quinapril hcl	2	QL
ramipril	2	QL
trandolapril	2	QL
Antiarrhythmics		
amiodarone hcl oral	2	
disopyramide phosphate	3	
dofetilide	4	QL
flecainide acetate	2	
mexiletine hcl oral	3	
MULTAQ	4	PA; QL
NORPACE CR	3	
propafenone hcl	2	
propafenone hcl er	4	
quinidine gluconate er	2	
quinidine sulfate	2	
sotalol hcl (af)	2	
sotalol hcl oral	2	
SOTYLIZE	4	PA
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	2	
atenolol oral	2	
betaxolol hcl oral	2	
bisoprolol fumarate oral	2	
carvedilol	1	
labetalol hcl oral	2	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
nadolol oral	2	
nebivolol hcl	2	QL
pindolol	2	
propranolol hcl er	2	
propranolol hcl oral	2	

Drug name	Tier	Notes
timolol maleate oral	2	
Calcium Channel Blocking Agents		
amlodipine besylate oral	1	
cartia xt	2	
dilt-xr	2	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	3	
diltiazem hcl er oral capsule extended release 24 hour	2	
diltiazem hcl er oral tablet extended release 24 hour	3	
diltiazem hcl oral	2	
felodipine er	2	
isradipine	2	
matzim la	3	
nicardipine hcl oral	3	
nifedipine er	2	QL
nifedipine er osmotic release	2	QL
nifedipine oral	2	
nimodipine oral capsule	4	
nisoldipine er	3	
NYMALIZE	3	
tiadylt er	2	
verapamil hcl er oral capsule extended release 24 hour	3	
verapamil hcl er oral tablet extended release	2	
verapamil hcl oral	2	
Cardiovascular Agents, Other		
aliskiren fumarate	4	QL
amiloride-hydrochlorothiazide	2	
amlodipine besylate-benazepril hcl	2	QL
amlodipine besylate-valsartan	3	QL
atenolol-chlorthalidone	2	
benazepril-hydrochlorothiazide	3	QL
bisoprolol-hydrochlorothiazide	2	QL
candesartan cilexetil-hctz	3	QL
captopril-hydrochlorothiazide	3	QL
CORLANOR ORAL SOLUTION	4	PA; QL
digoxin oral solution	3	
digoxin oral tablet 125 mcg, 250 mcg	2	
digoxin oral tablet 62.5 mcg	4	
enalapril-hydrochlorothiazide	2	QL
ENTRESTO ORAL CAPSULE SPRINKLE	4	PA; QL
fosinopril sodium-hctz	3	QL
irbesartan-hydrochlorothiazide	2	QL
isosorb dinitrate-hydralazine	3	QL
ivabradine hcl	4	PA; QL
lisinopril-hydrochlorothiazide	1	QL
losartan potassium-hctz	1	QL

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
metoprolol-hydrochlorothiazide	3	
olmesartan medoxomil-hctz	2	QL
pentoxifylline er	2	
quinapril-hydrochlorothiazide	3	QL
ranolazine er	4	QL
sacubitril-valsartan	4	PA; QL
spironolactone-hctz	2	
telmisartan-hctz	3	QL
triamterene-hctz	2	
valsartan-hydrochlorothiazide	2	QL
Diuretics, Carbonic Anhydrase Inhibitors		
acetazolamide er	3	
acetazolamide oral	3	
methazolamide oral	4	
Diuretics, Loop		
bumetanide oral	2	
ethacrynic acid	4	
furosemide oral solution	2	
furosemide oral tablet	1	
torsemide	2	
Diuretics, Potassium-sparing		
amiloride hcl oral	2	
eplerenone	3	
spironolactone oral tablet	2	
Diuretics, Thiazide		
chlorthalidone	2	
DIURIL	3	
hydrochlorothiazide oral	1	
indapamide	2	
metolazone	2	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
gemfibrozil oral	2	
Dyslipidemics, HMG CoA Reductase Inhibitors		
atorvastatin calcium oral	1	QL
fluvastatin sodium	3	QL; $0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
lovastatin oral	2	QL; $0 Copay for members between ages 40 to 75 years.
pravastatin sodium	2	QL; $0 Copay for members between ages 40 to 75 years.
rosuvastatin calcium oral tablet 10 mg, 5 mg	2	QL; $0 Copay for members between ages 40 to 75 years.
rosuvastatin calcium oral tablet 20 mg, 40 mg	2	QL
simvastatin oral	1	QL
Dyslipidemics, Other		
cholestyramine light	3	
cholestyramine oral	3	
colesevelam hcl	3	
colestipol hcl oral granules	3	
colestipol hcl oral packet	3	
colestipol hcl oral tablet	2	
ezetimibe	2	QL
ezetimibe-simvastatin	3	QL
icosapent ethyl	4	PA
niacin (antihyperlipidemic)	3	
niacin er (antihyperlipidemic)	3	
niacor	3	
omega-3-acid ethyl esters	2	PA; QL
prevalite	3	
REPATHA	4	PA; QL
REPATHA PUSHTRONEX SYSTEM	4	PA; QL
REPATHA SURECLICK	4	PA; QL
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	2	
minoxidil oral	2	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate	2	
isosorbide mononitrate er	2	
NITRO-BID	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
nitroglycerin rectal	4	QL
nitroglycerin sublingual	2	
nitroglycerin transdermal	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine sulfate	4	PA
amphetamine-dextroamphetamine	2	PA; QL
amphetamine-dextroamphetamine er	3	PA; QL
dextroamphetamine sulfate er	3	PA; QL
dextroamphetamine sulfate oral solution	3	PA
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	PA; QL

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
lisdexamfetamine dimesylate oral capsule	4	PA; QL
methamphetamine hcl	4	PA
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl	3	QL
clonidine hcl er	3	
dexmethylphenidate hcl	2	PA; QL
dexmethylphenidate hcl er	3	PA; QL
guanfacine hcl er	2	QL
methylphenidate hcl er (cd)	3	PA; QL
methylphenidate hcl er (la)	3	PA; QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	3	PA; QL
methylphenidate hcl er oral tablet extended release	3	PA; QL
methylphenidate hcl oral solution	3	PA; QL
methylphenidate hcl oral tablet	2	PA; QL
methylphenidate hcl oral tablet chewable	3	PA; QL
Central Nervous System, Other		
AUSTEDO	5	PA; QL; SP
AUSTEDO XR	5	PA; QL; SP
AUSTEDO XR PATIENT TITRATION	5	PA; QL; SP
caffeine citrate oral	2	
DAYBUE	5	PA; QL; SP
INGREZZA	5	PA; QL; SP
riluzole	4	SP
tetrabenazine	4	PA; QL; SP
Fibromyalgia Agents		
pregabalin oral capsule	2	QL
SAVELLA	4	ST; QL
SAVELLA TITRATION PACK	4	ST; QL
Multiple Sclerosis Agents		
AVONEX PEN	5	PA; QL; SP
AVONEX PREFILLED	5	PA; QL; SP
BETASERON	5	PA; QL; SP
dalfampridine er	4	PA; QL; SP
dimethyl fumarate oral	4	PA; QL; SP
dimethyl fumarate starter pack	4	PA; QL; SP
fingolimod hcl	5	PA; QL; SP
glatiramer acetate	4	PA; QL; SP
glatopa	4	PA; QL; SP
PLEGRIDY	5	PA; QL; SP
PLEGRIDY STARTER PACK	5	PA; QL; SP
teriflunomide	5	PA; QL; SP
Dental and Oral Agents		
cevimeline hcl	4	
chlorhexidine gluconate mouth/throat	2	
periogard	2	
pilocarpine hcl oral	3	

Drug name	Tier	Notes
triamcinolone acetonide mouth/throat	2	
Dermatological Agents		
accutane	4	
acitretin	4	
adapalene external cream	4	PA; QL
adapalene external gel	4	PA; QL
ammonium lactate external cream	2	
amnesteem	4	
azelaic acid external	4	QL
benzoyl peroxide-erythromycin	3	QL
brimonidine tartrate external	4	QL
calcipotriene external cream	4	QL
calcipotriene external ointment	4	QL
calcipotriene external solution	3	QL
calcipotriene-betameth diprop	4	QL
calcitriol external	4	QL
claravis	4	
CLINDACIN ETZ EXTERNAL KIT	2	QL
clindacin etz external swab	2	QL
clindacin-p	2	QL
clindamycin phos (once-daily)	3	QL
clindamycin phos (twice-daily)	3	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external lotion	3	QL
clindamycin phosphate external solution	2	QL
clindamycin phosphate external swab	2	QL
doxepin hcl external	4	PA; QL
DUOBRII	4	ST; QL
DUPIXENT	5	PA; QL; SP
ery pad 2%	2	
erythromycin external	3	
ESKATA	4	
imiquimod external cream 5 %	2	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
ivermectin external cream	4	QL
methoxsalen rapid	4	
metronidazole external cream	3	
metronidazole external gel 0.75 %	3	
metronidazole external lotion	3	
pimecrolimus	4	QL
podofilox external gel	4	
podofilox external solution	2	
SANTYL	4	QL
selenium sulfide external lotion	2	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL; SP
sulfacetamide sodium (acne)	4	
tacrolimus external	4	QL

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
TALTZ	5	PA; QL; SP
tazarotene external cream 0.1 %	4	PA; QL
tazarotene external gel	4	PA; QL
tretinoin external cream	3	PA; QL
VEREGEN	4	QL
zenatane	4	
Electrolytes/Minerals/Metals/Vitamins		
Electrolyte/Mineral Replacement		
carglumic acid	5	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet effervescent 25 meq	2	
GALZIN	4	
klor-con 10	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
klor-con oral packet	4	
klor-con oral tablet extended release	2	
klor-con/ef	2	
levocarnitine oral solution	3	
levocarnitine oral tablet	2	
levocarnitine sf	3	
potassium chloride crys er	2	
potassium chloride er	2	
potassium chloride oral packet	4	
potassium chloride oral solution	2	
potassium citrate er	3	
sodium fluoride oral	1	$0 Copay for members ages 0 to 16 years.
Electrolyte/Mineral/Metal Modifiers		
CHEMET	3	
deferasirox granules	5	PA; SP
deferasirox oral packet	5	PA; SP
deferasirox oral tablet	4	PA; SP
deferasirox oral tablet soluble	5	PA; SP
LOKELMA	4	PA; QL
sodium polystyrene sulfonate	2	
tolvaptan tablet 30 mg oral	4	PA; QL; SP
trientine hcl oral capsule 250 mg	5	PA; QL; SP
Phosphate Binders		
calcium acetate (phos binder)	2	
calcium acetate oral tablet 667 mg	2	
FERRIC CITRATE	4	SP
FOSRENOL ORAL PACKET	4	
lanthanum carbonate	4	
sevelamer carbonate oral packet	4	
sevelamer carbonate oral tablet	3	
VELPHORO	3	SP

Drug name	Tier	Notes
Vitamins		
ATABEX OB	2	
cyanocobalamin injection solution 1000 mcg/ml	2	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	2	
ergocalciferol oral capsule	2	
folic acid oral tablet 1 mg	2	
folic acid oral tablet 400 mcg, 800 mcg	1	
ft folic acid	1	
M-NATAL PLUS	2	
NEONATAL COMPLETE	2	
NEONATAL PLUS	2	
ONE VITE WOMENS PLUS	2	
phytonadione oral	4	QL
pnv 27-ca/fe/fa	2	
pnv prenatal plus multivit+dha	2	
prenatal oral tablet 27-1 mg	2	
prenatal plus vitamin/mineral	2	
PRENATRIX	2	
PRENATRYL	2	
TRINATE	2	
TRUE FOLIC ACID ORAL TABLET 1 MG	2	
TRUE FOLIC ACID ORAL TABLET 400 MCG	1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	2	
VITATHELY WITH GINGER	2	
WESNATAL DHA COMPLETE	2	
WESTAB PLUS	2	
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
dicyclomine hcl oral capsule	2	
dicyclomine hcl oral solution 10 mg/5ml	3	
dicyclomine hcl oral tablet 20 mg	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
methscopolamine bromide oral	3	
Gastrointestinal Agents, Other		
alvimopan	4	
amoxicill-clarithro-lansopraz	4	QL
cromolyn sodium oral	4	
diphenoxylate-atropine oral liquid	3	
diphenoxylate-atropine oral tablet	2	
loperamide hcl oral capsule	2	
opium	4	QL
RELISTOR SUBCUTANEOUS	4	PA; QL
SYMPROIC	3	PA; QL
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet	2	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl	2	
cimetidine oral	2	
famotidine oral suspension reconstituted	3	
famotidine oral tablet 20 mg, 40 mg	2	
nizatidine	3	
Irritable Bowel Syndrome Agents		
alosetron hcl	4	PA; QL
LINZESS	3	PA; QL
lubiprostone	4	QL
VIBERZI	4	PA; QL; SP
Laxatives		
bisacodyl ec	1	QL
citroma	1	QL
clearlax	1	QL
CLENPIQ	4	$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
constulose	2	
enulose	2	
FRESKARO MAGNESIUM CITRATE	1	QL
ft clearlax	1	QL
ft laxative	1	QL
ft magnesium citrate	1	QL
gavilax oral powder	1	QL
gavilyte-c	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-g	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-n with flavor pack	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
generlac	2	
gentle laxative oral tablet delayed release	1	QL
glycolax	1	QL
KRISTALOSE	4	
lactulose encephalopathy	2	
lactulose oral packet	4	
lactulose oral solution	2	
magnesium citrate oral solution	1	QL
MIRALAX	1	QL
mm clearlax	1	QL
na sulfate-k sulfate-mg sulf	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
ONELAX MAGNESIUM CITRATE	1	QL
peg 3350 oral powder	1	QL
peg 3350-kcl-na bicarb-nacl	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/electrolytes	2	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-3350/electrolytes/ascorbat	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
peg-kcl-nacl-nasulf-na asc-c	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PLENVU	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
polyethylene glycol 3350 oral powder	1	QL
smooth lax oral powder	1	QL

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
SUFLAVE	4	QL; $0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
true laxative	1	QL
Protectants		
misoprostol oral	2	
sucralfate oral suspension	4	PA
sucralfate oral tablet	2	
Proton Pump Inhibitors		
esomeprazole magnesium oral capsule delayed release	2	QL
ft acid reducer oral capsule delayed release 15 mg	2	QL
goodsense lansoprazole oral capsule delayed release	2	QL
lansoprazole oral capsule delayed release	2	QL
omeprazole oral capsule delayed release 10 mg	2	QL
omeprazole oral capsule delayed release 20 mg, 40 mg	2	
pantoprazole sodium oral tablet delayed release	2	QL
rabeprazole sodium oral tablet delayed release	3	QL
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine	5	SP
CREON	3	
CYSTAGON	5	SP
MYALEPT	5	PA; QL; SP
sapropterin dihydrochloride	5	PA; QL; SP
SUCRAID	5	PA; SP
ZENPEP	3	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	3	ST; QL
fesoterodine fumarate er	4	ST; QL
flavoxate hcl	2	
oxybutynin chloride er	2	QL
oxybutynin chloride oral solution	2	
oxybutynin chloride oral tablet 5 mg	2	
solifenacin succinate	2	QL
tolterodine tartrate	3	
tolterodine tartrate er	3	
trospium chloride	3	
trospium chloride er	3	ST
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	2	
dutasteride oral	2	QL
dutasteride-tamsulosin hcl	4	
finasteride oral tablet 5 mg	2	
silodosin	3	QL
tamsulosin hcl	2	
terazosin hcl	2	
Genitourinary Agents, Other		
bethanechol chloride oral	2	
ELMIRON	3	
ENCARE	1	QL
OPTIONS GYNOL II CONTRACEPTIVE	1	
penicillamine oral	5	SP
phenazopyridine hcl oral tablet 100 mg, 200 mg	2	
tadalafil oral tablet 2.5 mg, 5 mg	4	QL
tiopronin oral tablet	5	SP
TODAY SPONGE	1	
VCF VAGINAL CONTRACEPTIVE	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
alclometasone dipropionate	2	
amcinonide	4	ST
betamethasone dipropionate aug	3	
betamethasone dipropionate external	3	
betamethasone valerate external cream	3	
betamethasone valerate external lotion	3	
betamethasone valerate external ointment	3	
clobetasol propionate e	4	QL
clobetasol propionate external cream 0.05 %	3	QL
clobetasol propionate external gel	3	QL
clobetasol propionate external ointment	3	QL
clobetasol propionate external solution	4	QL
clocortolone pivalate	4	ST; QL
desonide external cream	3	QL
desonide external lotion	3	QL
desonide external ointment	3	QL
desoximetasone external	3	QL
dexamethasone intensol	2	
dexamethasone oral elixir	2	
dexamethasone oral solution	2	
dexamethasone oral tablet	2	
diflorasone diacetate external cream	4	ST; QL
fludrocortisone acetate oral	2	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external	3	QL
fluocinolone acetonide scalp	3	QL

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
fluocinonide emulsified base	3	QL
fluocinonide external cream 0.05 %	3	QL
fluocinonide external gel	3	QL
fluocinonide external ointment	3	QL
fluocinonide external solution	3	QL
flurandrenolide	4	ST; QL
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
halobetasol propionate external cream	3	QL
halobetasol propionate external ointment	3	QL
hydrocortisone butyrate external cream	4	QL
hydrocortisone butyrate external ointment	4	
hydrocortisone butyrate external solution	4	
hydrocortisone external cream 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone oral	2	
hydrocortisone valerate	3	QL
methylprednisolone oral	2	
mometasone furoate external	2	
prednisolone oral solution	2	
prednisolone oral tablet	3	
prednisolone sodium phosphate oral solution	2	
prednisone intensol	3	
prednisone oral solution	3	
prednisone oral tablet	2	
prednisone oral tablet therapy pack	2	
triamcinolone acetonide external cream	2	QL
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
triderm	2	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
Selective Estrogen Receptor Modifying Agents		
clomiphene citrate oral	3	PA
cabergoline	2	
desmopressin ace spray refrig	3	
desmopressin acetate injection	4	
desmopressin acetate oral	2	
desmopressin acetate pf	4	
desmopressin acetate spray	3	
INCRELEX	5	PA; QL; SP
NORDITROPIN FLEXPRO	4	PA; QL; SP
OMNITROPE	4	PA; QL; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
PREPIDIL	4	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral	3	
methyltestosterone oral	4	
testosterone cypionate intramuscular	2	PA
testosterone enanthate intramuscular	2	PA
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 50 mg/5gm (1%)	3	PA; QL
Estrogens		
abigale	3	
abigale lo	3	
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethyst	1	
ANNOVERA	1	QL
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
AVERI	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
BIJUVA ORAL CAPSULE 0.5-100 MG	4	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camrese	1	
camrese lo	1	
charlotte 24 fe	1	
chateal eq	1	
CLIMARA PRO	4	QL
cryselle-28	1	
cyred eq	1	
dasetta 1/35 (28)	1	
dasetta 7/7/7	1	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
daysee	1	
delyla	1	
desogestrel-ethinyl estradiol	1	
dolishale	1	
dotti	3	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	
DUAVEE	4	QL
elinest	1	
eluryng	1	
enilloring	1	
enpresse-28	1	
enskyce	1	
estarylla	1	
estradiol oral	2	
estradiol transdermal patch twice weekly	3	QL
estradiol transdermal patch weekly	2	QL
estradiol vaginal cream	3	
estradiol vaginal tablet	3	QL
estradiol valerate intramuscular	2	
estradiol-norethindrone acet	3	
ESTRING	3	QL
ethynodiol diac-eth estradiol	1	
etonogestrel-ethinyl estradiol	1	
falmina	1	
feirza 1.5/30	1	
feirza 1/20	1	
FEMLYV	1	
finzala	1	
fyavolv	3	
galbriela	1	
gemmily	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
haloette	1	
iclevia	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel	1	
jinteli	3	
jolessa	1	
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	

Drug name	Tier	Notes
kalliga	1	
kariva	1	
kelnor 1/35	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
leena	1	
lessina	1	
levonest	1	
levonorg-eth estrad triphasic	1	
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day	1	
levonorgest-eth estradiol-iron	1	
levonorgestrel-ethinyl estrad	1	
levora 0.15/30 (28)	1	
LO LOESTRIN FE	1	
lo-zumandimine	1	
lojaimiess	1	
loryna	1	
low-ogestrel	1	
lutera	1	
lyllana	3	QL
marlissa	1	
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mimvey	3	
minzoya	1	
mono-linyah	1	
necon 0.5/35 (28)	1	
NEXTSTELLIS	1	
nikki	1	
norelgestromin-eth estradiol	1	
norethin ace-eth estrad-fe	1	
norethin-eth estradiol-fe	1	
norethindron-ethinyl estrad-fe	1	
norethindrone acet-ethinyl est	1	
norethindrone-eth estradiol	3	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
nylia 1/35	1	
nylia 7/7/7	1	
ocella	1	
philith	1	
pimtrea	1	
portia-28	1	
PREMARIN VAGINAL	4	
reclipsen	1	
rivelsa	1	
rosyrah	1	
setlakin	1	
simliya	1	
simpesse	1	
sprintec 28	1	
sronyx	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
taysofy	1	
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
TWIRLA	1	
TYBLUME	1	
tydemy	1	
valtya 1/50	1	
velivet	1	
vestura	1	
vienva	1	
viorele	1	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xarah fe	1	
xelria fe	1	
xulane	1	
yuvafem	3	QL
zafemy	1	
zovia 1/35 (28)	1	
zumandimine	1	

Drug name	Tier	Notes
Progestins		
aftera	1	
camila	1	
deblitane	1	
DEPO-SUBQ PROVERA 104	1	QL
econtra one-step	1	
ELLA	1	QL
emzahh	1	
errin	1	
gallifrey	2	
heather	1	
her style	1	
incassia	1	
jencycla	1	
levonorgestrel	1	
lyleq	1	
lyza	1	
medroxyprogesterone acetate intramuscular suspension	1	QL
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	
medroxyprogesterone acetate oral	2	
megestrol acetate oral suspension 40 mg/ml	2	
megestrol acetate oral suspension 625 mg/5ml	4	
megestrol acetate oral tablet	2	
meleya	1	
my choice	1	
my way	1	
new day	1	
NEXPLANON	1	QL
nora-be	1	
norethindrone acetate oral	2	
norethindrone oral	1	
norlyroc	1	
opcicon one-step	1	
OPILL	1	
option 2	1	
orquidea	1	
PLAN B ONE-STEP	1	
progesterone intramuscular	2	
progesterone oral	2	
react	1	
sharobel	1	
SLYND	1	
take action	1	
Selective Estrogen Receptor Modifying Agents		
OSPHENA	4	PA; QL

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
raloxifene hcl	2	QL; $0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ARMOUR THYROID	4	
levo-t	2	
levothyroxine sodium oral tablet	2	
levoxyl	2	
liomny	2	
liothyronine sodium oral	2	
NIVA THYROID	4	
np thyroid	4	
SYNTHROID	3	
THYQUIDITY	4	PA
thyroid oral	4	
TIROSINT-SOL	4	PA
unithroid	2	
Hormonal Agents, Suppressant (Adrenal)		
LYSODREN	4	
Hormonal Agents, Suppressant (pituitary)		
ELIGARD	5	PA; SP
leuprolide acetate injection	5	PA; SP
octreotide acetate injection	4	PA; SP
octreotide acetate subcutaneous	4	PA; SP
ORILISSA	4	PA; QL
SIGNIFOR	5	PA; QL; SP
SOMAVERT	5	PA; QL; SP
SYNAREL	3	
VABRINTY SUBCUTANEOUS KIT 45 MG	5	PA; SP
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral	2	
propylthiouracil oral	2	
Immunological Agents		
Angioedema Agents		
HAEGARDA	5	PA; QL; SP
icatibant acetate	4	PA; QL; SP
Immune Suppressants		
ADALIMUMAB-ADAZ	5	PA; QL; SP
ADALIMUMAB-ADBM (2 PEN)	5	PA; QL; SP
ADALIMUMAB-ADBM (2 SYRINGE)	5	PA; QL; SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	5	PA; SP
ADALIMUMAB-ADBM(PS/UV STARTER)	5	PA; SP

Drug name	Tier	Notes
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	5	PA; QL; SP
AMJEVITA SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	5	PA; QL; SP
AMJEVITA SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	5	PA; QL; SP
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	5	PA; QL; SP
azathioprine oral tablet 50 mg	2	
CIMZIA	5	PA; QL; SP
CIMZIA (2 SYRINGE)	5	PA; QL; SP
CIMZIA-STARTER	5	PA; SP
cyclosporine modified oral capsule	2	
cyclosporine modified oral solution	3	
cyclosporine oral	4	
gengraf oral capsule	2	
gengraf oral solution	3	
HADLIMA	5	PA; QL; SP
HADLIMA PUSHTOUCH	5	PA; QL; SP
methotrexate sodium	2	
methotrexate sodium (pf)	2	
mycophenolate mofetil oral capsule	2	
mycophenolate mofetil oral suspension reconstituted	4	
mycophenolate mofetil oral tablet	2	
mycophenolate sodium	4	
mycophenolic acid	4	
OLUMIANT	5	PA; QL; SP
SIMPONI	5	PA; QL; SP
sirolimus oral solution	5	
sirolimus oral tablet	4	
SKYRIZI PEN	5	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP
STEQEYMA SUBCUTANEOUS	5	PA; QL; SP
tacrolimus oral	2	
XELJANZ	5	PA; QL; SP
XELJANZ XR	5	PA; QL; SP
YESINTEK SUBCUTANEOUS	5	PA; QL; SP
Immunomodulators		
ACTEMRA ACTPEN	5	PA; QL; SP
ACTEMRA SUBCUTANEOUS	5	PA; QL; SP
ACTIMMUNE	5	PA; QL; SP
BEYFORTUS	1	QL; $0 copay for members 19 months of age or younger.
ENFLONSIA	1	QL; $0 copay for members 1 year of age or younger.
leflunomide oral	2	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
OTEZLA	5	PA; QL; SP
RIDAURA	5	SP
RINVOQ	5	PA; QL; SP
RINVOQ LQ	5	PA; QL; SP
TYENNE SUBCUTANEOUS	5	PA; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL
Vaccines		
ABRYSVO	1	QL
ACTHIB	1	QL
ADACEL	1	QL
AFLURIA	1	QL; $0 copay for members 6 months of age or older.
AFLURIA PRESERVATIVE FREE	1	QL; $0 copay for members 6 months of age or older.
AREXVY	1	QL; $0 Copay for members 60 years of age or older.
BEXSERO	1	QL; $0 copay for members 10 years of age or older.
BOOSTRIX	1	QL
CAPVAXIVE	1	QL; $0 copay for members 19 years of age or older.
COMIRNATY	1	QL; $0 copay for members 12 years of age or older.
COMIRNATY 5-11 YEARS	1	QL; $0 copay for members between ages of 5 to 11 years.
DAPTACEL	1	QL
DENGVAXIA	1	QL; $0 copay for members between ages of 9 to 16 years.
ENGERIX-B	1	QL
FLUAD	1	QL; $0 copay for members 18 years of age or older.
FLUARIX	1	QL; $0 copay for members 6 months of age or older.
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; $0 copay for members 6 months of age or older.
FLULAVAL	1	QL; $0 copay for members 6 months of age or older.
FLUMIST	1	QL; $0 copay for members between ages of 2 to 49 years.
FLUZONE HIGH-DOSE	1	QL; $0 copay for members 18 years of age or older.
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; $0 copay for members 6 months of age or older.
GARDASIL 9	1	QL; $0 copay for members between ages of 9 to 45 years.
HAVRIX	1	QL
HEPLISAV-B	1	QL; $0 copay for members 18 years of age or older.
HIBERIX	1	QL
INFANRIX	1	QL
IPOL	1	QL
M-M-R II	1	QL
MENQUADFI	1	QL
MENVEO	1	QL
MODERNA COVID-19 VAC 6M-11Y	1	QL; $0 copay for members between ages of 6 months to 11 years.
PEDIARIX	1	QL; $0 copay for members 6 years of age or younger.
PEDVAX HIB	1	QL
PENBRAYA	1	QL; $0 copay for members between ages of 10 to 25 years.
PENTACEL	1	QL; $0 copay for members 4 years of age or younger.
PNEUMOVAX 23	1	QL
PREVNAR 20	1	QL; $0 copay for members 1 month of age or older.
PRIORIX	1	QL

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
PROQUAD	1	QL; $0 copay for members between ages of 1 to 12 years.
QUADRACEL INTRAMUSCULAR SUSPENSION	1	QL
RECOMBIVAX HB	1	QL
ROTARIX	1	QL; $0 copay for members 8 months of age or younger.
ROTATEQ	1	QL; $0 copay for members 8 months of age or younger.
SHINGRIX	1	QL; $0 Copay for members 19 years of age or older.
SPIKEVAX	1	QL; $0 copay for members 12 years of age or older.
TENIVAC	1	QL
TRUMENBA	1	QL; $0 copay for members 10 years of age or older.
TWINRIX	1	QL
VAQTA	1	QL
VARIVAX	1	QL
VAXELIS	1	QL; $0 copay for members 4 years of age or younger.
VAXNEUVANCE	1	QL; $0 copay for members 1 month of age or older.
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	3	
DIPENTUM	4	
mesalamine er oral capsule 0.375 gm	3	QL
mesalamine oral tablet delayed release 1.2 gm	3	QL
mesalamine rectal	4	QL
mesalamine-cleanser	4	QL
Glucocorticoids		
ANALPRAM HC EXTERNAL LOTION	4	
budesonide oral	4	
CORTIFOAM	3	
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone ace-pramoxine external cream 1-1 %	3	
hydrocortisone rectal	3	
procto-med hc	2	
Sulfonamides		
sulfasalazine oral	2	
Metabolic Bone Disease Agents		
alendronate sodium oral solution	3	
alendronate sodium oral tablet	2	QL
calcitonin (salmon) nasal	2	QL
calcitriol oral capsule	2	
calcitriol oral solution	3	
cinacalcet hcl	3	PA; QL
doxercalciferol oral	4	
ibandronate sodium oral	2	QL
paricalcitol oral	3	
risedronate sodium oral tablet	3	QL
TYMLOS	5	PA; QL; SP
Miscellaneous Therapeutic Agents		
AEROCHAMBER HOLDING CHAMBER	2	QL
AEROCHAMBER PLS FLOVU MTHPIECE	2	QL
AEROCHAMBER PLUS FLO-VU INTERM	2	QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	QL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	QL
AEROCHAMBER2GO ANTI-STATIC	2	QL
ALCOHOL PREP PADS PAD , 70 %	1	
AQ INSULIN SYRINGE	1	
AQINJECT PEN NEEDLE	1	
ASSURE ID DUO PRO PEN NEEDLES	1	
ASSURE ID PRO PEN NEEDLES	1	
AUM ALCOHOL PREP PADS	1	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	1	
AUM MINI INSULIN PEN NEEDLE	1	
AUM PEN NEEDLE 32G X 5 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	1	
AUM READYGARD DUO PEN NEEDLE	1	
AUM SAFETY PEN NEEDLE	1	
BD AUTOSHIELD DUO PEN NEEDLES	1	
BD PEN NEEDLE MICRO ULTRAFINE	1	
BD PEN NEEDLE MINI ULTRAFINE	1	
BD PEN NEEDLE NANO ULTRAFINE	1	
BD PEN NEEDLE ORIG ULTRAFINE	1	
BD PEN NEEDLE SHORT ULTRAFINE	1	
BD SHARPS COLLECTOR	1	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
BD ULTRA-FINE INSULIN SYRINGES 29G X 1/2" 0.3 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	1	
BD ULTRA-FINE PEN NEEDLES	1	
BD VEO INSULIN SYR ULTRAFINE	1	
BREATHE COMFORT CHAMBER/ ADULT	2	QL
BREATHE COMFORT CHAMBER/ CHILD	2	QL
CAYA	1	
COMFORT EZ PRO PEN NEEDLES	1	
CONDOMS	1	QL
DROPLET MICRON	1	
DROPSAFE ALCOHOL PREP	1	
DROPSAFE SAFETY SYRINGE/ NEEDLE	1	
DUREX EXTRA SENSITIVE THIN	1	QL
DUREX TROPICAL	1	QL
EASIVENT	2	QL
EASY COMFORT SHARPS CONTAINER	1	
EMBECTA AUTOSHIELD DUO	1	
EMBECTA INS SYR U/F 1/2 UNIT	1	
EMBECTA INSULIN SYR ULTRAFINE	1	
EMBECTA INSULIN SYRINGE	1	
EMBECTA INSULIN SYRINGE U-100	1	
EMBECTA INSULIN SYRINGE U-500	1	
EMBECTA PEN NEEDLE NANO	1	
EMBECTA PEN NEEDLE NANO 2 GEN	1	
EMBECTA PEN NEEDLE ULTRAFINE	1	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	
FC2 FEMALE CONDOM	1	QL
FEMCAP	1	
FLEXICHAMBER	2	QL
FLEXICHAMBER ADULT MASK/ SMALL	2	QL
FLEXICHAMBER CHILD MASK/ LARGE	2	QL
FLEXICHAMBER CHILD MASK/ SMALL	2	QL
GOODSENSE ALCOHOL SWABS	1	
GRASTEK	4	PA; QL
INSPIREASE RESERVOIR BAGS	2	QL
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 4MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	1	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	1	
INSUPEN32G EXTR3ME	1	
methylergonovine maleate oral	4	QL
NOVOFINE PEN NEEDLE	1	
NOVOFINE PLUS PEN NEEDLE	1	
OMNIPOD 5 DEXCOM INTRO KIT	4	PA; QL
OMNIPOD 5 DEXCOM PODS	4	PA; QL
OMNIPOD 5 LIBRE PODS	4	PA; QL
OMNIPOD 5 LIBRE2 G6 INTRO G5	4	PA; QL
PARI VORTEX ADULT MASK	2	QL
PARI VORTEX PEDIATRIC MASK	2	QL
PEN NEEDLE/5-BEVEL TIP	1	
PHEXXI	1	QL
PURE COMFORT SAFETY PEN NEEDLE	1	
QUICK TOUCH INSULIN PEN NEEDLE	1	
RADIOGARDASE	5	
RAYA SURE PEN NEEDLE	1	
SAFETY PEN NEEDLES	1	
SHARPS COLLECTOR	1	
SHARPS CONTAINER	1	
TECHLITE PLUS PEN NEEDLES	1	
TRUE COMFORT SAFETY PEN NEEDLE	1	
TRUE COVER	1	QL
UNIFINE OTC PEN NEEDLES	1	
UNIFINE PROTECT PEN NEEDLE	1	
VERIFINE INSULIN PEN NEEDLE	1	
VERIFINE INSULIN SYRINGE	1	
VERIFINE PLUS PEN NEEDLE	1	
VERIFINE SHARPS CONTAINER	1	
VORTEX VALVE CHAMBER-PEDI MASK	2	QL
VORTEX VALVED HOLDING CHAMBER	2	QL
WIDE-SEAL DIAPHRAGM 60	1	
WIDE-SEAL DIAPHRAGM 65	1	
WIDE-SEAL DIAPHRAGM 70	1	
WIDE-SEAL DIAPHRAGM 75	1	
WIDE-SEAL DIAPHRAGM 80	1	
WIDE-SEAL DIAPHRAGM 85	1	
WIDE-SEAL DIAPHRAGM 90	1	
WIDE-SEAL DIAPHRAGM 95	1	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
Ophthalmic Agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	2	
neomycin-polymyxin-gramicidin	2	
tobramycin ophthalmic	2	
tobramycin-dexamethasone	3	
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN	4	
Antibacterials, Other		
bacitra-neomycin-polymyxin-hc	3	
bacitracin ophthalmic	3	
bacitracin-polymyxin b	2	
BETADINE OPHTHALMIC PREP	4	
neomycin-bacitracin zn-polymyx	2	
neomycin-polymyxin-dexameth	2	
neomycin-polymyxin-hc ophthalmic	3	
polymyxin b-trimethoprim	2	
Antifungals		
NATACYN	4	
Antiherpetic Agents		
trifluridine	3	
Macrolides		
AZASITE	4	
erythromycin ophthalmic	2	$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
Ophthalmic Agents, Other		
AKTEN	4	
ALTACAINE	2	
atropine sulfate ophthalmic solution 1 %	2	
cyclopentolate hcl ophthalmic	2	
cyclosporine ophthalmic	4	PA; QL
CYSTARAN	5	PA; QL; SP
MITOSOL	4	
proparacaine hcl ophthalmic	2	
sulfacetamide-prednisolone	2	
tetracaine hcl ophthalmic	2	
ZYLET	4	
Ophthalmic Anti-allergy Agents		
ALOCRIL	4	
altafrin	2	
azelastine hcl ophthalmic	2	
bepotastine besilate	4	QL
cromolyn sodium ophthalmic	2	
CYCLOMYDRIL	4	
epinastine hcl	2	ST; QL

Drug name	Tier	Notes
LASTACAFT	4	QL
olopatadine hcl ophthalmic solution 0.1 %	2	QL
phenylephrine hcl ophthalmic	2	
Ophthalmic Anti-inflammatories		
bromfenac sodium (once-daily)	3	QL
dexamethasone sodium phosphate ophthalmic	2	
diclofenac sodium ophthalmic	2	
difluprednate	4	
fluorometholone	2	
flurbiprofen sodium	2	
INVELTYS	4	QL
ketorolac tromethamine ophthalmic	2	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX SM	4	QL
loteprednol etabonate ophthalmic suspension 0.5 %	4	QL
prednisolone acetate ophthalmic	2	
prednisolone sodium phosphate ophthalmic	2	
Ophthalmic Antiglaucoma Agents		
apraclonidine hcl	2	
betaxolol hcl ophthalmic	2	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	2	QL
brimonidine tartrate-timolol	3	QL
brinzolamide	3	QL
carteolol hcl	2	
dorzolamide hcl ophthalmic	2	
dorzolamide hcl-timolol mal	2	QL
dorzolamide hcl-timolol mal pf	3	QL
IOPIDINE	4	
levobunolol hcl	2	
PHOSPHOLINE IODIDE	3	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	2	
SIMBRINZA	4	QL
timolol hemihydrate	3	QL
timolol maleate (once-daily)	3	
timolol maleate ophthalmic solution	2	
Ophthalmic Prostaglandin and Prostamide Analogs		
latanoprost ophthalmic	2	
LUMIGAN	3	QL
tafluprost (pf)	4	ST; QL
travoprost (bak free)	3	QL
Quinolones		
ciprofloxacin hcl ophthalmic	2	
gatifloxacin ophthalmic	3	
levofloxacin ophthalmic	2	
moxifloxacin hcl (2x day)	2	
moxifloxacin hcl ophthalmic	2	

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
ofloxacin ophthalmic	2	
Sulfonamides		
sulfacetamide sodium ophthalmic	2	
Otic Agents		
acetic acid otic	2	
ciprofloxacin hcl otic	3	
ciprofloxacin-dexamethasone	4	ST
CIPROFLOXACIN-FLUOCINOLONE PF	4	
CORTISPORIN-TC	4	
fluocinolone acetonide otic	3	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	2	
OTOVEL	4	
Respiratory Tract/Pulmonary Agents		
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO	4	ST; QL
ARNUITY ELLIPTA	3	QL
ASMANEX (120 METERED DOSES)	3	QL
ASMANEX (14 METERED DOSES)	3	QL
ASMANEX (30 METERED DOSES)	3	QL
ASMANEX (60 METERED DOSES)	3	QL
ASMANEX HFA	3	QL
BEVESPI AEROSPHERE	3	QL
breyna	4	QL
budesonide inhalation	3	QL
budesonide-formoterol fumarate	4	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
QVAR REDIHALER	3	QL
wixela inhub	3	QL
Antihistamines		
azelastine hcl nasal	2	QL
carbinoxamine maleate oral solution	2	
carbinoxamine maleate oral tablet 4 mg	2	
clemastine fumarate oral tablet	2	
cyproheptadine hcl oral	2	
desloratadine oral tablet	3	
diphenhydramine hcl oral elixir	2	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	2	QL
olopatadine hcl nasal	3	QL
promethazine-phenylephrine	2	
Antileukotrienes		
montelukast sodium oral	2	QL
zafirlukast	3	QL
zileuton er	4	ST
Bronchodilators, Anticholinergic		
ATROVENT HFA	4	QL
INCRUSE ELLIPTA	3	QL
ipratropium bromide inhalation	2	
ipratropium bromide nasal	2	
SPIRIVA RESPIMAT	3	QL
tiotropium bromide monohydrate	3	QL
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa	1	
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup 2 mg/5ml	3	
albuterol sulfate oral tablet	3	
arformoterol tartrate	4	QL
epinephrine injection solution auto-injector	1	QL
formoterol fumarate inhalation	4	QL
levalbuterol hcl inhalation	3	QL
STRIVERDI RESPIMAT	3	QL
terbutaline sulfate oral	4	
VENTOLIN HFA	1	
Cystic Fibrosis Agents		
ORKAMBI	5	PA; QL; SP
PULMOZYME	5	PA; QL; SP
tobramycin nebulization solution 300 mg/5ml inhalation	5	PA; QL; SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	PA; QL; SP
Mast Cell Stabilizers		
cromolyn sodium inhalation	3	
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin	3	
roflumilast	4	QL
THEO-24	4	
theophylline er	2	
theophylline oral	3	
Pulmonary Antihypertensives		
ADEMPAS	5	PA; QL; SP
alyq	5	PA; QL; SP
ambrisentan	5	PA; QL; SP
bosentan oral tablet	5	PA; QL; SP
OPSUMIT	5	PA; QL; SP
ORENITRAM	5	PA; QL; SP
ORENITRAM MONTH 1	5	PA; QL; SP

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Drug name	Tier	Notes
ORENITRAM MONTH 2	5	PA; QL; SP
ORENITRAM MONTH 3	5	PA; QL; SP
sildenafil citrate oral suspension reconstituted	5	PA; QL; SP
sildenafil citrate oral tablet 20 mg	4	PA; QL; SP
tadalafil (pah)	5	PA; QL; SP
TYVASO	5	PA; QL; SP
TYVASO DPI INSTITUTIONAL KIT	5	PA; QL; SP
TYVASO DPI MAINTENANCE KIT	5	PA; QL; SP
TYVASO DPI TITRATION KIT	5	PA; QL; SP
TYVASO REFILL KIT	5	PA; QL; SP
TYVASO STARTER KIT	5	PA; QL; SP
VENTAVIS	5	PA; QL; SP
Pulmonary Fibrosis Agents		
OFEV	5	PA; QL; SP
pirfenidone	4	PA; QL; SP
Respiratory Tract Agents, Other		
acetylcysteine inhalation	2	
azelastine-fluticasone	4	QL
benzonatate oral capsule 100 mg, 200 mg	2	
BREZTRI AEROSPHERE	3	QL
bromphen-pseudoeph-dm	2	
guaifenesin-codeine	2	PA; QL
hydrocod poli-chlorphe poli er	4	PA; QL
hydrocodone bit-homatrop mbr	2	PA; QL
hydromet	2	PA; QL
HYPERSAL	3	
ipratropium-albuterol	2	
maxi-tuss ac	2	PA; QL
mometasone furoate nasal	3	QL
NEBUSAL	3	
promethazine-codeine oral solution	2	PA; QL
promethazine-dm	2	
pseudoephedrine-bromphen-dm	2	
PULMOSAL	3	
sodium chloride inhalation	2	
STIOLTO RESPIMAT	3	QL
TRELEGY ELLIPTA	3	QL
TUXARIN ER	4	PA; QL
Skeletal Muscle Relaxants		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
carisoprodol oral tablet 350 mg	2	QL
chlorzoxazone oral tablet 500 mg	3	
cyclobenzaprine hcl oral	2	
dantrolene sodium oral	3	
metaxalone oral tablet 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	2	
orphenadrine citrate er	2	
orphenadrine-aspirin-caffeine	5	PA
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	2	
Sleep Disorder Agents		
GABA Receptor Modulators		
eszopiclone	2	QL
flurazepam hcl	2	QL
temazepam	2	QL
triazolam	2	QL
zaleplon	2	QL
zolpidem tartrate er	3	QL
zolpidem tartrate oral tablet	2	QL
Sleep Disorders, Other		
BELSOMRA	4	ST; QL
doxepin hcl oral tablet	4	QL
ramelteon	4	ST; QL
tasimelteon	5	PA; QL; SP
Wakefulness Promoting Agents		
armodafinil	3	PA; QL
modafinil oral	2	PA; QL
SODIUM OXYBATE	5	PA; QL; SP
SUNOSI	4	PA; QL

KEY: **7D**.....7 day limit
MME.....Morphine milligram equivalent
PA.....Prior authorization required
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy

Index

Language Assistance Services

1-877-265-9199, TTY 711

English: Translation services and interpreters are available at no cost to you. If you need help, please call the number above or the Member Services number on your health plan ID card.

Spanish: Hay servicios de traducción e interpretación disponibles sin costo para usted. Si necesita ayuda, llame al número anterior o al número de Servicios para Miembros que figura en la tarjeta de identificación de su plan de salud.

Chinese: 翻译服务和口译员免费供您使用。如果您需要帮助，请拨打上述号码或拨打您健康计划 ID 卡上的会员服务号码。

Vietnamese: Dịch vụ dịch thuật và thông dịch viên được cung cấp miễn phí cho quý vị. Nếu quý vị cần trợ giúp, vui lòng gọi số ở trên hoặc số bộ phận Dịch vụ Thành viên trên thẻ ID chương trình sức khỏe của quý vị.

Korean: 번역 서비스와 통역사는 비용 부담 없이 이용하실 수 있습니다. 도움이 필요하신 경우, 전술한 번호 또는 의료 플랜 ID 카드에 기재된 가입자 서비스 번호로 전화하십시오.

Arabic: تتوفر خدمات الترجمة والمترجمون الفوريون لك مجانًا. إذا كنت بحاجة إلى المساعدة، فيُرجى الاتصال بالرقم أعلاه أو رقم خدمات الأعضاء الموجود على بطاقة معرف الخطة الصحية الخاصة بك.

French Creole: Sèvis tradiksyon ak entèprèt disponib pou ou gratis. Si w bezwen èd, tanpri rele nimewo ki anwo a oswa nimewo Sèvis Manm ki sou kat idantite (ID) plan sante w la.

Tagalog: Ang mga serbisyo sa pagsasalin at mga tagapagsalin ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas o ang numero ng mga Serbisyo sa Miyembro na nasa iyong ID kard ng planong pangkalusugan.

French: Les services de traduction et d'interprétation vous sont fournis gratuitement. Si vous avez besoin d'aide, veuillez appeler le numéro ci-dessus ou le numéro de services aux membres figurant sur votre carte d'assurance maladie.

Russian: Вам доступны бесплатные услуги перевода и устные переводчики. Если вам нужна помощь, позвоните по указанному выше номеру или по номеру отдела обслуживания участников, указанному на вашей идентификационной карте программы страхования здоровья.

Polish: Mogą Państwo bezpłatnie skorzystać z usługi tłumaczenia pisemnego lub ustnego. Jeśli potrzebują Państwo pomocy, należy zadzwonić pod numer podany powyżej lub numer usług dla członków podany na karcie identyfikacyjnej członka planu ubezpieczenia zdrowotnego.

German: Übersetzungsdienste und Dolmetscher stehen Ihnen kostenlos zur Verfügung. Wenn Sie Hilfe benötigen, rufen Sie bitte die oben genannte Nummer oder die Nummer des Mitgliederservices auf Ihrer Versichertenkarte an.

Gujarati: અનુવાદ સેવાઓ અને દુભાષિયા તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને ઉપરના નંબર પર અથવા તમારા હેલ્થ પ્લાન આઈડી કાર્ડ પરના સભ્ય સેવાઓ નંબર પર કૉલ કરો.

Urdu: آپ کے لیے بغیر کسی فیس یا اخراجات کے ترجمہ کی خدمات اور ترجمان دستیاب ہیں۔ اگر آپ کو مدد کی ضرورت ہو، تو برائے مہربانی اوپر دیئے گئے نمبر یا اپنے ہیلتھ پلان آئی ڈی کارڈ پر موجود Member Services کے نمبر پر کال کریں۔

Portuguese: Você tem à disposição serviços gratuitos de tradução e intérpretes. Caso precise de ajuda, ligue para o número acima ou para o número de Atendimento a Membros exibido em seu cartão de identificação do plano de saúde.

Japanese: 翻訳サービスと通訳サービスを利用できます。サポートが必要な場合は、上記の電話番号か、保険プラン ID カードのメンバーサービス番号に電話してください。

Hindi: अनुवाद सेवाएँ और दुभाषिए आपके लिए निःशुल्क उपलब्ध हैं। यदि आपको सहायता की आवश्यकता है, तो कृपया अपने स्वास्थ्य योजना आईडी कार्ड पर ऊपर दिए गए नंबर या सदस्य सेवा नंबर पर कॉल करें।

Persian: خدمات ترجمه کتبی و شفاهی به صورت رایگان برای شما فراهم است. اگر به کمک نیاز دارید، با شماره تلفن بالا یا شماره تلفن خدمات مشتری درج شده روی کارت شناسایی برنامه درمانی خود تماس بگیرید.

Amharic: የትርጉም አገልግሎቶች እና አስተርጓሚዎች ለእርስዎ ያለ ምንም ወጪ ይገኛሉ። እርዳታ ከፈለጉ፣ እባክዎን ከላይ ባለው ቁጥር ወይም በጤና እቅድ መታወቂያ ካርድዎ ላይ ባለው የአባላት አገልግሎት ቁጥር ይደውሉ።

Italian: Sono disponibili gratuitamente servizi di traduzione e interpreti. Se hai bisogno di aiuto, chiama il numero sopra oppure il numero di assistenza presente sulla tua tessera sanitaria.

Pennsylvania Dutch: Wann du Deitsch schwetzscht un Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Wann du Hilf brauchscht, ruf die Nummer drowwe uff odder die Nummer fer Member Services as uf dei Health Plan ID Card is.

Navajo: Naaltsoos hazaad bee hadilnééh bee áka'anída'awo'í dóó ata' dahalne'í t'áá jiik'eh ná hóló. Shika'adoowoł nínízingo, t'áá shǫǫdí hódahdi námboo bikí'ágíí doodago Bił Ha'dít'éhí Bika'aná'awo' nits'íís bee ha'dít'éhí ID ninaaltsoos nitł'izí bąąh námboo bikí'ágíí bee hodíilnih.

United Healthcare®

Notice of non-discrimination

The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes.

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

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

Email: **UHC_Civil_Rights@uhc.com**

If you need help with your complaint, please call toll-free **1-877-265-9199** or the toll-free number on your health plan ID card (TTY/RTT **711**).

You can also file a complaint with the U.S. Department of Health and Human services.

Online: **https://www.hhs.gov/civil-rights/filing-a-complaint/index.html**

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

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

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call toll-free **1-877-265-9199** or the toll-free number on your health plan ID card (TTY/RTT **711**).

This notice is available at **https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notices**.