



Your 2023 Prescription Drug List

Access 4-Tier

Effective May 1, 2023



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2023 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, River Valley and Oxford medical plans with a pharmacy benefit subject to the Access 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

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

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

About this PDL

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

E	May be excluded from coverage. May be subject to Prior Authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York. (Referred to as First Start in New Jersey) —Lower-cost options are available and covered.
H	Health Care Reform Preventive —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
PA	Prior Authorization (sometimes referred to as precertification)³ —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
QL	Quantity Limits —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program⁴ —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty Medication —Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
ST	Step Therapy (referred to as First Start in New Jersey) —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

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

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



Reading your PDL (continued)

Coverage details

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

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

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

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

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

- **Endocrine: growth hormone**

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

- **Infertility**

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

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by the consumer's medical benefit plan. Please consult plan documents regarding benefit coverage, exclusions and cost-sharing. More information will be available on myuhc.com in early 2023. Additionally, more information is available by calling the number on the back of your ID card.

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
acetaminophen-codeine oral tablet	1	
apap-caff-dihydrocodeine	1	
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	E	
endocet	1	
ESGIC ORAL TABLET	4	QL
GEN7T EXTERNAL PATCH	E	
hydrocodone-acetaminophen oral tablet	1	
hydromorphone hcl oral tablet	1	
lidocaine external patch 5 %	1	PA, QL
LIDODERM	E	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
PERCOCET	E	
PROLATE ORAL TABLET	E	
ROXICODONE	E	
tramadol hcl oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
TREZIX	1	
XTAMPZA ER	4	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac sodium oral	1	
DUROLANE	E	
EUFLEXXA	E	
GELSYN-3	E	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOMETHACIN ORAL CAPSULE 20 MG	4	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN DS	E	
RELAFEN ORAL TABLET 500 MG, 750 MG	E	
SUPARTZ FX	E	
SYNOJOYNT	E	
TRILURON	E	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	QL

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



Drug Name	Drug Tier	Requirements & Limits
ZIMHI	2	
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
ACTICLATE	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	4	
BACTRIM DS	4	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	4	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	E	

Drug Name	Drug Tier	Requirements & Limits
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
LYMEPAK	E	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	4	
NUZYRA ORAL	4	
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
vandazole	4	
VIBRAMYCIN ORAL CAPSULE	4	
XENLETA ORAL	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	1	
jantoven	1	
LOVENOX	E	
PRADAXA	2	QL

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Drug Name	Drug Tier	Requirements & Limits
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA
DEPAKOTE	4	
DEPAKOTE ER	4	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
gabapentin oral capsule	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	4	
LAMICTAL ORAL TABLET	4	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	PA
NEURONTIN ORAL CAPSULE	4	
NEURONTIN ORAL TABLET	4	
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
TOPAMAX	4	
topiramate oral tablet	1	
TRILEPTAL ORAL TABLET	4	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	4	
zonisamide oral	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	

Drug Name	Drug Tier	Requirements & Limits
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	4	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
FORFIVO XL	4	QL
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	QL
VIIBRYD STARTER PACK	2	
vilazodone hcl	1	QL

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



Drug Name	Drug Tier	Requirements & Limits
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	
Antiemetics - Drugs for Nausea and Vomiting		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	4	
scopolamine	1	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL TABLET	E	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
VIVJOA	3	
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
COLCHICINE ORAL CAPSULE	E	
MITIGARE	2	
ZYLOPRIM	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, QL
eletriptan hydrobromide	1	

Drug Name	Drug Tier	Requirements & Limits
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA, QL
IMITREX ORAL	E	
MAXALT	E	
NURTEC	2	PA, QL
RELPAK	E	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
UBRELVY	2	PA, ST, QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
bexarotene external	E	SP
CALQUENCE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
EXKIVITY	4	PA, QL, SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, SP
letrozole oral	1	H-PA
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
POMALYST	3	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
REVLIMID	2	PA, SP
STIVARGA	2	PA, SP
TABRECTA	4	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN	1	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
NEUPRO	3	
NOURIANZ	3	QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	2	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral tablet	1	
LATUDA	2	QL
olanzapine oral tablet	1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 150 mg	E	
REXULTI	4	ST, QL

Drug Name	Drug Tier	Requirements & Limits
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SAPHRIS	1	QL
SEROQUEL	E	
VRAYLAR ORAL CAPSULE	4	QL
ZYPREXA ORAL	E	
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY	E	ST, QL
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
EPCLUSA ORAL TABLET	2	PA, QL, SP
HARVONI ORAL TABLET	2	PA, ST, QL, SP
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	QL, SP
oseltamivir phosphate oral capsule	1	
PAXLOVID (150/100)	3	
PAXLOVID (300/100)	3	
PREZCOBIX	2	
RUKOBIA	4	PA
SITAVIG	E	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	

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Drug Name	Drug Tier	Requirements & Limits
VALTREX	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	4	
XANAX	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	

Drug Name	Drug Tier	Requirements & Limits
AVAPRO	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CALAN SR	4	
CARDIZEM CD	E	
CARDURA	4	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	2	
EDARBYCLOR	2	
enalapril maleate oral tablet	1	
ENTRESTO	4	PA, QL
ezetimibe	1	
fenofibrate oral tablet	1	
FENOGLIDE	E	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
irbesartan	1	

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Drug Name	Drug Tier	Requirements & Limits
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	4	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	4	
LOPRESSOR	4	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	4	
MAXZIDE-25	4	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MINIPRESS	4	
MULTAQ	4	PA
NEXLETOL	2	QL
NEXLIZET	2	QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	4	
NORLIQVA	4	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	4	
pravastatin sodium	1	

Drug Name	Drug Tier	Requirements & Limits
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, QL
REPATHA SURECLICK	2	PA, QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	4	QL
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	4	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	4	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	E	

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	1	QL
ADHANSIA XR	4	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	4	QL
atomoxetine hcl	1	QL
CONCERTA	1	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
FOCALIN	4	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	4	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	2	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	2	QL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	4	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
LYRICA ORAL CAPSULE	4	
pregabalin oral capsule	1	
TIGLUTIK	4	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	4	
perigard	1	

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Drug Name	Drug Tier	Requirements & Limits
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
accutane	1	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
amnesteem	1	
AMZEEQ	4	
AVITA EXTERNAL CREAM	E	PA
CARAC	E	
CIBINQO	2	PA, QL, SP
claravis	1	
CLEOCIN-T	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	4	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
clotrimazole-betamethasone external cream	1	
DAZOMON	E	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	4	
ENSTILAR	4	

Drug Name	Drug Tier	Requirements & Limits
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	4	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	4	
isotretinoin capsule 10 mg oral	E	
isotretinoin capsule 10 mg oral	1	
isotretinoin capsule 20 mg oral	E	
isotretinoin capsule 20 mg oral	1	
isotretinoin capsule 30 mg oral	E	
isotretinoin capsule 30 mg oral	1	
isotretinoin capsule 40 mg oral	E	
isotretinoin capsule 40 mg oral	1	
isotretinoin oral capsule 25 mg, 35 mg	E	
KLISYRI	4	
METROCREAM	4	
metronidazole external cream	1	
MIRVASO	4	PA
myorisan	1	
NORITATE	E	
OPZELURA	4	PA, QL, SP
PICATO	3	QL
PROTOPIC	E	ST
RETIN-A EXTERNAL CREAM	E	PA
RHOFADE	4	PA
rosadan external cream	1	
SANTYL	3	
SOOLANTRA	1	
TACLONEX EXTERNAL OINTMENT	E	
tacrolimus external	1	ST

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Drug Name	Drug Tier	Requirements & Limits
tretinoin external cream	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX	E	
triderm	1	
tritocin	E	
VTAMA	4	PA
XEPI	3	
zenatane	1	
ZILXI	4	PA, ST
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	QL
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	E	QL
bd autoshield duo pen needles	2	QL
bd U-500 insulin syringes	2	QL
bd ultra-fine insulin syringes	2	QL
bd ultra-fine pen needles	2	QL

Drug Name	Drug Tier	Requirements & Limits
bd veo ultra-fine insulin syringes	2	QL
BLOOD GLUCOSE TEST STRIPS	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CONTOUR MONITOR KIT W/DEVICE	E	
CONTOUR NEXT EZ KIT W/DEVICE	E	
CONTOUR NEXT GEN MONITOR	E	
CONTOUR NEXT LINK KIT W/DEVICE	4	
CONTOUR NEXT LINK KIT W/DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	E	
DIABETES MONITOR DIGIT SOLN	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE SENSOR/HOLDER	3	PA
EVERSENSE SMART TRANSMITTER	3	PA
FORTISCARE G1 TEST STRIP	E	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FORTISCARE TEST	E	QL	OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
FREESTYLE LIBRE 14 DAY READER	3	PA	OMNIPOD 5 G6 POD (GEN 5)	2	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA	ONETOUCH CLUB LANCETS FINE PT	1	
FREESTYLE LIBRE 2 READER	3	PA	ONETOUCH DELICA LANCETS 30G	1	
FREESTYLE LIBRE 2 SENSOR	3	PA	ONETOUCH DELICA LANCETS 33G	1	
FREESTYLE LIBRE 3 SENSOR	3	PA	ONETOUCH DELICA PLUS LANCET30G	1	(Onetouch Delica Plus Lancets)
FREESTYLE LIBRE CONTINUOUS BLOOD GLUCOSE MONITOR SYSTEM	3	PA	ONETOUCH DELICA PLUS LANCET33G	1	(Onetouch Delica Plus Lancets)
FREESTYLE LIBRE READER	3	PA, QL	ONETOUCH FINEPOINT LANCETS	1	
FREESTYLE PRECISION NEO SYSTEM	E		ONETOUCH SOLUTIONS STARTER KIT	E	
FREESTYLE PRECISION NEO TEST	E	QL	ONETOUCH ULTRA 2 KIT W/DEVICE	1	
FREESTYLE TEST	E	QL	ONETOUCH ULTRA MINI KIT W/DEVICE	1	
GLUCOCARD EXPRESSION TEST	E	QL	ONETOUCH ULTRA TEST STRIPS	1	QL
GLUCOCARD SHINE TEST	E	QL	ONETOUCH ULTRASOFT LANCETS	1	(Onetouch Ultrasoft Plus lancets)
GLUCOCARD VITAL TEST	E	QL	ONETOUCH VERIO FLEX SYSTEM	1	
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	ONETOUCH VERIO IQ SYSTEM	1	
GUARDIAN LINK 3 TRANSMITTER	3	PA	ONETOUCH VERIO KIT W/DEVICE	1	
GUARDIAN REAL-TIME REPLACE PED	3	PA	ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
GUARDIAN SENSOR (3)	3	PA	ONETOUCH VERIO TEST STRIPS	1	QL
GUARDIAN SENSOR 3	3	PA	OPTIUMEZ TEST	E	QL
INSULIN PEN NEEDLES	2		PARADIGM REAL-TIME TRANSMITTER	3	PA
MICRODOT TEST	E	QL	PRECISION XTRA	E	
MINILINK REAL-TIME TRANSMITTER	3	PA	PRECISION XTRA BLOOD GLUCOSE	E	QL
MINIMED 630G GUARDIAN PRESS	3	PA	PREMIUM BLOOD GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E		PTS PANELS EGLU TEST	E	QL
NEUTEK 2TEK TEST	E	QL	QUINTET AC BLOOD GLUCOSE TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2				
NOVOFINE PEN NEEDLE	2				
NOVOFINE PLUS PEN NEEDLE	2				
NOVOTWIST	2				

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Drug Name	Drug Tier	Requirements & Limits
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
TECHLITE (ARKAY) INSULIN SYRINGES	2	QL
TECHLITE (ARKAY) PEN NEEDLES	2	QL
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR KWIKPEN	E	
HUMALOG INJECTION	1	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG SUBCUTANEOUS	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	

Drug Name	Drug Tier	Requirements & Limits
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN GLARGINE	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO	E	
INSULIN LISPRO (1 UNIT DIAL)	E	
INSULIN LISPRO JUNIOR KWIKPEN	E	
INSULIN LISPRO KWIKPEN	E	
INSULIN LISPRO PROT & LISPRO	E	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	4	PA, ST, QL
ADLYXIN STARTER PACK	4	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
BAQSIMI ONE PACK	2	
BAQSIMI TWO PACK	2	

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Drug Name	Drug Tier	Requirements & Limits
BYDUREON BCISE	2	PA, ST, QL
BYDUREON PEN	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	
GLUCOTROL XL	4	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	ST, QL
GVOKE HYOPEN 1-PACK	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE PREFILLED SYRINGE	2	
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML, 8 MG/3ML	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT	4	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	4	PA, QL, SP
ELOCTATE	4	PA, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
JIVI	4	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUVIQ INTRAVENOUS KIT	2	SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION	2	QL, SP
TAVALISSE	4	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
WILATE	2	SP
ZARXIO	2	SP
ZIEXTENZO	3	SP
Drugs for Pregnancy Termination		
mifepristone	1	
Drugs for Sexual Dysfunction		
ADDYI	4	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	2	QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	4	QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	3	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	QL
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	

Drug Name	Drug Tier	Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride crys er oral tablet extended release 15 meq	3	
potassium chloride er	1	
potassium citrate er	1	
QUFLORA GUMMIES	E	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	3	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	4	
DEXILANT	E	QL
DEXLANSOPRAZOLE	E	QL
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	

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

Drug Name	Drug Tier	Requirements & Limits
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
DITROPAN XL	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
solifenacin succinate	1	
THIOLA	4	SP
THIOLA EC	3	SP
VELPHORO	2	
VESICARE	4	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H

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Drug Name	Drug Tier	Requirements & Limits
aviane	1	H
AYGESTIN	4	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	2	QL
cryselle-28	1	H
cyred	1	H
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL TRANSDERMAL GEL	2	
dotti	1	QL
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
femynor	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	1	H
jencycla	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H

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Drug Name	Drug Tier	Requirements & Limits
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
lessina	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
luteru	1	H
lyleq	1	H
lyllana	4	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H

Drug Name	Drug Tier	Requirements & Limits
MINIVELLE	E	QL
mono-lynah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	2	
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	4	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
tri femynor	1	H
tri-estarylla	1	H
tri-lynah	1	H
tri-lo-estarylla	1	H

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Drug Name	Drug Tier	Requirements & Limits
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
VAGIFEM	E	
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	

Drug Name	Drug Tier	Requirements & Limits
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
Hormonal Agents - Other		
ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	PA
LANREOTIDE ACETATE	E	SP
leuprolide acetate injection	1	PA
LUPRON DEPOT (1-MONTH)	E	
NOCDURNA	3	QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	QL
SOMATULINE DEPOT	4	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	QL
ANDROGEL	E	QL
ANDROGEL PUMP	E	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	E	QL
NATESTO	E	QL
TESTIM	1	QL
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	

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Drug Name	Drug Tier	Requirements & Limits
VOGELXO	E	QL
VOGELXO PUMP	E	QL
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	4	
TIROSINT-SOL	2	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADBRY	2	PA, SP
AZASAN	4	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
EMPAVELI	2	PA, QL, SP
ENBREL MINI	2	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	2	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, ST, QL, SP
ENBREL SURECLICK	2	PA, ST, QL, SP
FIRAZYR	E	PA, QL, SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, QL, SP
IMURAN	E	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET	2	PA, ST, QL, SP
OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, ST, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	3	PA, QL, SP
OTEZLA ORAL TABLET	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
STELARA SUBCUTANEOUS tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	SP
Immunological Agents - Drugs for Vaccination		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
COMIRNATY	3	H
FLUARIX QUADRIVALENT	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL QUADRIVALENT	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
MODERNA COVID-19 VAC (BOOSTER)	3	H
MODERNA COVID-19 VACC 6M-5Y	3	H
MODERNA COVID-19 VACCINE	3	H
PFIZER COVID-19 VAC BIVAL 5-11	3	H
PFIZER COVID-19 VAC BIVALENT	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H

Drug Name	Drug Tier	Requirements & Limits
PFIZER-BIONT COVID-19 VAC-TRIS	3	H
PFIZER-BIONTECH COVID-19 VACC	3	H
SHINGRIX	3	H
SPIKEVAX COVID-19 VACCINE	3	H
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	1	SP
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	1	SP
Inflammatory Bowel Disease Agents		
APRISO	1	
ASACOL HD	E	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	1	
mesalamine oral tablet delayed release	E	
PROCTOFOAM HC	2	
UCERIS ORAL	1	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	4	

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Drug Name	Drug Tier	Requirements & Limits
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	4	
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
ILEVRO	4	
INVELTYS	3	
KLARITY-A	E	
LASTACAFT	3	
LOTEMAX OPHTHALMIC GEL	4	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL OPHTHALMIC SUSPENSION	4	
MOXEZA	4	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic solution	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
prednisolone acetate p-f	E	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	4	

Drug Name	Drug Tier	Requirements & Limits
tobramycin-dexamethasone	1	
VIGAMOX	E	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	
BETIMOL	2	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	E	
COMBIGAN	2	
COSOPT	4	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	4	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	4	
XALATAN	E	
ZIOPTAN	3	ST
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA
RESTASIS	1	PA
RESTASIS MULTIDOSE	4	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
XIIDRA	2	PA

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Drug Name	Drug Tier	Requirements & Limits
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	1	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
SYMJEPI	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate	1	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	1	QL
ADVAIR HFA	2	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	2	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	4	QL, RS
COMBIVENT RESPIMAT	2	QL
FASENRA PEN	4	PA, QL
FLOVENT DISKUS	1	QL

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



Drug Name	Drug Tier	Requirements & Limits
FLOVENT HFA	1	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL, SP
PERFOROMIST	4	QL
PROVENTIL HFA	E	
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	QL, RS
TRELEGY ELLIPTA	3	QL, RS

Drug Name	Drug Tier	Requirements & Limits
VENTOLIN HFA	E	
wixela inhub	E	QL
XOPENEX HFA	3	
YUPELRI	4	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REMODULIN	E	
REVATIO ORAL TABLET	E	QL
sildenafil citrate oral tablet 20 mg	1	QL
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	
TYVASO	2	PA, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	

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Drug Name	Drug Tier	Requirements & Limits
SOMA	E	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX ORAL TABLET	4	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	4	QL
DAYVIGO	4	QL
eszopiclone	1	
LUNESTA	E	
modafinil	1	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	4	
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	4	PA, QL, SP
XYWAV	4	PA, QL, SP
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zolpidem tartrate oral	1	

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KLISYRI	16	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	30	LOTENSIN	14
KLONOPIN.	13	levetiracetam oral tablet	10	loteprednol etabonate.	28
klor-con 10	21	levo-t	26	LOTREL	14
klor-con m10	21	levocetirizine dihydrochloride oral tablet.	29	lovastatin oral.	14
klor-con m15.	21	levofloxacin oral tablet	9	LOVAZA	14
klor-con m20	21	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.	24	LOVENOX.	9
klor-con oral tablet extended release	21	levora 0.15/30 (28).	24	low-ogestrel	24
KLOXXADO	8	levothyroxine sodium oral tablet	26	LUMAKRAS	11
KOATE	20	levoxyl.	26	LUMIGAN.	28
KOATE-DVI.	20	LEXAPRO.	10	LUNESTA	31
KOGENATE FS.	20	LIALDA	27	LUPRON DEPOT (1-MONTH).	25
KOMBIGLYZE XR	20	lidocaine external patch 5 %	8	lutera.	24
KOSELUGO	11	lidocaine hcl mouth/throat	15	lyleq	24
KOVALTRY.	20	lidocaine viscous hcl.	15	lyllana	24
KRINTAFEL	12	LIDODERM.	8	LYMEPAK.	9
kurvelo	24	LINZESS.	22	LYNPARZA.	11
KYNMOBI.	12	liothyronine sodium oral	26	LYRICA ORAL CAPSULE	15
L					
labetalol hcl oral	14	LIPITOR	14	LYUMJEV KWIKPEN	19
LAMICTAL ORAL TABLET	10	lisinopril oral.	14	LYUMJEV VIAL	19
lamotrigine oral tablet	10	lisinopril-hydrochlorothiazide.	14	lyza	24
LANREOTIDE ACETATE.	25	lithium carbonate er	13	M	
LANTUS SOLOSTAR	19	lithium carbonate oral capsule.	13	MACROBID	9
		LITHOBID.	13	MACRODANTIN	9
		LO LOESTRIN FE.	24	marlissa	24
		lo-zumandimine	24	MAVENCLAD.	15



MAVYRET ORAL PACKET	12	methylprednisolone oral tablet therapy pack	25	MOVIPREP	22
MAXALT	11	metoclopramide hcl oral tablet	11	MOXEZA	28
MAXITROL OPHTHALMIC SUSPENSION	28	metoprolol succinate er	14	moxifloxacin hcl (2x day)	28
MAXZIDE	14	metoprolol tartrate oral	14	moxifloxacin hcl ophthalmic solution	28
MAXZIDE-25	14	METROCREAM	16	MS CONTIN	8
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG . . .	15	metronidazole external cream	16	MULPLETA	20
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	15	metronidazole oral tablet	9	MULTAQ	14
MEDROL ORAL TABLET THERAPY PACK	25	metronidazole vaginal	9	MULTI-VIT-FLOR	21
medroxyprogesterone acetate intramuscular suspension prefilled syringe	24	MICARDIS	14	multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	21
medroxyprogesterone acetate oral . .	24	MICRODOT TEST	18	multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	21
meloxicam oral tablet	8	microgestin 1/20	24	multivitamin/fluoride tablet chewable 1 mg oral (rx)	21
MENOSTAR	24	microgestin 1.5/30	24	mupirocin external	9
mesalamine oral tablet delayed release	27	microgestin 24 fe	24	mycophenolate mofetil oral tablet . . .	26
metformin hcl er	20	microgestin fe 1/20	24	MYDAYIS	15
metformin hcl er (mod)	20	microgestin fe 1.5/30	24	MYFEMBREE	24
metformin hcl er (osm)	20	mifepristone	21	myorisan	16
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	20	mili	24	na sulfate-k sulfate-mg sulf	22
metformin hcl oral tablet 625 mg . . .	20	MINILINK REAL-TIME TRANSMITTER	18	nabumetone oral	8
methimazole oral	26	MINIMED 630G GUARDIAN PRESS .	18	NALOCET	8
methocarbamol oral tablet 1000 mg .	30	MINIPRESS	14	naloxone hcl injection solution prefilled syringe	8
methocarbamol oral tablet 500 mg, 750 mg	30	MINIVELLE	23, 24	naloxone hcl nasal	8
methotrexate oral	26	minocycline hcl oral capsule	9	naltrexone hcl oral	8
methotrexate sodium oral	26	mirtazapine oral tablet	10	NAPROSYN ORAL TABLET	8
methylphenidate hcl er (cd)	15	MIRVASO	16	naproxen oral tablet	8
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15	misoprostol oral	21	NARCAN	8
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	15	MITIGARE	11	NASCOBAL	21
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	15	MM EASY TOUCH GLUCOSE METER	18	NATAZIA	24
methylphenidate hcl er (xr)	15	modafinil	31	NATESTO	25
methylphenidate hcl er oral tablet extended release	15	MODERNA COVID-19 VAC (BOOSTER)	27	NAYZILAM	10
methylphenidate hcl oral tablet	15	MODERNA COVID-19 VACC 6M-5Y .	27	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	28
		MODERNA COVID-19 VACCINE	27	neomycin-polymyxin-hc otic suspension	29
		mondoxyne nl	9	NESINA	20
		mono-linyah	24	NEULASTA	20
		montelukast sodium oral tablet	30	NEUPRO	12
		montelukast sodium oral tablet chewable	30	NEURONTIN ORAL CAPSULE	10
		morphine sulfate er oral tablet extended release	8	NEURONTIN ORAL TABLET	10
		MOTEGRITY	22	NEUTEK 2TEK TEST	18
		MOUNJARO	20		



NEVANAC	28	NOVOLIN R RELION	19	OMNIPOD 5 G6 INTRO (GEN 5)	18
NEXLETOL	14	NOVOLIN R VIAL	19	OMNIPOD 5 G6 POD (GEN 5)	18
NEXLIZET	14	NOVOTWIST	18	ondansetron hcl oral tablet	11
nifedipine er	14	np thyroid	26	ondansetron odt	11
nifedipine er osmotic release	14	NUBEQA	11	ONETOUCH CLUB LANCETS FINE PT	18
nikki	24	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30	ONETOUCH DELICA LANCETS 30G	18
nitrofurantoin macrocrystal	9	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	30	ONETOUCH DELICA LANCETS 33G	18
nitrofurantoin monohydrate macrocrystals	9	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	30	ONETOUCH DELICA PLUS LANCET30G	18
nitroglycerin sublingual	14	NUCYNTA	8	ONETOUCH DELICA PLUS LANCET33G	18
NITROSTAT	14	NUCYNTA ER	8	ONETOUCH FINEPOINT LANCETS	18
NOC DURNA	25	NURTEC	11	ONETOUCH SOLUTIONS STARTER KIT	18
nora-be	24	NUTROPIN AQ NUSPIN 10	25	ONETOUCH ULTRA 2 KIT W/DEVICE	18
NORDITROPIN FLEXPEN	25	NUTROPIN AQ NUSPIN 20	25	ONETOUCH ULTRA MINI KIT W/DEVICE	18
norethin ace-eth estrad-fe oral tablet	24	NUTROPIN AQ NUSPIN 5	25	ONETOUCH ULTRA TEST STRIPS	18
norethindrone acet-ethinyl est	24	NUVARING	24	ONETOUCH ULTRASOFT LANCETS	18
norethindrone acetate oral	24	NUVESSA	9	ONETOUCH VERIO FLEX SYSTEM	18
norethindrone oral	24	NUVIQ INTRAVENOUS KIT	20	ONETOUCH VERIO IQ SYSTEM	18
norgestimate-eth estradiol	24	NUZYRA ORAL	9	ONETOUCH VERIO KIT W/DEVICE	18
norgestimate-ethinyl estradiol triphasic	24	nymyo	24	ONETOUCH VERIO REFLECT KIT W/DEVICE	18
NORITATE	16	nystatin external cream	11	ONETOUCH VERIO TEST STRIPS	18
NORLIQVA	14	nystatin mouth/throat	11	ONGLYZA	20
norlyroc	24			OPSUMIT	30
nortriptyline hcl oral capsule	10			OPTIUMEZ TEST	18
NORVASC	14			OPZELURA	16
NOURIANZ	12			ORENCIA CLICKJECT	26
NOVAREL	27			ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	26
NOVOEIGHT	20			ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	26
NOVOFINE AUTOCOVER PEN NEEDLE	18			ORFADIN ORAL CAPSULE	22
NOVOFINE PEN NEEDLE	18			ORFADIN ORAL SUSPENSION	22
NOVOFINE PLUS PEN NEEDLE	18			ORGOVYX	11
NOVOLIN 70/30 FLEXPEN	19			ORIAHNN	25
NOVOLIN 70/30 FLEXPEN RELION	19			ORLISSA	25
NOVOLIN 70/30 RELION	19			oseltamivir phosphate oral capsule	12
NOVOLIN 70/30 VIAL	19			OSENI	20
NOVOLIN N FLEXPEN	19				
NOVOLIN N FLEXPEN RELION	19				
NOVOLIN N RELION	19				
NOVOLIN N VIAL	19				
NOVOLIN R FLEXPEN	19				
NOVOLIN R FLEXPEN RELION	19				

O

ocella	24				
OCUFLOX	28				
ODOMZO	11				
OFEV	30				
ofloxacin ophthalmic	28				
ofloxacin otic	29				
olanzapine oral tablet	12				
olmesartan medoxomil oral	14				
olmesartan medoxomil-hctz	14				
OLUMIANT ORAL TABLET	26				
OLUMIANT ORAL TABLET 1 MG, 4 MG	26				
OMECLAMOX-PAK	21				
omega-3-acid ethyl esters	14				
omeprazole oral capsule delayed release	21				



OSPHENA	21	PERIDEX.	15	prednisolone acetate p-f.	28
OTEZLA ORAL TABLET	26	periogard	15	prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	25
OTREXUP.	26	PERTZYE	22	prednisolone sodium phosphate oral solution 15 mg/5ml	25
OVIDREL	27	PFIZER COVID-19 VAC BIVAL 5-11	27	prednisone oral tablet.	25
OXAYDO.	8	PFIZER COVID-19 VAC BIVALENT.	27	prednisone oral tablet therapy pack	25
oxcarbazepine oral tablet	10	PFIZER COVID-19 VAC-TRIS 5-11Y	27	pregabalin oral capsule	15
oxybutynin chloride er	22	PFIZER COVID-19 VAC-TRIS 6M-4Y	27	PREGNYL.	27
oxybutynin chloride oral tablet.	22	PFIZER-BIONT COVID-19 VAC-TRIS	27	PREMARIN ORAL	24
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8	PFIZER-BIONTECH COVID-19 VACC	27	PREMARIN VAGINAL	24
oxycodone hcl oral tablet 5 mg	8	phenazo oral tablet 200 mg	22	PREMIUM BLOOD GLUCOSE TEST.	18
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	8	phenazopyridine hcl oral tablet 100 mg, 200 mg.	22	PREMPHASE.	24
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8	PICATO.	16	PREMPRO	24
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	8	pioglitazone hcl	20	PREZCOBIX.	12
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML, 8 MG/3ML	20	PLAQUENIL	12	PRISTIQ	10
P					
PACERONE ORAL TABLET 100 MG, 400 MG	14	PLAVIX	12	PROCARDIA XL.	14
PACERONE ORAL TABLET 200 MG	14	PLEGRIDY INTRAMUSCULAR	15	prochlorperazine maleate oral.	11
PAMELOR	10	PLEGRIDY STARTER PACK.	15	PROCTOFOAM HC	27
PANCREAZE	22	PLEGRIDY SUBCUTANEOUS	15	progesterone oral	24
pantoprazole sodium oral tablet delayed release	21	PLENVU	22	PROGRAF ORAL CAPSULE	26
PARADIGM REAL-TIME TRANSMITTER	18	POLY-VI-FLOR ORAL TABLET CHEWABLE	21	PROLATE ORAL TABLET	8
paroxetine hcl oral tablet	10	polymyxin b-trimethoprim.	28	promethazine hcl oral tablet.	11
PAXIL ORAL TABLET	10	POLYTRIM	28	promethazine-dm	29
PAXLOVID (150/100).	12	POMALYST	11	PROMETRIUM.	24
PAXLOVID (300/100).	12	portia-28.	24	propranolol hcl er	14
PEDIAPRED	25	potassium chloride crys er oral tablet extended release 10 meq, 20 meq.	21	propranolol hcl oral tablet	14
peg 3350-kcl-na bicarb-nacl	22	potassium chloride crys er oral tablet extended release 15 meq	21	PROSCAR	22
peg-3350/electrolytes/ascorbat	22	potassium chloride er	21	PROTONIX ORAL TABLET DELAYED RELEASE	22
peg-kcl-nacl-nasulf-na asc-c	22	potassium citrate er.	21	PROTOPIC	16
penicillin v potassium oral tablet	9	PRADAXA	9	PROVENTIL HFA	29, 30
PERCOCET	8	pravastatin sodium	14	PROVERA.	23, 24
PERFOROMIST	30	prazosin hcl oral	14	PROVIGIL.	31
		PRECISION XTRA.	18	PROZAC.	10
		PRECISION XTRA BLOOD GLUCOSE	18	pseudoephedrine-bromphen-dm	29
		PRED FORTE.	28	PTS PANELS EGLU TEST	18
		PRED MILD	28	PULMICORT FLEXHALER	30
		prednisolone acetate ophthalmic	28	PULMICORT SUSPENSION.	30
				PULMOZYME	30
				PYLERA	22
				PYRIDIUM	22



Q

quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	12
quetiapine fumarate oral tablet 150 mg	12
QUFLORA GUMMIES	21
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	21
QUINTET AC BLOOD GLUCOSE TEST	18
QUINTET BLOOD GLUCOSE TEST	19

R

rabeprazole sodium oral tablet delayed release	22
ramipril	14
RASUVO	26
reclipsen	24
RECOMBINATE	20
REGLAN	11
RELAFEN DS	8
RELAFEN ORAL TABLET 500 MG, 750 MG	8
RELEXXII	15
RELION TRUE MET AIR GLUC METER	19
RELION TRUE METRIX TEST STRIPS	19
RELION ULTIMA GLUCOSE A SYSTEM	19
RELION ULTIMA TEST	19
RELPAK	11
REMERON	10
REMODULIN	30
REPATHA	14
REPATHA PUSHTRONEX SYSTEM	14
REPATHA SURECLICK	14
RESTASIS	28
RESTASIS MULTIDOSE	28
RESTORIL	31
RETACRIT INJECTION SOLUTION	20
RETIN-A EXTERNAL CREAM	16
REVATIO ORAL TABLET	30

REVLIMID	12
REXULTI	12
RHOFADE	16
RHOPRESSA	28
RINVOQ	26
RISPERDAL ORAL TABLET	12
risperidone oral tablet	12
RITALIN	15
RITALIN LA	15
rizatriptan benzoate	11
ROBINUL	22
ROBINUL-FORTE	22
ROCALTROL ORAL CAPSULE	27
ROCKLATAN	28
ropinirole hcl	12
rosadan external cream	16
rosuvastatin calcium	14
roweepra	10
ROXICODONE	8
RUCONEST	26
RUKOBIA	12
RYBELSUS	20

S

SANTYL	16
SAPHRIS	12
scopolamine	11
SEREVENT DISKUS	30
SEROQUEL	12
sertraline hcl oral tablet	10
sharobel	24
SHINGRIX	27
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	21
sildenafil citrate oral tablet 20 mg	30
SIMPONI	26
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	14
simvastatin oral tablet 80 mg	14
SINGULAIR ORAL TABLET	30
SINGULAIR ORAL TABLET CHEWABLE	30
SITAVIG	12

SKYRIZI PEN	27
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27
SOAANZ	14
sodium sulfate-potassium sulfate- magnesium sulfate	22
SOFOSBUVIR-VELPATASVIR	12
solifenacin succinate	22
SOLQUA	20
SOMA	31
SOMATULINE DEPOT	25
SOOLANTRA	16
SPIKEVAX COVID-19 VACCINE	27
SPIRIVA HANDIHALER	30
SPIRIVA RESPIMAT	30
spironolactone oral	14
sprintec 28	24
sronyx	24
STELARA SUBCUTANEOUS	27
STENDRA	21
STIOLTO RESPIMAT	30
STIVARGA	12
STRATTERA	15
STRENSIQ	22
STRIVERDI RESPIMAT	30
SUBOXONE	8
subvenite	10
sucrafate oral tablet	22
sulfamethoxazole-trimethoprim oral tablet	9
sumatriptan succinate oral	11
SUNOSI	31
SUPARTZ FX	8
SUTAB	22
syeda	24
SYMBICORT	30
SYMFI	12
SYMFI LO	12
SYMJEPI	29
SYMLINPEN 120	20
SYMLINPEN 60	20
SYMPROIC	22
SYNJARDY	20



SYNJARDY XR	20	TERIPARATIDE (RECOMBINANT)	27	tri-estarylla	24
SYNOJOYNT	8	TESTIM	25	tri-lynyah	24
SYNTHROID	26	TESTOSTERONE CYPIONATE INJECTION	25	tri-lo-estarylla	24
T		testosterone cypionate intramuscular	25	tri-lo-marzia	25
TABRECTA	12	THALITONE	14	tri-lo-mili	25
TACLONEX EXTERNAL OINTMENT	16	THIOLA	22	tri-lo-sprintec	25
tacrolimus external	16	THIOLA EC	22	tri-mili	25
tacrolimus oral	27	THYQUIDITY	26	tri-nymyo	25
tadalafil oral	21	TIGLUTIK	15	tri-sprintec	25
TAGRISSE	12	timolol maleate (once-daily)	28	tri-vylibra	25
TAKHZYRO SUBCUTANEOUS SOLUTION	27	timolol maleate ocludose	28	tri-vylibra lo	25
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	timolol maleate ophthalmic solution	28	triamcinolone acetonide external cream	17
TAMIFLU ORAL CAPSULE	12	timolol maleate pf	28	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	17
tamoxifen citrate oral tablet 10 mg	12	TIMOPTIC	28	triamcinolone acetonide external ointment 0.05 %	17
tamoxifen citrate oral tablet 20 mg	12	TIMOPTIC OCUDOSE	28	triamcinolone in absorbbase	17
tamsulosin hcl	22	TIROSINT-SOL	26	triamterene-hctz	14
TAPERDEX 12-DAY	25	TIVICAY	12	TRIANEX	17
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	25	tizanidine hcl oral tablet	31	triazolam	13
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	25	TOBI PODHALER	30	TRICOR	14
TAPERDEX 7-DAY	25	TOBRADEX OPHTHALMIC SUSPENSION	28	triderm	17
TARGADOX	9	TOBRADEX ST	28	TRIJARDY XR	20
TARGRETIN	12	tobramycin-dexamethasone	28	TRILEPTAL ORAL TABLET	10
tarina 24 fe	24	TOPAMAX	10	TRILURON	8
tarina fe 1/20	24	topiramate oral tablet	10	TRINTELLIX	10
tarina fe 1/20 eq	24	TOPROL XL	14	tritocin	17
TASIGNA	12	torsemide	14	TRIUMEQ	12
TAVALISSE	20	TOUJEO MAX SOLOSTAR	19	TRUE FOCUS BLOOD GLUCOSE STRIP	19
TECHLITE (ARKAY) INSULIN SYRINGES	19	TOUJEO SOLOSTAR	19	TRUE METRIX AIR GLUCOSE METER KIT	19
TECHLITE (ARKAY) PEN NEEDLES	19	TRACLEER 62.5 MG, 125 MG	30	TRUE METRIX BLOOD GLUCOSE TEST	19
TEGSEDI	22	TRADJENTA	20	TRUE METRIX GO GLUCOSE METER	19
TEKTURNA	14	tramadol hcl oral tablet	8	TRUE METRIX METER KIT	19
TEKTURNA HCT	14	TRANSDERM-SCOP	11	TRUE METRIX PRO BLOOD GLUCOSE	19
telmisartan	14	trazodone hcl oral	10	TRUETRACK TEST	19
temazepam	31	TRELEGY ELLIPTA	30	TRULICITY	20
TENORETIC 100	14	TREMFYA	27	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	12
TENORETIC 50	14	treprostinil	30		
TENORMIN	14	tretinoin external cream	17		
terbinafine hcl oral	11	TREXALL	27		
		TREZIX	8		
		tri femynor	24		



TRUVADA ORAL TABLET 200-300 MG.	12
TYMLOS.	27
TYRVAYA.	28
TYVASO.	30
TYVASO DPI MAINTENANCE KIT. ...	30
TYVASO DPI TITRATION KIT.	30
TYVASO REFILL.	30
TYVASO STARTER.	30

U

UBRELVY.	11
UCERIS ORAL.	27
UCERIS RECTAL.	27
UNISTRIP1 GENERIC.	19
unithroid.	26
UROCIT-K 10.	21
UROCIT-K 15.	21
UROCIT-K 5.	21
UROXATRAL.	22

V

VAGIFEM.	25
valacyclovir hcl oral.	12
VALIUM.	13
valsartan oral tablet.	14
valsartan-hydrochlorothiazide.	14
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML.	10
VALTRESX.	13
VANADOM.	31
vandazole.	9
VASOTEC.	14
VELPHORO.	22
VELTASSA.	21
venlafaxine hcl.	10
venlafaxine hcl er oral capsule extended release 24 hour.	10
VENTOLIN HFA.	29, 30
verapamil hcl er oral tablet extended release.	14
VERKAZIA.	28
VERQUVO.	14

VERZENIO.	12
VESICARE.	22
vestura.	25
VIAGRA.	21
VIBERZI.	22
VIBRAMYCIN ORAL CAPSULE.	9
VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS.	20
vienva.	25
VIGAMOX.	28
VIIBRYD.	10
VIIBRYD STARTER PACK.	10
vilazodone hcl.	10
VISTARIL.	13
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit.	21
VITRAKVI.	12
VIVELLE-DOT.	23, 25
VIVJOA.	11
VOGELXO.	26
VOGELXO PUMP.	26
VOSEVI.	13
VRAYLAR ORAL CAPSULE.	12
VTAMA.	17
VYLEESI.	21
vylibra.	25
VYVANSE.	15

W

WAKIX.	31
warfarin sodium oral.	10
WELLBUTRIN SR.	11
WELLBUTRIN XL.	11
WILATE.	21
wixela inhub.	30

X

XALATAN.	28
XANAX.	13
XARELTO.	10
XARELTO STARTER PACK.	10

XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG.	10
XELJANZ.	27
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR.	27
XENLETA ORAL.	9
XEPI.	17
XIIDRA.	28
XOFLUZA (40 MG DOSE).	13
XOFLUZA (80 MG DOSE).	13
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. ...	27
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED.	27
XOPENEX HFA.	30
XTAMPZA ER.	8
xulane.	25
XYREM.	31
XYWAV.	31

Y

YASMIN 28.	25
YAZ.	25
YUPELRI.	30
yuvaferm.	25

Z

zafemy.	25
ZANAFLEX ORAL TABLET.	31
ZARXIO.	21
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25).	25
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.	20
ZEJULA.	12
ZELNORM.	22
zenatane.	17
ZENPEP.	22
ZEPOSIA.	15
ZEPOSIA 7-DAY STARTER PACK. ...	15
ZEPOSIA STARTER KIT.	15
ZESTORETIC.	14
ZESTRIL.	14
ZETIA.	14



ZETONNA.....	29
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Nondiscrimination notice and access to communication services

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Online: UHC_Civil_Rights@uhc.com

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

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

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

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

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

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

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



Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាក់ទំនងលើកិច្ចការ ដល់មាន់លើអត្ថបទសញ្ញាណប័ណ្ណរបស់អ្នក។

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

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániłti'go, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos nił'izí bee nééhozinígíí bine'deę t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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

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