



Your 2022 Prescription Drug List

Advantage 3-Tier

Effective January 1, 2022



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2022 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, UnitedHealthcare Freedom Plans, River Valley, All Savers, Level2 and Oxford medical plans with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

You and your doctor can consult the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand name, and if there are coverage requirements or limits. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your health plan 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 health plan 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 health plan 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 health plan ID card or call the toll-free phone number on your 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 health plan 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.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Drug list information

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

E	May be excluded from coverage or subject to Prior Authorization 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 Program ⁴ —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty Medication —Specialty medications treat complex or rare conditions and may require special storage and handling. You may 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, some UnitedHealthcare Freedom Plans 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.

Questions

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



Call the member phone number on your health plan ID card



Visit your plan's member website listed on your health plan 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	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine oral capsule	3	QL
apap-caff-dihydrocodeine oral tablet	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	E	QL
DILAUDID ORAL	3	
DURAGESIC-100	E	PA, ST, QL
DURAGESIC-12	E	PA, ST, QL
DURAGESIC-25	E	PA, ST, QL
DURAGESIC-50	E	PA, ST, QL
DURAGESIC-75	E	PA, ST, QL
endocet	1	
ESGIC	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL
FIORICET	3	QL
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA, ST, QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	E	PA, ST, QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	

Drug Name	Drug Tier	Requirements & Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	3	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, ST, QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA, QL
LORTAB	3	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	E	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	

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



Drug Name	Drug Tier	Requirements & Limits
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
OXYCONTIN	E	PA, ST, QL
PERCOCET	E	
premium lidocaine	2	QL
PROLATE	E	
QDOLO	E	PA, QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	
ROXICODONE ORAL TABLET 5 MG	E	QL
SUBSYS SUBLINGUAL LIQUID 400 MCG, 600 MCG, 800 MCG	E	PA, QL
tramadol hcl er (biphasic)	E	QL
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	QL
tramadol hcl er oral tablet extended release 24 hour	2	QL
tramadol hcl oral tablet 100 mg	E	
tramadol hcl oral tablet 50 mg	1	
TREZIX	3	QL
ULTRAM	E	
VTOL LQ	2	PA, QL
XTAMPZA ER	2	PA, QL
ZEBUTAL	3	QL
ZOHYDRO ER	E	PA, ST, QL
ZTLIDO	E	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CATAFLAM	E	
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	E	
diclofenac sodium external solution	E	
diclofenac sodium oral	1	
DUROLANE	E	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3	
ec-naproxen	1	

Drug Name	Drug Tier	Requirements & Limits
etodolac	1	
etodolac er	1	
EUFLEXXA	E	
GELSYN-3	E	
ibuprofen	1	
ibuprofen oral suspension	E	
INDOCIN	3	
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
KETOROLAC TROMETHAMINE NASAL	3	ST, QL
ketorolac tromethamine oral	1	
LODINE	E	
meloxicam oral capsule	E	QL
meloxicam oral tablet	1	
MOBIC	E	
nabumetone oral	1	
NAPRELAN	E	
NAPROSYN ORAL SUSPENSION	E	PA
NAPROSYN ORAL TABLET	E	
naproxen oral suspension	1	PA
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	E	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	E	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	E	
QMIIZ ODT	E	
RELAFEN	E	
RELAFEN DS	E	
SPRIX	3	ST, QL
TIVORBEX	E	
VIVLODEX	E	QL
ZIPSOR	E	

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



Drug Name	Drug Tier	Requirements & Limits
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
CHANTIX	3	PA, H
CHANTIX CONTINUING MONTH PAK	3	PA, H
CHANTIX STARTING MONTH PAK	3	PA, H
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	2	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	E	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	3	
KEFLEX	3	
levofloxacin oral	1	
metronidazole oral	1	
metronidazole vaginal	2	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	PA
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	E	

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Drug Name	Drug Tier	Requirements & Limits
morgidox oral	2	
mupirocin calcium	3	QL
mupirocin external	1	QL
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SOLODYN	E	PA
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XENLETA ORAL	3	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	2	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	3	
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA, ST
DEPAKOTE SPRINKLES	3	PA, ST
DIASTAT ACUDIAL	3	QL

Drug Name	Drug Tier	Requirements & Limits
DIASTAT PEDIATRIC	2	QL
diazepam rectal	1	QL
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
epitol	1	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	3	PA, ST
KEPPRA XR	3	PA, ST
LAMICTAL	3	PA, ST
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	3	PA, ST
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	3	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	PA, ST
LAMICTAL STARTER	3	PA, ST
LAMICTAL XR	3	PA, ST
lamotrigine er	3	PA, ST
lamotrigine oral kit	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	2	
levetiracetam oral	1	
NAYZILAM	3	PA, QL
NEURONTIN	3	PA, ST
oxcarbazepine	1	
OXTELLAR XR	E	ST
QUDEXY XR	E	ST
roweepira	1	
SPRITAM	E	ST

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Drug Name	Drug Tier	Requirements & Limits
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA, ST
TOPAMAX SPRINKLE	3	PA, ST
topiramate er	E	PA, ST
topiramate oral	1	
TRILEPTAL	3	PA, ST
TROKENDI XR	E	ST
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG, 50 & 200 MG	3	PA
ZONEGRAN	3	PA, ST
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	E	
donepezil hcl oral tablet dispersible	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	

Drug Name	Drug Tier	Requirements & Limits
CYMBALTA	E	QL
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
DRIZALMA SPRINKLE	3	PA, QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	E	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL CR	E	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
REMERON SOLTAB	E	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	

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Drug Name	Drug Tier	Requirements & Limits
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	

Antiemetics - Drugs for Nausea and Vomiting

BONJESTA	E	PA
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
GIMOTI	E	QL
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	
scopolamine	3	
TRANSDERM SCOP (1.5 MG)	E	
TRANSDERM-SCOP (1.5 MG)	E	
ZOFRAN	E	
ZUPLENZ	E	QL

Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN	E	
EXTINA	3	ST
fluconazole oral	1	

Drug Name	Drug Tier	Requirements & Limits
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	ST
ketoconazole external shampoo	1	
ketodan external foam	3	ST
LOPROX EXTERNAL SHAMPOO	E	
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	

Antigout Agents - Drugs for Gout

allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
colchicine oral tablet	E	
COLCRYS	E	
febuxostat	3	ST, QL
GLOPERBA	3	PA
MITIGARE	2	
ULORIC	E	ST, QL
ZYLOPRIM	3	

Antimigraine Agents - Drugs for Migraines

AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
AMERGE	E	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	2	PA, ST, QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
IMITREX SUBCUTANEOUS	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
RELPAK	E	QL

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Drug Name	Drug Tier	Requirements & Limits
REYVOW	2	PA, ST, QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL	E	ST, QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	ST, QL
ZOMIG NASAL SOLUTION 5 MG	3	ST, QL
ZOMIG ORAL	E	QL
ZOMIG ZMT	E	QL
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	
ARIMIDEX	E	
bexarotene	E	SP
CALQUENCE	2	PA, QL, SP
capecitabine	1	QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
FEMARA	E	
fluorouracil external solution	1	
GLEEVEC	E	PA, QL, SP
IBRANCE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
KOSELUGO	3	PA, QL, SP
letrozole oral	1	
LYNPARZA	2	PA, QL, SP
mercaptopurine oral	1	
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PURIXAN	3	PA, SP

Drug Name	Drug Tier	Requirements & Limits
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
SOLTAMOX	E	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	QL, SP
TARGRETIN ORAL	2	SP
TASIGNA	2	PA, ST, QL, SP
UKONIQ	3	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP
ZEJULA	2	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone-proguanil hcl	2	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
MALARONE	3	
permethrin external	1	
PLAQUENIL	E	
Antiparkinson Agents - Drugs for Parkinson's Disease		
APOKYN	3	PA, QL, SP
carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	3	PA
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
KYNMOBI TITRATION KIT	3	PA, SP
MIRAPEX	3	
MIRAPEX ER	E	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
SINEMET	3	

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Drug Name	Drug Tier	Requirements & Limits
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	3	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	3	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
asenapine maleate	E	QL
GEODON ORAL	E	QL
LATUDA	3	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	2	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
VRAYLAR	3	ST, QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	E	ST, QL
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL
DESCOVY	E	PA, ST, QL
DOVATO	2	QL
efavirenz-emtricitab-tenofovir	3	ST, QL
efavirenz-lamivudine-tenofovir	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL

Drug Name	Drug Tier	Requirements & Limits
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	SP
EPCLUSA ORAL TABLET 200-50 MG	2	PA, QL
EPCLUSA ORAL TABLET 400-100 MG	2	PA, QL, SP
GENVOYA	3	QL
HARVONI ORAL PACKET	2	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	E	
ODEFSEY	3	QL
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	2	
RUKOBIA	3	PA
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	3	QL
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
TEMIXYS	E	QL
tenofovir disoproxil fumarate	2	H-PA
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	2	QL

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Drug Name	Drug Tier	Requirements & Limits
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	3	ST, SP
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	E	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZEPATIER	2	PA, QL, SP
ZOVIRAX ORAL	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	3	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
XANAX XR	E	

Drug Name	Drug Tier	Requirements & Limits
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	E	
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
ALTOPREV	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
BENICAR	E	
BENICAR HCT	E	
BETAPACE	E	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	E	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	3	
CARDIZEM	E	
CARDIZEM CD	E	
CARDIZEM LA	E	

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Drug Name	Drug Tier	Requirements & Limits
CARDURA	3	
CAROSPIR	3	PA
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl	E	
COREG	E	
CORGARD	3	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	QL
diltiazem hcl er	1	
diltiazem hcl er coated beads	2	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral	1	
EPANED	3	PA
EXFORGE	E	
EZALLOR SPRINKLE	3	PA
ezetimibe	2	
ezetimibe-simvastatin	3	
fenofibrate oral capsule 150 mg, 50 mg	E	
fenofibrate oral tablet 120 mg, 40 mg, 48 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 54 mg	2	
FENOGLIDE	E	
flecainide acetate	1	
FLOLIPID	3	PA
furosemide oral	1	
gemfibrozil oral	1	
GONITRO	E	QL
guanfacine hcl	1	

Drug Name	Drug Tier	Requirements & Limits
HEMANGEOL	E	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	E	PA
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	QL
LIPOFEN	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	E	
lovastatin oral	1	H
matzim la	2	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
MICARDIS	E	
MINIPRESS	3	
minitran	1	

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Drug Name	Drug Tier	Requirements & Limits
MULTAQ	3	PA
nadolol oral	1	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin (antihyperlipidemic)	E	
niacin er (antihyperlipidemic)	2	
niacor	E	
NIASPAN	E	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
nitroglycerin translingual	E	QL
NITROLINGUAL	E	QL
NITROMIST	3	QL
NITROSTAT	3	
NITRO-TIME	3	
NORVASC	E	
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
PRALUENT	E	PA, ST, QL
pravastatin sodium	1	
prazosin hcl oral	1	
PRINIVIL	3	
PROCARDIA XL	E	
propranolol hcl er	2	
propranolol hcl oral	1	
QBRELIS	3	PA
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	2	
REPATHA	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	3	PA
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA	E	PA
VASOTEC	E	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	E	PA, QL
VYTORIN	E	
WELCHOL	2	
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	

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Drug Name	Drug Tier	Requirements & Limits
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	

Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL	E	
ADDERALL XR	2	QL
ADHANSIA XR	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
CONCERTA	2	QL
DEXEDRINE	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	3	QL
dextroamphetamine sulfate er	3	QL
dextroamphetamine sulfate oral solution	1	
dextroamphetamine sulfate oral tablet	3	
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	2	QL
INTUNIV	E	QL
JORNAY PM	E	QL
METHYLIN	3	
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	3	QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	QL

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er oral tablet extended release 24 hour	E	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
PROCENTRA	3	
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
relexxii	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	3	QL
ZENZEDI	E	

Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	E	PA, QL, SP
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
dalfampridine er	2	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, ST, QL, SP
REBIF REBIDOSE	E	PA, ST, QL, SP
REBIF REBIDOSE TITRATION PACK	E	PA, ST, QL, SP
REBIF TITRATION PACK	E	PA, ST, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
LYRICA	3	PA, ST, QL
LYRICA CR	E	ST, QL
NUEDEXTA	2	PA
pregabalin oral capsule	2	QL
pregabalin oral solution	3	QL
RILUTEK	3	SP
riluzole	1	SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, QL, SP
ZEPOSIA STARTER KIT	3	PA, QL, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
cavarest	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	3	
PERIDEX	3	
periogard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	

Drug Name	Drug Tier	Requirements & Limits
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	PA
accutane	2	
ACZONE EXTERNAL GEL 5 %	3	QL
ACZONE EXTERNAL GEL 7.5 %	3	QL
ALA SCALP	3	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	3	QL
ALTRENO	E	PA, QL
amnestem	2	
AMZEEQ	3	PA, QL
ATRALIN	E	PA, QL
AVAR CLEANSER	3	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA	E	PA, QL
azelaic acid external	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop external ointment	3	QL
calcipotriene-betameth diprop external suspension	E	QL

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Drug Name	Drug Tier	Requirements & Limits
calcitriol external	1	QL
CAPEX	2	
CARAC	E	
claravis	2	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external lotion	E	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX	E	QL
CLOBEX SPRAY	E	QL
clodan external shampoo	E	QL
clotrimazole-betamethasone external cream	1	QL
clotrimazole-betamethasone external lotion	1	
dapsone external gel 5 %	E	QL
DAPSONE EXTERNAL GEL 7.5 %	E	QL

Drug Name	Drug Tier	Requirements & Limits
DERMA-SMOOTH/FS BODY	3	QL
DERMA-SMOOTH/FS SCALP	3	
DESONATE	3	ST, QL
desonide external cream	3	QL
desonide external gel	3	ST, QL
desonide external lotion	3	QL
desonide external ointment	3	QL
DESOWEN	3	QL
DIPROLENE	3	
DIPROLENE AF	3	
DUPIXENT	3	PA, ST, QL, SP
EFUDEX	3	
ENSTILAR	3	QL
EUCRISA	3	ST, QL
EVOCLIN	3	
FINACEA	3	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	3	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	E	QL
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
imiquimod external cream 3.75 %	E	QL
imiquimod external cream 5 %	1	QL

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Drug Name	Drug Tier	Requirements & Limits
IMIQUIMOD PUMP	E	QL
IMPEKLO	E	QL
IMPOYZ	E	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
ivermectin external cream	E	QL
KENALOG EXTERNAL	E	QL
KLISYRI	E	ST, QL
METROCREAM	3	
METROGEL	E	
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	3	PA, QL
mometasone furoate external	1	
myorisan	2	
neuac external gel	3	QL
NORITATE	E	
OLUX	E	QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA, QL
RHOFADE	3	PA, QL
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	E	QL
SOOLANTRA	3	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	

Drug Name	Drug Tier	Requirements & Limits
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external pad 10-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacetamide sod-sulfur wash	1	
SULFACLEANSE 8/4	E	
sulfamez wash	1	
SUMADAN WASH	E	
SUMAXIN	3	
SUMAXIN WASH	3	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external cream	3	PA, QL
TAZORAC	3	PA, QL
TEMOVATE	3	QL
TEXACORT	2	
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external aerosol solution	2	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
TRIANEX	E	
triderm external cream 0.1 %	1	

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Drug Name	Drug Tier	Requirements & Limits
triderm external cream 0.5 %	1	QL
TRIDESILON	3	QL
VANOS	E	QL
VECTICAL	E	QL
VERDESO	E	QL
WYNZORA	E	QL
zenatane	2	
ZILXI	3	PA, ST, QL
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL

Diabetes - Glucose Monitoring

ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
accu-chek guide kit w/device	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTXLIX LANCETS	1	
bd autoshield duo pen needles	2	
bd ultra-fine insulin syringes	2	
bd ultra-fine pen needles	2	
CONTOUR NEXT EZ KIT W/DEVICE	2	
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA

Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE LIBRE SENSOR SYSTEM	3	PA
INSULIN SYRINGE AND PEN NEEDLES	2	
LANCETS	3	
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOTWIST	2	
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	1	
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT	1	
ONETOUCH VERIO TEST STRIPS	1	QL

Diabetes - Insulin

ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
AFREZZA	E	PA, QL
BASAGLAR KWIKPEN	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMALOG VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL

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Drug Name	Drug Tier	Requirements & Limits
HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN ASPART PENFILL	E	ST, QL
INSULIN LISPRO	E	QL
INSULIN LISPRO (1 UNIT DIAL)	E	QL
INSULIN LISPRO JUNIOR KWIKPEN	E	QL
INSULIN LISPRO PROT & LISPRO	E	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LEVEMIR U-100 FLEXTOUCH	E	QL
LEVEMIR U-100 VIAL	E	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG PENFILL	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
SEMGLEE	E	QL

Drug Name	Drug Tier	Requirements & Limits
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA	E	QL
TRESIBA FLEXTOUCH	E	QL
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	3	PA, ST, QL
ADLYXIN STARTER PACK	3	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
FARXIGA	E	ST, QL
FORTAMET	E	PA
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	(Eli Lilly), QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION 1 MG	2	(Fresenius), QL
GLUCOTROL XL	3	
GLUMETZA	E	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PFS	2	QL
JANUVIA	E	ST, QL
JARDIANCE	2	ST, QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL

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Drug Name	Drug Tier	Requirements & Limits
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral solution	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RIOMET	E	
RYBELSUS	2	PA, ST, QL
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (2 Pak), QL
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	3	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	3	PA, SP
JIVI	3	PA, SP
KOATE	2	SP

Drug Name	Drug Tier	Requirements & Limits
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUVIQ	2	SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
ZARXIO	2	
ZIEXTENZO	3	SP
Drugs for Sexual Dysfunction		
ADDYI	3	PA, QL
CIALIS ORAL TABLET 10 MG, 20 MG	E	QL
CIALIS ORAL TABLET 2.5 MG, 5 MG	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	3	PA, QL
tadalafil oral tablet 10 mg, 20 mg	2	QL
tadalafil oral tablet 2.5 mg, 5 mg	2	QL
VIAGRA	E	QL
VYLEESI	3	PA, QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DRISDOL	3	
ERGOCAL	3	
ergocalciferol oral capsule	1	

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Drug Name	Drug Tier	Requirements & Limits
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
NASCOBAL	3	
POLY-VI-FLOR	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride er	1	
potassium chloride oral packet	1	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
ACIPHEX SPRINKLE	E	QL
CARAFATE	E	
CYTOTEC	3	
DEXILANT	3	QL
FIRST-OMEPRAZOLE	3	PA
misoprostol oral	1	
OMECLAMOX-PAK	3	QL

Drug Name	Drug Tier	Requirements & Limits
omeprazole oral capsule delayed release	1	
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA
pantoprazole sodium oral packet	E	
pantoprazole sodium tablet delayed release 20 mg oral	1	
pantoprazole sodium tablet delayed release 20 mg oral	E	
pantoprazole sodium tablet delayed release 40 mg oral	E	
pantoprazole sodium tablet delayed release 40 mg oral	1	
PROTONIX ORAL	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ANASPAZ	2	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY	3	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LOMOTIL	3	

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Drug Name	Drug Tier	Requirements & Limits
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
NULEV	3	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMAX DUOTAB	3	
SYMAX-SL	3	
SYMAX-SR	3	
SYMPROIC	2	PA, QL
TRULANCE	3	PA, ST, QL
URSO 250	E	
URSO FORTE	E	
ursodiol oral	1	
VIBERZI	3	PA, QL
XIFAXAN	3	PA, QL
ZELNORM	3	PA, ST, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
clovique	3	PA, SP
CREON	2	
CUPRIMINE	E	SP
DEPEN TITRATABS	2	SP
ENDARI	3	PA, QL
nitisinone	E	PA, SP
NITYR	E	PA, SP
ORFADIN	2	PA, SP
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	3	ST
penicillamine oral capsule	3	SP
penicillamine oral tablet	2	SP

Drug Name	Drug Tier	Requirements & Limits
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SYPRINE	E	PA, SP
TEGSEDI	2	PA, QL, SP
trientine hcl	3	PA, SP
VIOKACE ORAL TABLET 20880-78300 UNIT	3	ST
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
DITROPAN XL	E	
GELNIQUE	E	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
TOVIAZ	3	
VELPHORO	2	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H

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Drug Name	Drug Tier	Requirements & Limits
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	3	
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	2	
balziva	2	
bekyree	2	
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	2	
camila	1	H
camrese	3	
camrese lo	3	
charlotte 24 fe	E	
chateal	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	3	
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	2	QL

Drug Name	Drug Tier	Requirements & Limits
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	E	QL
drospiren-eth estrad-levomefol	E	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	E	
emoquette	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	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	E	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	E	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	E	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	E	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	E	(generic for Minivelle), QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	

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Drug Name	Drug Tier	Requirements & Limits
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	E	
EVAMIST	2	
falmina	1	H
fayosim	E	
femynor	1	H
gemmily	E	
hailey 1.5/30	2	
hailey 24 fe	3	
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
heather	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	3	
jasmiel	3	
jencycla	1	H
jolessa	2	H
juleber	1	H
junel 1.5/30	2	
junel 1/20	2	
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	3	
kalliga	1	H
kariva	2	
kurvelo	1	H
larin 1.5/30	2	
larin 1/20	2	
larin 24 fe	3	
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	E	

Drug Name	Drug Tier	Requirements & Limits
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	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
lillow	1	H
LO LOESTRIN FE	3	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	3	
loryna	3	
LOSEASONIQUE	3	
low-ogestrel	1	H
lo-zumandimine	3	
lutera	1	H
lyleq	1	H
lyllana	E	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL, H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
merzee	E	
mibelas 24 fe	E	
microgestin 1.5/30	2	
microgestin 1/20	2	
microgestin 24 fe	3	
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	E	

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Drug Name	Drug Tier	Requirements & Limits
MINIVELLE	E	QL
MIRCETTE	E	
mono-linyah	1	H
NATAZIA	2	
necon 0.5/35 (28)	1	H
nikki	3	
nora-be	1	H
norethin ace-eth estrad-fe oral capsule	E	
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	E	
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	2	
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215 /0.25 mg-35 mcg	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
nymyo	1	H
ocella	3	
orsythia	1	H
philith	2	
pimtree	2	
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
previfem	1	H
progesterone oral	2	

Drug Name	Drug Tier	Requirements & Limits
PROMETRIUM	E	
PROVERA	3	
QUARTETTE	E	
reclipsen	1	H
rivelsa	E	
SAFYRAL	E	
SEASONIQUE	E	
setlakin	2	H
sharobel	1	H
simliya	2	
simpesse	3	
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	3	
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	E	
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana	1	H
tyblume	1	H
tydemy	E	
VAGIFEM	E	
vestura	3	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL

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Drug Name	Drug Tier	Requirements & Limits
volnea	2	
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zarah	3	
zumandimine	3	
Hormonal Agents - Oral Steroids		
ALKINDI SPRINKLE	E	PA
CORTEF	3	
DECADRON	E	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	3	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	

Drug Name	Drug Tier	Requirements & Limits
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	E	
Hormonal Agents - Other		
cabergoline	2	
DDAVP	E	
DDAVP PF	E	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
desmopressin acetate pf	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
NOC DURNA	3	PA, QL
NORDITROPIN FLEXPRO	E	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
OMNITROPE	E	PA, QL, SP
ORIAHNN	3	PA, QL
ORLISSA	3	PA, QL
SOMATULINE DEPOT	3	SP
STIMATE	3	
ZOMACTON	E	PA, QL, SP
ZOMACTON (FOR ZOMA-JET 10)	E	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL	E	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	

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Drug Name	Drug Tier	Requirements & Limits
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
testosterone transdermal	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL

Hormonal Agents - Thyroid

ARMOUR THYROID	3	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	E	
TAPAZOLE	3	
THYQUIDITY	E	PA
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	

Immunological Agents - Drugs for Immune System Stimulation or Suppression

ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	
AZASAN	3	
azathioprine oral	1	
BERINERT	3	PA, ST, QL, SP
CELLCEPT	E	
CIMZIA PREFILLED KIT	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
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 SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
cyclosporine modified	1	
ENBREL MINI	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	3	PA, ST, QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA, ST, QL, SP
ENBREL SURECLICK	3	PA, ST, QL, SP
ENVARUSUS XR	E	
FIRAZYR	2	PA, QL, SP
gengraf	1	
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
icatibant acetate	E	PA, QL, SP
IMURAN	E	
methotrexate oral	1	
methotrexate sodium	1	
methotrexate sodium (pf)	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	2	
MYFORTIC	E	

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Drug Name	Drug Tier	Requirements & Limits
NEORAL	E	
OLUMIANT ORAL TABLET 1 MG	2	PA, QL
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL PACKET	3	PA
RAPAMUNE ORAL SOLUTION	3	
RAPAMUNE ORAL TABLET	E	
RASUVO	2	QL
REDITREX	E	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	
sirolimus oral tablet	1	
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	2	PA, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR	2	PA, ST, QL, SP
Infertility Agents		
chorionic gonadotropin intramuscular	3	SP
CRINONE	3	ST
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(Merck/ Organon), QL, SP

Drug Name	Drug Tier	Requirements & Limits
novarel intramuscular solution reconstituted 10000 unit	3	SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	3	SP
OVIDREL	3	SP
pregnyl	1	SP
Inflammatory Bowel Disease Agents		
ANALPRAM HC	3	
ANALPRAM HC SINGLES	3	
ANALPRAM-HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	E	
budesonide oral	2	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	2	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
ORTIKOS	E	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	3	
sulfasalazine oral	1	

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Drug Name	Drug Tier	Requirements & Limits
UCERIS ORAL	3	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BINOSTO	E	QL
BONIVA	E	
calcitriol oral	1	
FOSAMAX	3	
ibandronate sodium oral	2	
RAYALDEE	E	
ROCALTROL	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	E	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	E	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACFT	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL

Drug Name	Drug Tier	Requirements & Limits
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
olopatadine hcl ophthalmic solution 0.2 %	E	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	3	QL
TOBREX OPHTHALMIC SOLUTION	3	QL
VIGAMOX	E	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
AZOPT	3	QL
BETIMOL	2	QL
bimatoprost external	E	QL
bimatoprost ophthalmic	E	QL

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Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	3	
timolol maleate pf	2	
TIMOPTIC	3	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPTHALMIC SOLUTION 0.5 %	3	
TIMOPTIC-XE	3	
TRAVATAN Z	E	QL
travoprost (bak free)	E	QL
VYZULTA	E	ST, QL
XALATAN	E	
XELPROS	3	QL
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	E	PA, QL
FLAREX	2	
RESTASIS	3	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
XIIDRA	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	E	QL
epinephrine injection solution auto-injector 0.15 mg/0.15ml	E	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	E	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	2	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	E	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	2	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-chlorphen polst er susp	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	3	
TUSSICAPS	3	PA, QL
XHANCE	E	QL
ZETONNA	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	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	2	(generic ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(VENTOLIN HFA), QL
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	3	PA
ALVESCO	E	QL
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	E	QL
ASMANEX (14 METERED DOSES)	E	QL
ASMANEX (30 METERED DOSES)	E	QL
ASMANEX (60 METERED DOSES)	E	QL
ASMANEX (7 METERED DOSES)	E	QL
ASMANEX HFA	E	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
BUDESONIDE-FORMOTEROL FUMARATE	E	QL, RS
COMBIVENT RESPIMAT	3	QL

Drug Name	Drug Tier	Requirements & Limits
FASENRA PEN	3	PA, QL
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INCRUSE ELLIPTA	E	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
PERFOROMIST	3	QL
PROAIR HFA	E	QL
PROAIR RESPICLICK	E	QL
PROVENTIL HFA	E	QL
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL

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Drug Name	Drug Tier	Requirements & Limits
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

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

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
bosentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
TRACLEER	2	PA, QL, SP
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

AMRIX	E	
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
metaxalone	3	
methocarbamol oral	1	

Drug Name	Drug Tier	Requirements & Limits
OZOBAX	3	PA
SKELAXIN	E	
SOMA	E	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX	3	

Sleep Disorder Agents

AMBIEN	E	QL
AMBIEN CR	E	QL
BELSOMRA	3	ST, QL
DAYVIGO	3	ST, QL
EDLUAR	E	QL
eszopiclone	2	QL
LUNESTA	E	QL
modafinil	2	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	3	
SUNOSI	3	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	3	QL
zolpidem tartrate oral	1	QL
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See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



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ESTRACE	28	fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	8	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/ dose, 500-50 mcg/dose	36
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EXTAVIA	19	fluocinonide external cream 0.05 %	21	gabapentin oral solution 250 mg/5ml	11
EXTINA	13	fluocinonide external cream 0.1 %	21	gabapentin oral tablet	11
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fenofibrate oral tablet 120 mg, 40 mg, 48 mg	17	fluoxetine hcl oral tablet 20 mg	12	GIMOTI	13
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HUMALOG KWIKPEN	23
HUMALOG MIX 50/50 KWIKPEN	23
HUMALOG MIX 50/50 VIAL	23
HUMALOG MIX 75/25 KWIKPEN	23
HUMALOG MIX 75/25 VIAL	23
HUMALOG U-100 JUNIOR KWIKPEN	23
HUMALOG VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	23
HUMALOG VIAL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	24
HUMATROPE	31

HUMIRA	32
HUMIRA PEDIATRIC CROHNS START	32
HUMIRA PEN	32
HUMIRA PEN-CD/UC/HS STARTER	32
HUMIRA PEN-PEDIATRIC UC START	32
HUMIRA PEN-PS/UV/ADOL HS START	32
HUMIRA PEN-PSOR/UEVIT STARTER	32
HUMULIN 70/30 KWIKPEN	24
HUMULIN 70/30 VIAL	24
HUMULIN N KWIKPEN	24
HUMULIN N VIAL	24
HUMULIN R U-500 KWIKPEN	24
HUMULIN R U-500 VIAL	24
HUMULIN R VIAL	24
hydralazine hcl oral	17
hydrochlorothiazide oral	17
hydrocodone bitartrate er oral capsule extended release 12 hour	8
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	8
hydrocodone polst-chlorphen polst er susp	35
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	8
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	8
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8
hydrocort-pramoxine (perianal)	33
hydrocortisone ace-pramoxine external cream 1-1 %	33
hydrocortisone external cream 1 %	21
hydrocortisone external cream 2.5 %	21
hydrocortisone external lotion 2.5 %	21
hydrocortisone external ointment 1 %, 2.5 %	21
hydrocortisone oral	31
hydromorphone hcl er	8
hydromorphone hcl oral	8
hydromorphone hcl rectal	8
hydroxychloroquine sulfate oral	14

hydroxyzine hcl oral	16
hydroxyzine pamoate oral	16
hyoscyamine sulfate er	26
hyoscyamine sulfate oral	26
hyoscyamine sulfate sl	26
hyoscyamine sulfate sublingual	26
hyosyne	26
HYSINGLA ER	8
HYZAAR	17

I

ibandronate sodium oral	34
IBRANCE	14
ibuprofen	9
ibuprofen oral suspension	9
icatibant acetate	32
iclevia	29
icosapent ethyl	17
IDHIFA	14
ILEVRO	34
imatinib mesylate	14
imiquimod external cream 3.75 %	21
imiquimod external cream 5 %	21
IMIQUIMOD PUMP	22
IMITREX ORAL	13
IMITREX STATDOSE REFILL	13
IMITREX STATDOSE SYSTEM	13
IMITREX SUBCUTANEOUS	13
IMPEKLO	22
IMPOYZ	22
IMURAN	32
IMVEXXY MAINTENANCE PACK	25
IMVEXXY STARTER PACK	25
INBRIJA	14
incassia	29
INCRUSE ELLIPTA	36
INDERAL LA	17
INDOCIN	9
indomethacin er	9
INDOMETHACIN ORAL CAPSULE 20 MG	9
indomethacin oral capsule 25 mg, 50 mg	9
INSULIN ASPART	24
INSULIN ASPART FLEXPEN	24
INSULIN ASPART PENFILL	24
INSULIN LISPRO	24
INSULIN LISPRO (1 UNIT DIAL)	24
INSULIN LISPRO JUNIOR KWIKPEN	24



INSULIN LISPRO PROT & LISPRO .	24	KEPPRA ORAL	11	lamotrigine starter kit-orange	11
INSULIN SYRINGE AND PEN NEEDLES	23	KEPPRA XR	11	LANCETS	23
INTRAROSA	25	KESIMPTA	19	LANTUS SOLOSTAR	24
introvale	29	ketoconazole external cream	13	LANTUS U-100 VIAL	24
INTUNIV	19	ketoconazole external foam	13	larin 1/20	29
INVELTYS	34	ketoconazole external shampoo	13	larin 1.5/30	29
ipratropium bromide nasal	35	ketodan external foam	13	larin 24 fe	29
ipratropium-albuterol	36	KETOROLAC TROMETHAMINE NASAL	9	larin fe 1/20	29
irbesartan	17	ketorolac tromethamine ophthalmic	34	larin fe 1.5/30	29
irbesartan-hydrochlorothiazide	17	ketorolac tromethamine oral	9	larissia	29
ISENTRESS	15	KITABIS PAK	37	LASIX	17
ISENTRESS HD	15	KLISYRI	22	LASTACRAFT	34
isibloom	29	KLONOPIN	16	latanoprost ophthalmic	35
isosorbide mononitrate	17	klor-con	26	LATUDA	15
isosorbide mononitrate er	17	klor-con 10	26	LEDIPASVIR-SOFOSBUVIR	15
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	22	klor-con m10	26	lessina	29
ISTALOL	35	KLOR-CON M15	26	letrozole oral	14
ivermectin external cream	22	klor-con m20	26	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	36
J					
jaimiess	29	KOATE	25	LEVIBID	26
jantoven	11	KOATE-DVI	25	LEVEMIR U-100 FLEXTOUCH	24
JANUVIA	24	KOGENATE FS	25	LEVEMIR U-100 VIAL	24
JARDIANCE	24	KOMBIGLYZE XR	25	levetiracetam er	11
jasmiel	29	KOSELUGO	14	levetiracetam oral	11
jencycla	29	KOVALTRY	25	levo-t	32
JENTADUETO	24	KRINTAFEL	14	levocetirizine dihydrochloride oral solution	35
JENTADUETO XR	24	kurvelo	29	levocetirizine dihydrochloride oral tablet	35
JIVI	25	KYNMOBI	14	levofloxacin oral	10
jolessa	29	KYNMOBI TITRATION KIT	14	levonorgest-eth est & eth est	29
JORNAY PM	19	L			
juleber	29	labetalol hcl oral	17	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	29
JULUCA	15	LAMICTAL	11	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	29
junel 1/20	29	LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG	11	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	29
junel 1.5/30	29	LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG	11	levora 0.15/30 (28)	29
junel fe 1/20	29	LAMICTAL ODT ORAL TABLET DISPERSIBLE	11	LEVOTHYROXINE SODIUM ORAL CAPSULE	32
junel fe 1.5/30	29	LAMICTAL STARTER	11	levothyroxine sodium oral tablet	32
junel fe 24	29	LAMICTAL XR	11	levoxyl	32
K					
K-TAB	26	lamotrigine er	11	LEVSIN ORAL	26
kalliga	29	lamotrigine oral kit	11	LEVSIN/SL	26
KAPSPARGO SPRINKLE	17	lamotrigine oral tablet	11	LEXAPRO	12
kariva	29	lamotrigine oral tablet chewable	11	LIALDA	33
KAZANO	25	lamotrigine oral tablet dispersible	11	lidocaine external ointment 5 %	8
KEFLEX	10	lamotrigine starter kit-blue	11	lidocaine external patch 5 %	8
KENALOG EXTERNAL	22	lamotrigine starter kit-green	11	lidocaine hcl mouth/throat	20



lidocaine viscous hcl	20	low-ogestrel	29	metformin hcl er (osm)	25
lidocaine-prilocaine external cream	8	LUMIGAN	35	metformin hcl oral solution	25
LIDODERM	8	LUNESTA	37	metformin hcl oral tablet	25
lillow	29	lutera	29	methimazole oral	32
LINZESS	26	lyleq	29	methocarbamol oral	37
liothyronine sodium oral	32	lyllana	29	methotrexate oral	32
LIPITOR	17	LYNPARZA	14	methotrexate sodium	32
LIPOFEN	17	LYRICA	20	methotrexate sodium (pf)	32
lisinopril oral	17	LYRICA CR	20	METHYLIN	19
lisinopril-hydrochlorothiazide	17	LYUMJEV KWIKPEN	24	methylphenidate hcl er (cd)	19
lithium carbonate er	16	LYUMJEV VIAL	24	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	19
lithium carbonate oral	16	lyza	29	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	19
LITHOBID	16			methylphenidate hcl er (xr)	19
LO LOESTRIN FE	29	M		methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	19
lo-zumandimine	29	MALARONE	14	methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	19
LODINE	9	marlissa	29	methylphenidate hcl er oral tablet extended release 24 hour	19
LOESTRIN 1/20 (21)	29	matzim la	17	methylphenidate hcl oral solution	19
LOESTRIN 1.5/30 (21)	29	MAVENCLAD	19	methylphenidate hcl oral tablet	19
LOESTRIN FE 1/20	29	MAVYRET	15	chewable	19
LOESTRIN FE 1.5/30	29	MAXALT	13	methylprednisolone oral	31
lojaimiess	29	MAXALT-MLT	13	metoclopramide hcl oral solution	13
LOKELMA	26	MAXITROL	34	metoclopramide hcl oral tablet	13
LOMOTIL	26	MAXZIDE	17	dispersible	13
LOPID	17	MAXZIDE-25	17	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	17
LOPRESSOR	17	MAYZENT	19	metoprolol succinate er oral tablet extended release 24 hour 25 mg	17
LOPROX EXTERNAL SHAMPOO	13	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	31	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	17
lorazepam intensol	16	MEDROL ORAL TABLET 2 MG	31	metoprolol tartrate oral tablet 37.5 mg, 75 mg	17
lorazepam oral concentrate 2 mg/ml	16	MEDROL ORAL TABLET 32 MG	31	METROCREAM	22
lorazepam oral tablet	16	MEDROL ORAL TABLET THERAPY PACK	31	METROGEL	22
LORTAB	8	medroxyprogesterone acetate intramuscular suspension	29	METROLOTION	22
loryna	29	medroxyprogesterone acetate intramuscular suspension prefilled syringe	29	metronidazole external cream	22
losartan potassium oral	17	medroxyprogesterone acetate oral	29	metronidazole external gel 0.75 %	22
losartan potassium-hctz	17	meloxicam oral capsule	9	metronidazole external gel 1 %	22
LOSEASONIQUE	29	meloxicam oral tablet	9	metronidazole external lotion	22
LOTEMAX OPHTHALMIC OINTMENT	34	MENOSTAR	29	metronidazole oral	10
LOTEMAX OPHTHALMIC SUSPENSION	34	mercaptapurine oral	14	metronidazole vaginal	10
LOTEMAX SM	34	merzee	29	mibelas 24 fe	29
LOTENSIN	17	mesalamine er oral capsule 0.375 gm	33		
LOTENSIN HCT	17	mesalamine oral	33		
loteprednol etabonate ophthalmic gel	34	mesalamine rectal enema	33		
loteprednol etabonate ophthalmic suspension	34	mesalamine rectal suppository	33		
LOTREL	17	metaxalone	37		
lovastatin oral	17	metformin hcl er	25		
LOVENOX	11	metformin hcl er (mod)	25		



MICARDIS	17	morphine sulfate rectal	8	NAYZILAM	11
microgestin 1/20	29	MOTEGRITY	27	necon 0.5/35 (28)	30
microgestin 1.5/30	29	MOVIPREP	27	neomycin-polymyxin-dexameth ophthalmic ointment	34
microgestin 24 fe	29	MOXEZA	34	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	34
microgestin fe 1/20	29	moxifloxacin hcl (2x day).	34	neomycin-polymyxin-hc otic.	35
microgestin fe 1.5/30	29	moxifloxacin hcl ophthalmic solution	34	NEORAL	33
mili.	29	MS CONTIN	8	NESINA	25
MILLIPRED	31	MULPLETA	25	neuac external gel	22
MINASTRIN 24 FE	29	MULTAQ	18	NEULASTA	25
MINIPRESS	17	multi-vitamin/fluoride	26	NEURONTIN	11
minitran	17	multivitamin/fluoride oral solution	26	NEVANAC	34
MINIVELLE	28, 30	multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg.	26	NEXLETOL	18
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	10	mupirocin calcium	11	NEXLIZET	18
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	10	mupirocin external	11	niacin (antihyperlipidemic)	18
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	10	mycophenolate mofetil oral	32	niacin er (antihyperlipidemic)	18
minocycline hcl oral capsule	10	mycophenolate sodium	32	niacor	18
minocycline hcl oral tablet	10	MYDAYIS	19	NIASPAN	18
MINOLIRA	10	MYFORTIC	32	nifedipine er	18
MIRAPEX	14	myorisan	22	nifedipine er osmotic release	18
MIRAPEX ER	14			nifedipine oral	18
MIRCETTE	30	N		nikki	30
mirtazapine oral	12	nabumetone oral	9	nitisinone	27
MIRVASO	22	nadolol oral	18	NITRO-BID	18
misoprostol oral	26	NAFRINSE DAILY/NEUTRAL	20	NITRO-DUR	18
MITIGARE	13	NAFRINSE WEEKLY	20	NITRO-TIME	18
MOBIC	9	NALOCET	8	nitroglycerin sublingual	18
modafinil	37	naloxone hcl injection	10	nitroglycerin transdermal	18
mometasone furoate external	22	naltrexone hcl oral	10	nitroglycerin translingual	18
mondoxyne nl oral capsule 100 mg	10	NAPRELAN	9	NITROLINGUAL	18
mondoxyne nl oral capsule 75 mg.	10	NAPROSYN ORAL SUSPENSION	9	NITROMIST	18
mono-linyah	30	NAPROSYN ORAL TABLET	9	NITROSTAT	18
montelukast sodium oral packet	36	naproxen oral suspension	9	NITYR	27
montelukast sodium oral tablet	36	naproxen oral tablet	9	NOCDURNA	31
montelukast sodium oral tablet chewable	36	naproxen oral tablet delayed release	9	nora-be	30
morgidox oral	11	naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	9	NORDITROPIN FLEXPRO	31
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml.	8	NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	9	norethin ace-eth estrad-fe oral capsule	30
morphine sulfate er oral capsule extended release 24 hour	8	naproxen sodium oral tablet 275 mg, 550 mg.	9	norethin ace-eth estrad-fe oral tablet	30
morphine sulfate er oral tablet extended release	8	naratriptan hcl	13	norethin ace-eth estrad-fe oral tablet chewable	30
morphine sulfate oral	8	NARCAN	10	norethindrone acet-ethinyl est	30
		NASCOBAL	26	norethindrone acetate oral	30
		NATAZIA	30	norethindrone oral	30
		NATESTO	32	norgestimate-eth estradiol	30
		NATURE-THROID	32	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg	30



norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg.	30	NUEDEXTA	20	ONETOUCH ULTRASOFT LANCETS	23
NORITATE	22	NULEV	27	ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	23
norlyda	30	NUTROPIN AQ NUSPIN 10	31	ONETOUCH VERIO IQ SYSTEM	23
norlyroc	30	NUTROPIN AQ NUSPIN 20	31	ONETOUCH VERIO KIT W/DEVICE	23
nortrel 0.5/35 (28)	30	NUTROPIN AQ NUSPIN 5	31	ONETOUCH VERIO REFLECT	23
nortrel 1/35 (21)	30	NUVARING	30	ONETOUCH VERIO TEST STRIPS	23
nortrel 1/35 (28)	30	NUWIQ	25	ONGLYZA	25
nortriptyline hcl oral	12	NUZYRA ORAL	11	ONZETRA XSAIL	13
NORVASC	18	nyamyc	13	OPSUMIT	37
NORVIR ORAL PACKET	15	nymyo	30	ORAPRED ODT	31
NORVIR ORAL SOLUTION	15	nystatin external	13	ORENCIA CLICKJECT	33
NORVIR ORAL TABLET	15	nystatin mouth/throat	13	ORENCIA SUBCUTANEOUS	33
NOURIANZ	14	nystop	13	ORFADIN	27
novarel intramuscular solution reconstituted 10000 unit.	33	O		ORGOVYX	14
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	33	ocella	30	ORIAHNN	31
NOVOEIGHT	25	OCUFLOX	34	ORILISSA	31
NOVOFINE AUTOCOVER PEN NEEDLE	23	ODEFSEY	15	orsythia	30
NOVOFINE PEN NEEDLE	23	ODOMZO	14	ORTIKOS	33
NOVOFINE PLUS PEN NEEDLE	23	ofloxacin ophthalmic	34	oscimin	27
NOVOLIN 70/30 FLEXPEN	24	ofloxacin otic	35	oscimin sr	27
NOVOLIN 70/30 FLEXPEN RELION	24	olanzapine oral tablet	15	oseltamivir phosphate oral capsule	15
NOVOLIN 70/30 RELION	24	olanzapine oral tablet dispersible	15	oseltamivir phosphate oral suspension reconstituted	15
NOVOLIN 70/30 VIAL	24	olmesartan medoxomil oral	18	OSENI	25
NOVOLIN N FLEXPEN	24	olmesartan medoxomil-hctz	18	OSPHENA	25
NOVOLIN N FLEXPEN RELION	24	olopatadine hcl ophthalmic solution 0.1 %	34	OTEZLA	33
NOVOLIN N RELION	24	olopatadine hcl ophthalmic solution 0.2 %	34	OTREXUP	33
NOVOLIN N VIAL	24	OLUMIANT ORAL TABLET 1 MG	33	OVIDREL	33
NOVOLIN R FLEXPEN	24	OLUMIANT ORAL TABLET 2 MG	33	OXAYDO	8
NOVOLIN R FLEXPEN RELION	24	OLUX	22	oxcarbazepine	11
NOVOLIN R RELION	24	OMECLAMOX-PAK	26	OXTELLAR XR	11
NOVOLIN R VIAL	24	omega-3-acid ethyl esters	18	oxybutynin chloride er	27
NOVOLOG FLEXPEN	24	omeprazole oral capsule delayed release	26	oxybutynin chloride oral	27
NOVOLOG PENFILL	24	OMEPRAZOLE+SYRSPEND SF ALKA	26	OXYCODONE HCL ER	8
NOVOLOG U-100 VIAL	24	OMNARIS	35	oxycodone hcl oral capsule	8
NOVOTWIST	23	OMNITROPE	31	oxycodone hcl oral concentrate 100 mg/5ml	8
np thyroid	32	ondansetron hcl oral	13	oxycodone hcl oral solution	8
NUBEQA	14	ondansetron odt	13	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	8
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	36	ONETOUCH DELICA PLUS LANCETS	23	oxycodone hcl oral tablet 5 mg	8
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	36	ONETOUCH ULTRA 2 KIT W/DEVICE	23	OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	8
NUCYNTA	8	ONETOUCH ULTRA BLUE TEST STRIPS IN VITRO STRIP	23	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG	8
NUCYNTA ER	8	ONETOUCH ULTRA MINI KIT W/DEVICE	23		



oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	9
OXYCONTIN	9
OZEMPIC	25
OZOBAX	37

P

PACERONE ORAL TABLET 100 MG, 400 MG	18
PACERONE ORAL TABLET 200 MG	18
PAMELOR	12
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	27
pantoprazole sodium oral packet	26
pantoprazole sodium tablet delayed release 20 mg oral	26
pantoprazole sodium tablet delayed release 40 mg oral	26
paroxetine hcl	12
paroxetine hcl er	12
PAXIL CR	12
PAXIL ORAL SUSPENSION	12
PAXIL ORAL TABLET	12
PEDIAPRED	31
peg-3350/electrolytes	27
peg-3350/electrolytes/ascorbat	27
peg-kcl-nacl-nasulf-na asc-c	27
penicillamine oral capsule	27
penicillamine oral tablet	27
penicillin v potassium	11
PENNSAID	9
PENTASA	33
PERCOCET	9
PERFOROMIST	36
PERIDEX	20
perio gard	20
permethrin external	14
PERTZYE	27
phenazo oral tablet 200 mg	27
phenazopyridine hcl oral tablet 100 mg, 200 mg	27
philith	30
pimtrex	30
pioglitazone hcl	25

pirmella 1/35	30
PLAQUENIL	14
PLAVIX	15
PLEGRIDY INTRAMUSCULAR	19
PLEGRIDY STARTER PACK	19
PLEGRIDY SUBCUTANEOUS	19
PLENVU	27
PLEXION	22
PLEXION CLEANSER	22
PLEXION CLEANSING CLOTH	22
POLY-VI-FLOR	26
polymyxin b-trimethoprim	34
POLYTRIM	34
portia-28	30
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	26
potassium chloride er	26
potassium chloride oral packet	26
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	26
potassium citrate er	26
PRADAXA	11
PRALUENT	18
pramipexole dihydrochloride	14
pramipexole dihydrochloride er	14
pravastatin sodium	18
prazosin hcl oral	18
PRED FORTE	34
PRED MILD	34
prednisolone acetate ophthalmic	34
prednisolone oral solution	31
prednisolone sodium phosphate oral	31
prednisone intensol	31
prednisone oral	31
pregabalin oral capsule	20
pregabalin oral solution	20
pregnyl	33
PREMARIN ORAL	30
PREMARIN VAGINAL	30
premium lidocaine	9
PREMPHASE	30
PREMPRO	30
PREVIDENT 5000 BOOSTER PLUS	20
PREVIDENT 5000 DRY MOUTH	20
PREVIDENT 5000 ORTHO DEFENSE	20
PREVIDENT 5000 PLUS	20

PREVIDENT DENTAL	20
PREVIDENT MOUTH/THROAT	20
previfem	30
PREZCOBIX	15
PREZISTA	15
PRINIVIL	18
PRISTIQ	12
PROAIR HFA	36
PROAIR RESPICLICK	36
PROCARDIA XL	18
PROCENTRA	19
prochlorperazine maleate oral	13
PROCORT	33
PROCTOFOAM HC	33
progesterone oral	30
PROGRAF ORAL CAPSULE	33
PROGRAF ORAL PACKET	33
PROLATE	9
promethazine hcl oral solution	35
promethazine hcl oral syrup	35
promethazine hcl oral tablet	13
promethazine hcl rectal	13
promethazine-codeine	35
promethazine-dm	36
promethegan	13
PROMETRIUM	30
propranolol hcl er	18
propranolol hcl oral	18
PROSCAR	27
PROTONIX ORAL	26
PROVENTIL HFA	36
PROVERA	28, 30
PROVIGIL	37
PROZAC	12
pseudoephedrine-bromphen-dm	36
PULMICORT FLEXHALER	36
PULMICORT SUSPENSION	36
PULMOZYME	37
PURIXAN	14
PYLERA	26
PYRIDIUM	27

Q

QBRELIS	18
QDOLO	9
QMIIZ ODT	9
QUARTETTE	30
QUDEXY XR	11
quetiapine fumarate	15
quetiapine fumarate er	15



QUFLORA PEDIATRIC	26	RHOFADE	22	simliya	30
QUILLICHEW ER	19	RHOPRESSA	35	simpesse	30
QUILLIVANT XR	19	RILUTEK	20	SIMPONI	33
quinapril hcl	18	riluzole	20	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	18
QVAR REDIHALER	36	RINVOQ	33	simvastatin oral tablet 80 mg	18
R					
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	26	RIOMET	25	SINEMET	14
rabeprazole sodium oral tablet delayed release	26	RISPERDAL	15	SINGULAIR ORAL PACKET	36
ramipril	18	risperidone	15	SINGULAIR ORAL TABLET	36
RANEXA	18	RITALIN	19	SINGULAIR ORAL TABLET CHEWABLE	36
ranolazine er	18	RITALIN LA	19	sirolimus oral solution	33
RAPAMUNE ORAL SOLUTION	33	ritonavir	15	sirolimus oral tablet	33
RAPAMUNE ORAL TABLET	33	rivelsa	30	SITAVIG	15
RASUVO	33	rizatriptan benzoate	14	SKELAXIN	37
RAYALDEE	34	ROCALTROL	34	SKYRIZI (150 MG DOSE)	33
RAYOS	31	ROCKLATAN	35	sodium fluoride 5000 plus	20
REBIF	19	ropinirole hcl	14	sodium fluoride 5000 ppm	20
REBIF REBIDOSE	19	ropinirole hcl er	14	sodium fluoride dental	20
REBIF REBIDOSE TITRATION PACK	19	rosadan external cream	22	SOFOSBUVIR-VELPATASVIR	15
REBIF TITRATION PACK	19	rosadan external gel	22	SOLQUA	25
reclipsen	30	rosuvastatin calcium	18	SOLODYN	11
RECOMBINATE	25	roweepra	11	SOLTAMOX	14
REDITREX	33	ROXICODONE ORAL TABLET 15 MG, 30 MG	9	SOMA	37
REGLAN	13	ROXICODONE ORAL TABLET 5 MG	9	SOMATULINE DEPOT	31
RELAFEN	9	ROZLYTREK	14	SOOLANTRA	22
RELAFEN DS	9	RUCONEST	33	sotalol hcl oral	18
relexxii	19	RUKOBIA	15	SOTYLIZE	18
RELPAK	13	RYBELSUS	25	SPIRIVA HANDIHALER	36
REMERON	12	RYTARY	14	SPIRIVA RESPIMAT	36
REMERON SOLTAB	12	S			
REPATHA	18	SAFYRAL	30	spironolactone oral	18
REPATHA PUSHTRONEX SYSTEM	18	SAPHRIS	15	sprintec 28	30
REPATHA SURECLICK	18	scopolamine	13	SPRITAM	11
RESTASIS	35	SEASONIQUE	30	SPRIX	9
RESTASIS MULTIDOSE	35	SEMGLEE	24	sronyx	30
RESTORIL	37	SEREVENT DISKUS	36	sss 10-5	22
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	25	SERNIVO	22	STELARA SUBCUTANEOUS SOLUTION	33
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	25	SEROQUEL	15	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	33
RETIN-A	22	SEROQUEL XR	15	STENDRA	25
REVLIMID	14	sertraline hcl oral	12	STIMATE	31
REYVOW	14	setlakin	30	STRATTERA	19
		sf	20, 26	STRENSIQ	27
		sf 5000 plus	20	STRIBILD	15
		SFROWASA	33	STRIVERDI RESPIMAT	36
		sharobel	30	SUBOXONE	10
		sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	25	SUBSYS SUBLINGUAL LIQUID 400 MCG, 600 MCG, 800 MCG	9
				subvenite	12



subvenite starter kit-blue	12	SYMLINPEN 120	25	tenofovir disoproxil fumarate	15	
subvenite starter kit-green	12	SYMLINPEN 60	25	TENORETIC 100	18	
subvenite starter kit-orange	12	SYMPROIC.	27	TENORETIC 50	18	
sucralfate oral suspension	26	SYNALAR.	22	TENORMIN	18	
sucralfate oral tablet	26	SYNJARDY.	25	terazosin hcl.	27	
sulfacetamide sod-sulfur wash	22	SYNJARDY XR.	25	terbinafine hcl oral.	13	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %.	22	SYNTHROID.	32	terconazole	13	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	22	SYPRINE.	27	TERIPARATIDE (RECOMBINANT).	34	
sulfacetamide sodium-sulfur external emulsion	22	T			TESSALON PERLES.	36
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	22	TACLONEX EXTERNAL OINTMENT.	22	TESTIM.	32	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	22	TACLONEX EXTERNAL SUSPENSION	22	testosterone cypionate intramuscular.	32	
sulfacetamide sodium-sulfur external lotion 10-5 %	22	tacrolimus oral.	33	testosterone transdermal	32	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	22	tadalafil oral tablet 10 mg, 20 mg	25	TEXACORT	22	
sulfacetamide sodium-sulfur external pad 10-4 %	22	tadalafil oral tablet 2.5 mg, 5 mg	25	THYQUIDITY	32	
sulfacetamide sodium-sulfur external suspension 10-5 %	22	TAKHZYRO	33	TIGLUTIK	20	
sulfacetamide sodium-sulfur external suspension 8-4 %	22	TAMIFLU ORAL CAPSULE.	15	timolol maleate ophthalmic gel forming solution.	35	
SULFACLEANSE 8/4.	22	TAMIFLU ORAL SUSPENSION RECONSTITUTED.	15	timolol maleate ophthalmic solution 0.25 %, 0.5 %	35	
sulfamethoxazole-trimethoprim oral	11	tamoxifen citrate oral tablet 10 mg	14	timolol maleate ophthalmic solution 0.5 % (daily)	35	
sulfamez wash	22	tamoxifen citrate oral tablet 20 mg	14	timolol maleate pf	35	
sulfasalazine oral.	33	tamsulosin hcl	27	TIMOPTIC	35	
sulfatrim pediatric	11	TAPAZOLE	32	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	35	
SUMADAN WASH	22	TAPERDEX 12-DAY	31	TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	35	
sumatriptan succinate oral.	14	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG.	31	TIMOPTIC-XE.	35	
sumatriptan succinate refill	14	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	31	TIROSINT	32	
sumatriptan succinate subcutaneous	14	TAPERDEX 7-DAY	31	TIROSINT-SOL.	32	
SUMAXIN.	22	TARGADOX	11	TIVICAY.	15	
SUMAXIN WASH.	22	TARGRETIN EXTERNAL	14	TIVICAY PD	15	
SUNOSI	37	TARGRETIN ORAL	14	TIVORBEX	9	
SUPREP BOWEL PREP KIT	27	tarina 24 fe	30	tizanidine hcl oral capsule	37	
SUTAB	27	tarina fe 1/20	30	tizanidine hcl oral tablet	37	
syeda	30	tarina fe 1/20 eq.	30	TOBI NEBULIZER	37	
SYMAX DUOTAB.	27	TASIGNA	14	TOBI PODHALER	37	
SYMAX-SL	27	TAYTULLA	30	TOBRADEX OPHTHALMIC SUSPENSION	34	
SYMAX-SR.	27	tazarotene external cream	22	TOBRADEX ST	34	
SYMBICORT	36	TAZORAC.	22	tobramycin inhalation nebulization solution 300 mg/4ml.	37	
SYMFI	15	TEGRETOL.	12	tobramycin nebulization solution 300 mg/5ml inhalation	37	
SYMFI LO	15	TEGRETOL-XR.	12	tobramycin ophthalmic.	34	
SYMJEPI.	35	TEGSEDI.	27	tobramycin-dexamethasone.	34	
		TEKTURNA	18	TOBEX OPHTHALMIC OINTMENT.	34	
		TEKTURNA HCT	18			
		telmisartan	18			
		temazepam	37			
		TEMIXYS	15			
		TEMOVATE.	22			



TOBEX OPHTHALMIC SOLUTION	34	triamcinolone acetonide external aerosol solution	22	UROCIT-K 15	26
TOPAMAX	12	triamcinolone acetonide external cream 0.025 %, 0.1 %	22	UROCIT-K 5	26
TOPAMAX SPRINKLE	12	triamcinolone acetonide external cream 0.5 %	22	UROXATRAL	27
topiramate er	12	triamcinolone acetonide external lotion	22	URSO 250	27
topiramate oral	12	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	22	URSO FORTE	27
TOPROL XL	18	triamcinolone acetonide external ointment 0.05 %	22	ursodiol oral	27
torse mide	18	triamterene-hctz	18		
TOUJEO MAX SOLOSTAR	24	TRIANEX	22	V	
TOUJEO SOLOSTAR	24	triazolam	16	VAGIFEM	30
TOVIAZ	27	TRICOR	18	valacyclovir hcl oral	16
TRACLEER	37	triderm external cream 0.1 %	22	VALIUM	16
TRADJENTA	25	triderm external cream 0.5 %	23	valsartan	18
tramadol hcl er (biphasic)	9	TRIDESILON	23	valsartan-hydrochlorothiazide	18
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	9	trientine hcl	27	VALTOCO	12
tramadol hcl er oral tablet extended release 24 hour	9	TRIJARDY XR	25	VALTRESX	16
tramadol hcl oral tablet 100 mg	9	TRILEPTAL	12	VANADOM	37
tramadol hcl oral tablet 50 mg	9	TRINTELLIX	12	vandazole	11
TRANSDERM SCOP (1.5 MG)	13	TRIUMEQ	15	VANOS	23
TRANSDERM-SCOP (1.5 MG)	13	TROKENDI XR	12	VASCEPA	18
TRAVATAN Z	35	TRULANCE	27	VASOTEC	18
travoprost (bak free)	35	TRULICITY	25	VECTICAL	23
trazodone hcl oral	12	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	16	VELPHORO	27
TRELEGY ELLIPTA	36	TRUVADA ORAL TABLET 200-300 MG	16	VELTASSA	26
TREMFYA	33	tulana	30	VEMLIDY	16
TRESIBA	24	TUSSICAPS	36	venlafaxine hcl	12, 13
TRESIBA FLEXTOUCH	24	tyblume	30	venlafaxine hcl er oral capsule extended release 24 hour	13
tretinoin external cream	22	tydemy	30	venlafaxine hcl er oral tablet extended release 24 hour	13
tretinoin external gel 0.01 %, 0.025 %	22	TYMLOS	34	VENTOLIN HFA	36
tretinoin external gel 0.05 %	22	TYVASO	37	verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	18
TREXALL	33	TYVASO REFILL	37	verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	18
TREZIX	9	TYVASO STARTER	37	verapamil hcl er oral tablet extended release	18
tri femynor	30			verapamil hcl oral	18
tri-estarylla	30	U		VERDESO	23
tri-linyah	30	UBRELVY	14	VERELAN	18
tri-lo-estarylla	30	UCERIS ORAL	34	VERELAN PM	18
tri-lo-marzia	30	UCERIS RECTAL	34	VERQUOVO	18
tri-lo-mili	30	UKONIQ	14	VERZENIO	14
tri-lo-sprintec	30	ULORIC	13	vestura	30
tri-mili	30	ULTRAM	9	VIAGRA	25
tri-nymyo	30	unithroid	32	VIBERZI	27
tri-previfem	30	UROCIT-K 10	26	VIBRAMYCIN ORAL CAPSULE	11
tri-sprintec	30			VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	11
tri-vylibra	30				
tri-vylibra lo	30				



VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	25	XARELTO	11	ZEPOSIA STARTER KIT	20	
vienna	30	XARELTO STARTER PACK	11	ZESTORETIC	18	
VIGAMOX	34	XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	12	ZESTRIL	18	
VIIBRYD	13	XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X 200 MG, 14 X 50 MG & 14 X 100 MG, 150 & 200 MG, 50 & 200 MG	12	ZETIA	18	
VIIBRYD STARTER PACK	13	XELJANZ	33	ZETONNA	36	
VIMPAT ORAL	12	XELJANZ XR	33	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	19	
VIOKACE ORAL TABLET 20880-78300 UNIT	27	XELODA	14	ZIAC ORAL TABLET 5-6.25 MG	19	
viorele	30	XELPROS	35	ZIEXTENZO	25	
VIREAD ORAL POWDER	16	XENLETA ORAL	11	ZILXI	23	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	16	XEPI	11	ZIOPTAN	35	
VIREAD ORAL TABLET 300 MG	16	XHANCE	36	ziprasidone hcl	15	
VISTARIL	16	XIFAXAN	27	ZIPSOR	9	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	26	XIIDRA	35	ZITHROMAX ORAL	11	
VITRAKVI	14	XIMINO	11	ZITHROMAX TRI-PAK	11	
VIVELLE-DOT	30	XOFLUZA (40 MG DOSE)	16	ZITHROMAX Z-PAK	11	
VIVLODEX	9	XOFLUZA (80 MG DOSE)	16	ZOCOR	19	
VOGELXO	32	XOLEGEL	13	ZOFRAN	13	
VOGELXO PUMP	32	XOPENEX HFA	37	ZOHYDRO ER	9	
volnea	31	XTAMPZA ER	9	ZOLMITRIPTAN NASAL	14	
VOSEVI	16	xulane	31	zolmitriptan oral tablet	14	
VRAYLAR	15	XYREM	37	zolmitriptan oral tablet dispersible	14	
VTOL LQ	9	XYWAV	37	ZOLOFT	13	
vyfemla	31	Y			zolpidem tartrate er	37
VYLEESI	25	YASMIN 28	31	zolpidem tartrate oral	37	
vylibra	31	YAZ	31	zolpidem tartrate sublingual	37	
VYTORIN	18	YUPELRI	37	ZOLPIMIST	37	
VYVANSE	19	yuvafem	31	ZOMACTON	31	
VYZULTA	35	Z			ZOMACTON (FOR ZOMA-JET 10)	31
W		zafemy	31	ZOMIG NASAL SOLUTION 2.5 MG	14	
WAKIX	37	ZANAFLEX	37	ZOMIG NASAL SOLUTION 5 MG	14	
warfarin sodium oral	11	zarah	31	ZOMIG ORAL	14	
WELCHOL	18	ZARXIO	25	ZOMIG ZMT	14	
WELLBUTRIN SR	13	ZCORT 7-DAY	31	ZONEGRAN	12	
WELLBUTRIN XL	13	ZEBUTAL	9	zonisamide oral	12	
wera	31	ZEJULA	14	ZONTIVITY	15	
WESTHROID	32	ZELNORM	27	ZOVIRAX ORAL	16	
wixela inhub	37	ZEMBRACE SYMTOUCH	14	ZTLIDO	9	
WP THYROID	32	zenatane	23	ZUBSOLV	10	
WYNZORA	23	ZENPEP	27	zumandimine	31	
X		ZENZEDI	19	ZUPLENZ	13	
XALATAN	35	ZEPATIER	16	ZYCLARA	23	
XANAX	16	ZEPOSIA	20	ZYCLARA PUMP	23	
XANAX XR	16	ZEPOSIA 7-DAY STARTER PACK	20	ZYLET	34	
				ZYLOPRIM	13	
				ZYPREXA ORAL	15	
				ZYPREXA ZYDIS	15	



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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 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 health plan 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។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែតតិតតុល្ល ដល់មាន់នលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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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