

# Your 2024 Prescription Drug List

## Advantage 4-Tier

Effective January 1, 2024



This Prescription Drug List (PDL) is accurate as of January 1, 2024 and is subject to change after this date. This PDL applies to members of our medical plans with a pharmacy benefit subject to the Advantage 4-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

# Table of contents

Understanding your Prescription Drug List (PDL) . . . . .	4
Medication tips . . . . .	5
Reading your PDL . . . . .	6
Questions . . . . .	7
Analgesics	
Drugs for Pain . . . . .	8
Drugs for Pain and Inflammation . . . . .	8
Anti-Addiction / Substance Abuse Treatment Agents . . . . .	8
Antibacterials	
Drugs for Infections . . . . .	8
Anticoagulants	
Drugs to Treat or Prevent Blood Clots . . . . .	9
Anticonvulsants	
Drugs for Seizures . . . . .	9
Antidepressants	
Drugs for Depression . . . . .	10
Antiemetics	
Drugs for Nausea and Vomiting . . . . .	10
Antifungals	
Drugs for Fungal Infections . . . . .	11
Antigout Agents	
Drugs for Gout . . . . .	11
Antimigraine Agents	
Drugs for Migraines . . . . .	11
Antineoplastics	
Drugs for Cancer . . . . .	11
Antiparasitics	
Drugs for Parasitic Infections . . . . .	12
Antiparkinson Agents	
Drugs for Parkinson’s Disease . . . . .	12
Antiplatelets	
Drugs for Heart Attack and Stroke Prevention . . . . .	12
Antipsychotics	
Drugs for Mood Disorders . . . . .	12
Antivirals	
Drugs for Viral Infections . . . . .	12
Anxiolytics	
Drugs for Anxiety . . . . .	13
Bipolar Agents	
Drugs for Mood Disorders . . . . .	13
Cardiovascular Agents	
Drugs for Heart and Circulation Conditions . . . . .	13
Central Nervous System Agents	
Drugs for Attention Deficit Disorder . . . . .	15
Drugs for Multiple Sclerosis . . . . .	15
Miscellaneous . . . . .	15
Dental and Oral Agents	
Drugs for Mouth and Throat Conditions . . . . .	16
Dermatological Agents	
Drugs for Skin Conditions . . . . .	16



Diabetes	
Glucose Monitoring and Supplies . . . . .	17
Insulin . . . . .	19
Non-Insulin Agents . . . . .	20
Drugs for Blood Disorders . . . . .	20
Drugs for Sexual Dysfunction. . . . .	21
Electrolytes / Vitamins . . . . .	21
Gastrointestinal Agents	
Drugs for Acid Reflux and Ulcer. . . . .	21
Drugs for Bowel, Intestine and Stomach Conditions . . . . .	21
Genetic or Enzyme Disorder	
Drugs for Replacement, Modification, Treatment . . . . .	22
Genitourinary Agents	
Drugs for Bladder, Genital and Kidney Conditions. . . . .	22
Drugs for Prostate Conditions . . . . .	22
Hormonal Agents	
Hormone Replacement and Birth Control . . . . .	22
Oral Steroids . . . . .	25
Other . . . . .	25
Testosterone Replacement. . . . .	25
Thyroid . . . . .	25
Immunological Agents	
Drugs for Immune System Stimulation or Suppression. . . . .	26
Drugs for Vaccination . . . . .	27
Infertility Agents. . . . .	27
Inflammatory Bowel Disease Agents. . . . .	27
Metabolic Bone Disease Agents	
Drugs for Osteoporosis. . . . .	27
Other . . . . .	27
Ophthalmic Agents	
Drugs for Eye Allergy, Infection and Inflammation . . . . .	27
Drugs for Glaucoma . . . . .	28
Drugs for Miscellaneous Eye Conditions . . . . .	28
Otic Agents	
Drugs for Ear Conditions. . . . .	28
Respiratory	
Drugs for Anaphylaxis . . . . .	28
Respiratory Tract / Pulmonary Agents	
Drugs for Allergies, Cough, Cold . . . . .	29
Drugs for Asthma and COPD . . . . .	29
Drugs for Cystic Fibrosis. . . . .	30
Drugs for Pulmonary Fibrosis. . . . .	30
Drugs for Pulmonary Hypertension . . . . .	30
Skeletal Muscle Relaxants	
Drugs for Muscle Pain and Spasm. . . . .	30
Sleep Disorder Agents . . . . .	30
Index. . . . .	32



# Understanding your Prescription Drug List (PDL)

## What is a PDL?

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

## How do I use my PDL?

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

## What are tiers?

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

## When does the PDL change?

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

## Why are some medications excluded from coverage?

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

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

## Who decides which medications are covered?

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

## About this PDL

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



# Medication tips

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

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

## What if my doctor writes a brand-name prescription?

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

## What if I am taking a specialty medication?

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

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

## Over-the-counter (OTC) medications

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



# Reading your PDL

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

## Tier information

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

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

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	<b>\$ Lower-cost</b> 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.
<b>Tiers 2 and 3</b>	<b>\$\$ Mid-range cost</b> Medications that provide good overall value. A mix of brand name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce your out-of-pocket costs.
<b>Tier 4</b>	<b>\$\$\$ Highest-cost</b> Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.

## Drug list information

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

<b>E</b>	<b>May be excluded from coverage.</b> —Lower-cost options are available and covered.
<b>H</b>	<b>Health Care Reform Preventive</b> —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
<b>H-PA</b>	<b>Health Care Reform Preventive with Prior Authorization</b> —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
<b>PA</b>	<b>Prior Authorization (sometimes referred to as precertification)</b> —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
<b>QL</b>	<b>Quantity Limits</b> —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
<b>RS</b>	<b>Refill and Save Program</b> —Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
<b>SP</b>	<b>Specialty Medication</b> —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.
<b>ST</b>	<b>Step Therapy</b> —Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.



# 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.

- **Central nervous system: sedatives/hypnotics**

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

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

Diabetic supplies and prescription medications may be subject to different cost-share arrangements. 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.

- **Medications for sexual dysfunction**

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

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by the consumer's medical benefit plan. Please consult plan documents regarding benefit coverage, exclusions and cost-sharing. Additional information is also available by calling the number on the back of your ID card.

## Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine oral tablet	1	
apap-caff-dihydrocodeine	4	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	E	
endocet	1	
ESGIC ORAL TABLET	4	QL
GEN7T EXTERNAL PATCH	E	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl oral tablet	1	
lidocaine external patch 5 %	3	PA, QL
LIDODERM	E	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
PERCOCET	E	
PROLATE ORAL TABLET	E	
ROXICODONE	E	
tramadol hcl oral tablet 100 mg	E	

Drug Name	Drug Tier	Requirements & Limits
tramadol hcl oral tablet 50 mg	1	
TREZIX	4	QL
XTAMPZA ER	4	PA, QL
ZTLIDO	3	PA, QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN DS	E	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
KLOXXADO	2	QL
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	2	(includes OTC) QL
SUBOXONE	E	PA, QL
ZIMHI	2	QL
ZUBSOLV	2	QL
<b>Antibacterials - Drugs for Infections</b>		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	E	



Drug Name	Drug Tier	Requirements & Limits
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	4	
BACTRIM DS	4	
cefdirinir	1	
cefuroxime axetil	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	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 monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral tablet	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
mondoxyne nl	1	

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

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

Drug Name	Drug Tier	Requirements & Limits
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	QL
VIIBRYD STARTER PACK	4	
vilazodone hcl	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	

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

Drug Name	Drug Tier	Requirements & Limits
MAXALT	E	QL
NURTEC	2	PA, ST, QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	2	PA, ST, QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
<b>Antineoplastics - Drugs for Cancer</b>		
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
CALQUENCE	2	PA, QL, SP
COTELLIC	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
EXKIVITY	4	PA, QL, SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA ORAL TABLET	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	2	PA, QL, SP
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ORGOVYX	3	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	2	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
<b>Antiparasitics - Drugs for Parasitic Infections</b>		
ARAKODA	4	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	E	
<b>Antiparkinson Agents - Drugs for Parkinson's Disease</b>		
INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
NEUPRO	3	
NOURIANZ	3	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
<b>Antiplatelets - Drugs for Heart Attack and Stroke Prevention</b>		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY	E	
aripiprazole oral tablet	2	
LATUDA	E	QL
lurasidone hcl	3	QL

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

Drug Name	Drug Tier	Requirements & Limits
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
<b>Anxiolytics - Drugs for Anxiety</b>		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	4	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	4	
XANAX	E	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	PA
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
ALDACTONE	E	
aliskiren fumarate	3	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA

Drug Name	Drug Tier	Requirements & Limits
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	
AVAPRO	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CARDIZEM CD	E	
CARDURA	4	
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads	2	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
enalapril maleate oral tablet	1	
ENTRESTO	4	PA, QL
EXFORGE	E	
ezetimibe	2	
fenofibrate oral tablet 120 mg, 40 mg	E	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
FENOGLIDE	E	
flecainide acetate	1	
FUROSCIX	4	PA, QL
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
hydralazine hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	4	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	4	
LOPRESSOR	4	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	4	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	4	
MAXZIDE-25	4	
metoprolol succinate er 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	4	
minoxidil oral	1	
MULTAQ	4	PA
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	

Drug Name	Drug Tier	Requirements & Limits
NITROSTAT	4	
NORLIQVA	4	PA
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	4	
pravastatin sodium	1	
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	2	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA, ST, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL
REPATHA SURECLICK	2	PA, ST, QL
rosuvastatin calcium	2	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAAZ	E	QL
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	2	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	

Drug Name	Drug Tier	Requirements & Limits
VERQUVO	4	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	4	
ZOCOR	E	

#### Central Nervous System Agents - Drugs for Attention Deficit Disorder

ADDERALL	E	
ADDERALL XR	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
APTENSIO XR	E	QL
atomoxetine hcl	3	QL
CONCERTA	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	3	QL
FOCALIN	4	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	E	QL
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 (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG	E	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG	E	

Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	4	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	E	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG	E	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG	E	
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL

#### Central Nervous System Agents - Drugs for Multiple Sclerosis

AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	4	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP

#### Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
LYRICA ORAL CAPSULE	4	PA



Drug Name	Drug Tier	Requirements & Limits
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, SP

#### Dental and Oral Agents - Drugs for Mouth and Throat Conditions

chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	4	
periogard	1	

#### Dermatological Agents - Drugs for Skin Conditions

AKLIEF	4	PA, QL
ala-cort	E	
AMZEEQ	4	QL
AVITA	E	PA, QL
brimonidine tartrate external	3	PA, QL
CARAC	E	
CIBINQO	2	PA, QL, SP
CLEOCIN-T	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL
clindamycin phosphate gel 1 % external	2	(generic for Cleocin T gel) QL
clobetasol propionate external cream	2	QL

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	
DAZOMON	E	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	4	
FLUOROPLEX	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	E	QL
KLISYRI	4	ST, QL
METROCREAM	4	
metronidazole external cream	1	
MIRVASO	4	PA, QL
NORITATE	E	
OPZELURA	4	PA, QL, SP
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	4	PA, QL
SANTYL	3	QL
SOOLANTRA	4	QL
TACLONEX EXTERNAL OINTMENT	E	QL



Drug Name	Drug Tier	Requirements & Limits
tacrolimus external	2	QL
TOLAK	E	
tretinoin external cream	3	
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbase	E	
TRIANEX	E	
triderm	1	QL
tritocin	E	
VTAMA	4	PA, QL
XEPI	3	QL
ZILXI	4	PA, ST, QL
ZORYVE	4	PA, QL
<b>Diabetes - Glucose Monitoring and Supplies</b>		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET	1	
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	E	QL
AQINJECT PEN NEEDLE	2	QL
bd autoshield duo pen needles	2	

Drug Name	Drug Tier	Requirements & Limits
bd ultra-fine insulin syringes	2	
bd ultra-fine insulin syringes u-500	2	
BD ULTRA-FINE PEN NEEDLES	2	QL
bd veo ultra-fine insulin syringes	2	
BIGFOOT UNITY PROGRAM	E	
BLOOD GLUCOSE TEST STRIPS	E	QL
BLOOD GLUCOSE TEST STRIPS 333	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CONTOUR MONITOR KIT W/DEVICE	E	
CONTOUR NEXT EZ KIT W/DEVICE	E	
CONTOUR NEXT GEN MONITOR	E	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	E	
DIABETES MONITOR DIGIT SOLN	E	
EASY TOUCH HEALTHPRO GLUCOSE	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
EMBRACE BLOOD GLUCOSE TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN 4 GLUCOSE SENSOR	E	
GUARDIAN 4 TRANSMITTER	E	
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
GUARDIAN SENSOR (3)	3	PA, QL
GUARDIAN SENSOR 3	3	PA, QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE KIT	2	
GVOKE PFS	2	QL
HEALTHPRO BLOOD GLUCOSE MONITO	E	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	QL
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL

Drug Name	Drug Tier	Requirements & Limits
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOTWIST PEN NEEDLE	2	QL
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 POD (GEN 5)	2	PA, QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH CLUB LANCETS FINE PT	1	
ONETOUCH DELICA LANCETS 30G	1	
ONETOUCH DELICA LANCETS 33G	1	
ONETOUCH DELICA PLUS LANCET30G	1	
ONETOUCH DELICA PLUS LANCET33G	1	
ONETOUCH FINEPOINT LANCETS	1	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT	E	
ONETOUCH VERIO IQ BLOOD GLUCOSE METER	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PIP BLOOD GLUCOSE TEST STRIP	E	QL
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL



Drug Name	Drug Tier	Requirements & Limits
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
RIGHTEST GT333 GLUCOSE TEST	E	QL
TECHLITE INSULIN SYRINGES	2	(manufactured by Arkay) QL
TECHLITE PEN NEEDLES	2	(manufactured by Arkay) QL
TEMPO REFILL	E	
TEMPO WELCOME	E	
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUE TRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
<b>Diabetes - Insulin</b>		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
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

Drug Name	Drug Tier	Requirements & Limits
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMALOG VIAL	E	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 GLARGINE	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO KWIKPEN	2	QL
INSULIN LISPRO PROTAMINE / INSULIN LISPRO KWIKPEN	2	QL
INSULIN LISPRO VIAL	1	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	
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
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL



Drug Name	Drug Tier	Requirements & Limits
<b>Diabetes - Non-Insulin Agents</b>		
ACTOS	E	QL
ADLYXIN	4	ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	QL
GLUCOTROL XL	4	
GLUMETZA	E	PA
glyburide oral	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	PA
metformin hcl er (osm)	E	PA
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL
NESINA	2	QL
ONGLYZA	E	QL
OSENI	2	QL
OZEMPIC	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
<b>Drugs for Blood Disorders</b>		
ADVATE	2	SP
ADYNOVATE	4	PA, SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	E	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	4	PA, QL, SP
ELOCTATE	4	PA, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	2	
NOVOEIGHT	2	SP

Drug Name	Drug Tier	Requirements & Limits
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	4	PA, QL, SP
UDENYCA	2	
WILATE	2	
ZARXIO	2	

#### Drugs for Sexual Dysfunction

ADDYI	4	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL

#### Electrolytes / Vitamins

cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	4	
DRISDOL	4	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	

Drug Name	Drug Tier	Requirements & Limits
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	PA, QL
NASCOBAL	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
UROKIT-K 10	4	
UROKIT-K 15	4	
UROKIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	

#### Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer

ACIPHEX	E	QL
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	4	
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral tablet	1	

#### Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions

CLENPIQ	3	
dicyclomine hcl oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
dicyclomine hcl oral tablet	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GLYGATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	4	QL
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
ROBINUL	E	
ROBINUL-FORTE	E	
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	3	PA, QL
ZELNORM	3	PA, ST
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
DITROPAN XL	E	

Drug Name	Drug Tier	Requirements & Limits
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral	1	
PYRIDIUM	3	
solifenacin succinate	2	
THIOLA	4	SP
THIOLA EC	3	SP
VELPHORO	2	
VESICARE	E	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
UROXATRAL	E	
<b>Hormonal Agents - Hormone Replacement and Birth Control</b>		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	4	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H

Drug Name	Drug Tier	Requirements & Limits
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	2	QL
DIVIGEL	3	
dotti	2	QL
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
eluryng	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol transdermal gel	3	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	3	
jencycla	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
lessina	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H

Drug Name	Drug Tier	Requirements & Limits
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
loryna	3	
lo-zumandimine	3	
luteru	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINIVELLE	E	QL
mono-linyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
nikki	3	
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	

Drug Name	Drug Tier	Requirements & Limits
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	3	
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone oral	2	
PROMETRIUM	E	
PROVERA	4	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	1	H
tarina fe 1/20 eq	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-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
VAGIFEM	E	
vestura	3	
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H



Drug Name	Drug Tier	Requirements & Limits
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zumandimine	3	
<b>Hormonal Agents - Oral Steroids</b>		
CORTEF	4	
DEXABLISS	E	
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 THERAPY PACK	4	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
<b>Hormonal Agents - Other</b>		
cabergoline	2	
LANREOTIDE ACETATE	E	SP

Drug Name	Drug Tier	Requirements & Limits
NOCDURNA	3	PA, QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	PA, QL
SKYTROFA	E	PA, QL, SP
SOMATULINE DEPOT	4	SP
<b>Hormonal Agents - Testosterone Replacement</b>		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	E	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA

Drug Name	Drug Tier	Requirements & Limits
thyroid oral	1	
TIROSINT-SOL	2	PA
unithroid	1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-ADAZ	2	(manufactured by Sandoz) PA, QL, SP
ADBRY	2	PA, QL, SP
AMJEVITA	2	PA, QL, SP
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	2	PA, QL
CIMZIA SUBCUTANEOUS KIT	E	PA
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA, QL
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
CYLTEZO	2	PA, QL, SP
EMPAVELI	2	PA, QL, SP
ENBREL MINI	2	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	2	PA, QL, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
ENBREL SURECLICK	2	PA, QL, SP
HADLIMA	2	PA, SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEVIT STARTER	2	PA, QL, SP
HYFTOR	4	PA, QL
IMURAN	E	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
KINERET	3	PA, ST, QL, SP
LUPKYNIS	4	PA, QL, SP
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET 1 MG, 4 MG	2	PA, QL
OLUMIANT ORAL TABLET 2 MG	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA ORAL TABLET	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP
SKYRIZI PEN	2	PA, QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL
STELARA SUBCUTANEOUS	2	PA, QL
tacrolimus oral	1	

Drug Name	Drug Tier	Requirements & Limits
TAKHZYRO	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST, QL
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	E	
<b>Immunological Agents - Drugs for Vaccination</b>		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
PFIZER COVID-19 VAC BIVAL 5-11	3	H
PFIZER COVID-19 VAC BIVALENT	3	H
SHINGRIX	3	H
<b>Infertility Agents</b>		
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/Organon), QL, SP
<b>Inflammatory Bowel Disease Agents</b>		
APRISO	1	
budesonide rectal	2	

Drug Name	Drug Tier	Requirements & Limits
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	E	
mesalamine oral tablet delayed release	2	
PROCTOFOAM HC	2	
UCERIS ORAL	3	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	4	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ALREX	4	QL
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
ILEVRO	E	
INVELTYS	3	
KLARITY-A	E	
LASTACAPT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
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 OPHTHALMIC SUSPENSION 0.1 %	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
ZYLET	3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
BETIMOL	2	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL

Drug Name	Drug Tier	Requirements & Limits
ISTALOL	4	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ophthalmic solution	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
XALATAN	E	
ZIOPTAN	3	ST, QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
XIIDRA	4	PA, QL
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	E	
ciprofloxacin-dexamethasone	3	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	2	
<b>Respiratory - Drugs for Anaphylaxis</b>		
AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL

Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL

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

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	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 tablet	1	
fluticasone propionate nasal	2	QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	QL

#### Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD

ADVAIR DISKUS	E	QL
ADVAIR HFA	3	QL, RS
AIRDUO DIGIHALER	E	QL
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 for ProAir HFA or Proventil HFA), QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	

Drug Name	Drug Tier	Requirements & Limits
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	3	
ANORO ELLIPTA	3	QL
ARMONAIR DIGIHALER	E	QL
ARNUITY ELLIPTA	2	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
FASENRA PEN	4	PA, QL
FLOVENT HFA	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
PERFOROMIST	4	QL
PROVENTIL HFA	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
BETHKIS	E	PA, QL, SP
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	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

Drug Name	Drug Tier	Requirements & Limits
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis</b>		
OFEV	4	PA, QL, SP
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REMODULIN	E	PA
REVATIO ORAL TABLET	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	PA
TYVASO	2	PA, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral tablet	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL TABLET	4	
<b>Sleep Disorder Agents</b>		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
eszopiclone	2	
LUNESTA	E	
modafinil	2	QL
PROVIGIL	E	QL

Drug Name	Drug Tier	Requirements & Limits
RESTORIL	4	
SODIUM OXYBATE	4	(manufactured by Hikma), PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

# Index

## A

ABILIFY . . . . .	12	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT . . . . .	20	alprazolam oral tablet . . . . .	13
ACCU-CHEK AVIVA PLUS TEST STRIPS . . . . .	17	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT . . . . .	20	ALPROLIX . . . . .	20
ACCU-CHEK FASTCLIX LANCET . . . . .	17	AIMOVIG . . . . .	11	ALREX . . . . .	27
ACCU-CHEK FASTCLIX LANCET KIT . . . . .	17	AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML . . . . .	11	ALTACE . . . . .	13
ACCU-CHEK GUIDE KIT W/DEVICE . . . . .	17	AIRDUO DIGIHALER . . . . .	29	altavera . . . . .	22
ACCU-CHEK GUIDE TEST STRIPS . . . . .	17	AIRDUO RESPICLICK 113/14 . . . . .	29	ALTUVIIIIO . . . . .	20
ACCU-CHEK MULTICLIX LANCET . . . . .	17	AIRDUO RESPICLICK 232/14 . . . . .	29	ALUNBRIG . . . . .	11
ACCU-CHEK MULTICLIX LANCET KIT . . . . .	17	AIRDUO RESPICLICK 55/14 . . . . .	29	AMBIEN . . . . .	30
ACCU-CHEK SMARTVIEW TEST STRIPS . . . . .	17	AKLIEF . . . . .	16	AMBIEN CR . . . . .	30
ACCU-CHEK SOFT TOUCH LANCET . . . . .	17	ala-cort . . . . .	16	amiodarone hcl oral . . . . .	13
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT . . . . .	17	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation . . . . .	29	amitriptyline hcl oral . . . . .	10
ACCU-CHEK SOFTCLIX LANCETS . . . . .	17	albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml . . . . .	29	AMJEVITA . . . . .	26
ACCU-CHEK SOFTCLIX LANCETS . . . . .	17	ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5% . . . . .	29	amlodipine besylate oral . . . . .	13
ACCUTREND GLUCOSE . . . . .	17	ALDACTONE . . . . .	13	amlodipine besylate-benazepril hcl . . . . .	13
acetaminophen-codeine oral tablet . . . . .	8	ALECENSA . . . . .	11	amlodipine besylate-valsartan . . . . .	13
ACIPHEX . . . . .	21	alendronate sodium oral tablet . . . . .	27	amoxicillin oral capsule . . . . .	8
ACTEMRA ACTPEN . . . . .	26	alfuzosin hcl er . . . . .	22	amoxicillin oral suspension reconstituted . . . . .	8
ACTEMRA SUBCUTANEOUS . . . . .	26	aliskiren fumarate . . . . .	13	amoxicillin oral tablet . . . . .	8
ACTOS . . . . .	20	allopurinol oral tablet 100 mg, 300 mg . . . . .	11	amoxicillin-potassium clavulanate oral suspension reconstituted . . . . .	8
acyclovir oral tablet . . . . .	12	ALLOPURINOL ORAL TABLET 200 MG . . . . .	11	amoxicillin-potassium clavulanate oral tablet . . . . .	8
ADALIMUMAB-ADAZ . . . . .	26	ALOGLIPTIN BENZOATE . . . . .	20	amphetamine-dextroamphetamine . . . . .	15
ADBRY . . . . .	26	ALOGLIPTIN-METFORMIN HCL . . . . .	20	amphetamine-dextroamphetamine er . . . . .	15
ADDERALL . . . . .	15	ALOGLIPTIN-PIOGLITAZONE . . . . .	20	AMZEEQ . . . . .	16
ADDERALL XR . . . . .	15	ALORA . . . . .	22	anastrozole oral . . . . .	11
ADDYI . . . . .	21	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % . . . . .	28	ANDRODERM . . . . .	25
ADEMPAS . . . . .	30	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % . . . . .	28	ANDROGEL PUMP . . . . .	25
ADLYXIN . . . . .	20	ALPHANATE . . . . .	20	ANNOVERA . . . . .	22
ADMELOG . . . . .	19			ANORO ELLIPTA . . . . .	29
ADMELOG SOLOSTAR . . . . .	19			apap-caff-dihydrocodeine . . . . .	8
ADTHYZA . . . . .	25			apri . . . . .	22
ADVAIR DISKUS . . . . .	29			APRISO . . . . .	27
ADVAIR HFA . . . . .	29			APTENSIO XR . . . . .	15
ADVATE . . . . .	20			APTIOM . . . . .	9
ADYNOVATE . . . . .	20			AQINJECT PEN NEEDLE . . . . .	17
afirmelle . . . . .	22			ARAKODA . . . . .	12
				ARANESP (ALBUMIN FREE) . . . . .	20
				ARIMIDEX . . . . .	11





aripiprazole oral tablet . . . . .	12
ARMONAIR DIGIHALER. . . . .	29
ARMOUR THYROID . . . . .	25
ARNUITY ELLIPTA . . . . .	29
atenolol oral . . . . .	13
ATIVAN ORAL . . . . .	13
atomoxetine hcl . . . . .	15
atorvastatin calcium oral tablet 10 mg, 20 mg. . . . .	13
atorvastatin calcium oral tablet 40 mg, 80 mg. . . . .	13
ATROVENT HFA . . . . .	29
aubra eq . . . . .	22
AUGMENTIN . . . . .	8, 9
AUGMENTIN ES-600 . . . . .	9
aurovela 1/20 . . . . .	22
aurovela 1.5/30 . . . . .	22
aurovela 24 fe. . . . .	22
aurovela fe 1/20 . . . . .	22
aurovela fe 1.5/30 . . . . .	22
AUSTEDO. . . . .	15
AUVI-Q . . . . .	28
AVALIDE. . . . .	13
AVAPRO . . . . .	13
aviane . . . . .	22
avidoxy . . . . .	9
AVITA . . . . .	16
AVONEX PEN. . . . .	15
AVONEX PREFILLED . . . . .	15
AYGESTIN . . . . .	22
ayuna . . . . .	22
AZASAN . . . . .	26
AZASITE. . . . .	27
azathioprine oral tablet 100 mg, 75 mg . . . . .	26
azathioprine oral tablet 50 mg . . . . .	26
azelastine hcl nasal solution 0.1 %, 137 mcg/spray . . . . .	29
azelastine hcl nasal solution 0.15 % . . . . .	29
azithromycin oral suspension reconstituted . . . . .	9
azithromycin oral tablet. . . . .	9

## B

bac . . . . .	8
baclofen oral tablet . . . . .	30
BACTRIM . . . . .	9
BACTRIM DS . . . . .	9
BAFIERTAM . . . . .	15
BAQSIMI ONE PACK. . . . .	20
BAQSIMI TWO PACK . . . . .	20
BASAGLAR KWIKPEN . . . . .	19
BASAGLAR TEMPO PEN. . . . .	19
bd autoshield duo pen needles . . . . .	17
bd ultra-fine insulin syringes. . . . .	17
bd ultra-fine insulin syringes u-500 . . . . .	17
BD ULTRA-FINE PEN NEEDLES . . . . .	17
bd veo ultra-fine insulin syringes . . . . .	17
BELBUCA. . . . .	8
BELSOMRA . . . . .	30
benazepril hcl oral. . . . .	13
BENICAR . . . . .	13
BENICAR HCT. . . . .	13
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	26
benzonatate oral capsule 100 mg, 200 mg . . . . .	29
benzonatate oral capsule 150 mg . . . . .	29
BESIVANCE . . . . .	27
BETASERON . . . . .	15
BETHKIS . . . . .	30
BETIMOL . . . . .	28
BEVESPI AEROSPHERE . . . . .	29
BIGFOOT UNITY PROGRAM. . . . .	17
BIJUVA . . . . .	22
BIKTARVY . . . . .	12
bimatoprost ophthalmic . . . . .	28
bisubcit-metronid-tetracycl. . . . .	21
bismuth/metronidaz/tetracyclin. . . . .	21
bisoprolol fumarate oral . . . . .	13
bisoprolol-hydrochlorothiazide . . . . .	13
blisovi 24 fe . . . . .	22
blisovi fe 1/20. . . . .	23
blisovi fe 1.5/30 . . . . .	22
BLOOD GLUCOSE TEST STRIPS . . . . .	17

BLOOD GLUCOSE TEST STRIPS 333 . . . . .	17
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . . .	27
BREO ELLIPTA . . . . .	29
BREZTRI AEROSPHERE . . . . .	29
BRILINTA . . . . .	12
brimonidine tartrate external . . . . .	16
brimonidine tartrate ophthalmic solution 0.15 % . . . . .	28
brimonidine tartrate ophthalmic solution 0.2 % . . . . .	28
brimonidine tartrate-timolol . . . . .	28
BRIVIACT ORAL TABLET. . . . .	9
BRONCHITOL . . . . .	30
BRONCHITOL TOLERANCE TEST . . . . .	30
budesonide inhalation. . . . .	29
budesonide rectal . . . . .	27
BUDESONIDE-FORMOTEROL FUMARATE . . . . .	29
buprenorphine hcl sublingual . . . . .	8
buprenorphine hcl-naloxone hcl . . . . .	8
bupropion hcl er (sr) . . . . .	10
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg . . . . .	10
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG . . . . .	10
bupropion hcl oral . . . . .	10
bupirone hcl oral . . . . .	13
butalbital-apap-caffeine oral tablet . . . . .	8
BYDUREON BCISE. . . . .	20
BYETTA 10 MCG PEN. . . . .	20
BYETTA 5 MCG PEN. . . . .	20

## C

cabergoline . . . . .	25
calcitriol oral capsule . . . . .	27
CALQUENCE . . . . .	11
camila . . . . .	23
CARAC . . . . .	16
CARAFATE ORAL TABLET. . . . .	21



CARDIZEM CD	13	CLIMARA PRO	23	CORLANOR	13
CARDURA	13	clindacin etz external swab	16	CORTEF	25
CARETOUCH MONITOR SYSTEM	17	clindacin-p	16	CORTIFOAM	27
CARETOUCH TEST	17	CLINDAGEL	16	COSENTYX (300 MG DOSE)	26
cartia xt	13	clindamycin hcl oral	9	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	26
carvedilol	13	clindamycin phosphate external lotion	16	COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	26
cefdinir	9	clindamycin phosphate external solution	16	COSENTYX SENSOREADY (300 MG)	26
cefuroxime axetil	9	clindamycin phosphate external swab	16	COSENTYX SENSOREADY PEN	26
CELEBREX	8	clindamycin phosphate gel 1 % external	16	COSOFT	28
celecoxib oral	8	CLINDESSE	9	COSOFT PF	28
CELEXA	10	clobetasol propionate external cream	16	COTELLIC	11
CELLCEPT ORAL TABLET	26	clobetasol propionate external ointment	16	COZAAR	13
cephalexin oral capsule	9	clobetasol propionate external solution	16	CREON	22
cephalexin oral suspension reconstituted	9	clonazepam oral tablet	13	CRESEMBA ORAL	11
CERDELGA	22	clonidine hcl oral	13	CRESTOR	13
chateal eq	23	clopidogrel bisulfate oral	12	CVS ADVANCED GLUCOSE TEST	17
chlorhexidine gluconate mouth/ throat	16	clotrimazole-betamethasone external cream	16	CVS GLUCOSE METER TEST STRIPS	17
chlorthalidone	13	COLCHICINE ORAL CAPSULE	11	cyanocobalamin injection solution 1000 mcg/ml	21
CIALIS	21	colchicine oral tablet	11	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	21
CIBINQO	16	COLCRYS	11	cyclobenzaprine hcl oral tablet 10 mg, 5 mg	30
ciclodan	11	COMBIGAN	28	cyclobenzaprine hcl oral tablet 7.5 mg	30
ciclopirox external solution	11	COMBIVENT RESPIMAT	29	CYCLOSPORINE IN KLARITY	28
CIMDUO	12	CONCERTA	15	cyclosporine ophthalmic	28
CIMZIA STARTER KIT	26	CONTOUR MONITOR KIT W/DEVICE	17	CYLTEZO	26
CIMZIA SUBCUTANEOUS KIT	26	CONTOUR NEXT EZ KIT W/DEVICE	17	CYMBALTA	10
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	26	CONTOUR NEXT GEN MONITOR	17	cyproheptadine hcl oral tablet	29
CINRYZE	26	CONTOUR NEXT GEN TEST STRIPS	17	cyred eq	23
CIPRO ORAL TABLET	9	CONTOUR NEXT MONITOR KIT W/DEVICE	17	CYTOMEL	25
CIPRODEX	28	CONTOUR NEXT ONE KIT	17	CYTOTEC	21
ciprofloxacin hcl ophthalmic	27	CONTOUR TEST STRIPS	17		
ciprofloxacin hcl oral	9	COPAXONE	15		
ciprofloxacin-dexamethasone	28	COREG	13		
citalopram hydrobromide oral tablet	10				
CLENPIQ	21				
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	9				
CLEOCIN ORAL CAPSULE 75 MG	9				
CLEOCIN-T	16				
CLIMARA	23				

## D

D-CARE BLOOD GLUCOSE	17
D-CARE GLUCOMETER	17





epinephrine solution auto-injector 0.15 mg/0.3ml injection . . . . .	28	EYSUVIS . . . . .	27	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ ACT, 232-14 MCG/ACT, 55-14 MCG/ACT . . . . .	29	
epinephrine solution auto-injector 0.3 mg/0.3ml injection . . . . .	28, 29	ezetimibe . . . . .	13	fluvoxamine maleate . . . . .	10	
EPIPEN 2-PAK . . . . .	29	<b>F</b>			FOCALIN . . . . .	15
EPIPEN JR 2-PAK . . . . .	29	falmina . . . . .	23	FOCALIN XR . . . . .	15	
EQ BLOOD GLUCOSE TEST . . . . .	18	famotidine oral suspension reconstituted . . . . .	21	folic acid oral tablet 1 mg . . . . .	21	
ergocalciferol oral capsule . . . . .	21	FASENRA PEN . . . . .	29	FOLLISTIM AQ . . . . .	27	
ERIVEDGE . . . . .	11	FEMARA . . . . .	11	FORFIVO XL . . . . .	10	
ERLEADA ORAL TABLET 240 MG . . . . .	11	fenofibrate oral tablet 120 mg, 40 mg . . . . .	13	FORTEO . . . . .	27	
ERLEADA ORAL TABLET 60 MG . . . . .	11	fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg . . . . .	13	FORTESTA . . . . .	25	
ERMEZA . . . . .	25	FENOGLIDE . . . . .	13	FORTISCARE G1 TEST STRIP . . . . .	18	
errin . . . . .	23	FEXMID . . . . .	30	FORTISCARE TEST . . . . .	18	
erythromycin ophthalmic . . . . .	27	FINACEA EXTERNAL FOAM . . . . .	16	FOSAMAX . . . . .	27	
escitalopram oxalate oral tablet . . . . .	10	finasteride oral tablet 5 mg . . . . .	22	FREESTYLE LIBRE 14 DAY SENSOR . . . . .	18	
ESGIC ORAL TABLET . . . . .	8	fingolimod hcl . . . . .	15	FREESTYLE LIBRE 2 SENSOR . . . . .	18	
estarylla . . . . .	23	FLAREX . . . . .	27	FREESTYLE LIBRE 3 SENSOR . . . . .	18	
ESTRACE . . . . .	23	flecainide acetate . . . . .	13	FREESTYLE PRECISION NEO SYSTEM . . . . .	18	
estradiol oral . . . . .	23	FLOMAX . . . . .	22	FREESTYLE PRECISION NEO TEST . . . . .	18	
estradiol patch twice weekly 0.025 mg/24hr transdermal . . . . .	23	FLOVENT HFA . . . . .	29	FREESTYLE TEST . . . . .	18	
estradiol patch twice weekly 0.0375 mg/24hr transdermal . . . . .	23	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE . . . . .	27	FUROSCIX . . . . .	13	
estradiol patch twice weekly 0.05 mg/24hr transdermal . . . . .	23	fluconazole oral tablet . . . . .	11	furosemide oral tablet . . . . .	13	
estradiol patch twice weekly 0.075 mg/24hr transdermal . . . . .	23	FLUOROPLEX . . . . .	16	fyremadel . . . . .	27	
estradiol patch twice weekly 0.1 mg/24hr transdermal . . . . .	23	FLUOROURACIL EXTERNAL CREAM 0.5 % . . . . .	16			
estradiol transdermal gel . . . . .	23	fluorouracil external cream 5 % . . . . .	16	<b>G</b>		
estradiol transdermal patch weekly . . . . .	23	fluoxetine hcl oral capsule . . . . .	10	gabapentin oral capsule . . . . .	10	
estradiol vaginal cream . . . . .	23	fluoxetine hcl oral tablet 10 mg . . . . .	10	gabapentin oral tablet 600 mg, 800 mg . . . . .	10	
estradiol vaginal tablet . . . . .	23	fluoxetine hcl oral tablet 20 mg . . . . .	10	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous . . . . .	27	
ESTRING . . . . .	23	fluoxetine hcl oral tablet 60 mg . . . . .	10	gavilyte-c . . . . .	22	
ESTROGEL . . . . .	23	FLUTICASONE FUROATE- VILANTEROL . . . . .	29	gavilyte-g . . . . .	22	
eszopiclone . . . . .	30	FLUTICASONE PROPIONATE HFA . . . . .	29	GAVRETO . . . . .	11	
etonogestrel-ethinyl estradiol . . . . .	23	fluticasone propionate nasal . . . . .	29	gemfibrozil oral . . . . .	13	
EUCRISA . . . . .	16	FLUTICASONE-SALMETEROL INHALATION AEROSOL . . . . .	29	GEN7T EXTERNAL PATCH . . . . .	8	
euthyrox . . . . .	25	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act . . . . .	29	glatiramer acetate . . . . .	15	
EVAMIST . . . . .	23			glatopa . . . . .	15	
EXFORGE . . . . .	13					
EXKIVITY . . . . .	11					
EXTAVIA . . . . .	15					





INSULIN LISPRO VIAL . . . . .	19	KITABIS PAK . . . . .	30	letrozole oral . . . . .	11
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM . . . . .	18	KLARITY-A . . . . .	27	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT . . . . .	29
INTUNIV . . . . .	15	KLISYRI . . . . .	16	levetiracetam oral tablet . . . . .	10
INVELTYS . . . . .	27	KLONOPIN . . . . .	13	levo-t . . . . .	25
ipratropium bromide nasal . . . . .	29	klor-con 10 . . . . .	21	levocetirizine dihydrochloride oral tablet . . . . .	29
ipratropium-albuterol . . . . .	29	klor-con m10 . . . . .	21	levofloxacin oral tablet . . . . .	9
irbesartan . . . . .	14	klor-con m15 . . . . .	21	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg . . . . .	23
irbesartan-hydrochlorothiazide . . . . .	14	klor-con m20 . . . . .	21	levora 0.15/30 (28) . . . . .	24
isibloom . . . . .	23	klor-con oral tablet extended release . . . . .	21	levothyroxine sodium oral tablet . . . . .	25
isosorbide mononitrate er . . . . .	14	KLOXXADO . . . . .	8	levoxyl . . . . .	25
ISTALOL . . . . .	28	KOATE . . . . .	20	LEXAPRO . . . . .	10
<b>J</b>					
jantoven . . . . .	9	KOATE-DVI . . . . .	20	LIALDA . . . . .	27
JARDIANCE . . . . .	20	KOGENATE FS . . . . .	20	lidocaine external patch 5 % . . . . .	8
jasmiel . . . . .	23	KOSELUGO . . . . .	11	lidocaine hcl mouth/throat . . . . .	16
jencycla . . . . .	23	KOVALTRY . . . . .	20	lidocaine viscous hcl . . . . .	16
JENTADUETO . . . . .	20	KRINTAFEL . . . . .	12	LIDODERM . . . . .	8
JENTADUETO XR . . . . .	20	kurvelo . . . . .	23	LINZESS . . . . .	22
JORNAY PM . . . . .	15	KYNMOBI . . . . .	12	liothyronine sodium oral . . . . .	25
juleber . . . . .	23	<b>L</b>			
JULUCA . . . . .	12	labetalol hcl oral . . . . .	14	LIPITOR . . . . .	14
junel 1/20 . . . . .	23	LAMICTAL ORAL TABLET . . . . .	10	lisinopril oral . . . . .	14
junel 1.5/30 . . . . .	23	lamotrigine oral tablet . . . . .	10	lisinopril-hydrochlorothiazide . . . . .	14
junel fe 1/20 . . . . .	23	LANREOTIDE ACETATE . . . . .	25	lithium carbonate er . . . . .	13
junel fe 1.5/30 . . . . .	23	LANTUS SOLOSTAR . . . . .	19	lithium carbonate oral capsule . . . . .	13
junel fe 24 . . . . .	23	LANTUS U-100 VIAL . . . . .	19	LITHOBID . . . . .	13
<b>K</b>					
K-TAB . . . . .	21	larin 1/20 . . . . .	23	LO LOESTRIN FE . . . . .	24
kalliga . . . . .	23	larin 1.5/30 . . . . .	23	lo-zumandimine . . . . .	24
KAZANO . . . . .	20	larin 24 fe . . . . .	23	LOESTRIN 1/20 (21) . . . . .	24
KEPPRA ORAL TABLET . . . . .	10	larin fe 1/20 . . . . .	23	LOESTRIN 1.5/30 (21) . . . . .	24
KESIMPTA . . . . .	15	larin fe 1.5/30 . . . . .	23	LOESTRIN FE 1/20 . . . . .	24
ketoconazole external cream . . . . .	11	LASIX . . . . .	14	LOESTRIN FE 1.5/30 . . . . .	24
ketoconazole external shampoo . . . . .	11	LASTACFT . . . . .	27	LOKELMA . . . . .	21
ketorolac tromethamine oral . . . . .	8	latanoprost ophthalmic . . . . .	28	LOPID . . . . .	14
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR . . . . .	26	LATUDA . . . . .	12	LOPRESSOR . . . . .	14
KINERET . . . . .	26	LEDIPASVIR-SOFOSBUVIR . . . . .	12	lorazepam oral tablet . . . . .	13
		lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg . . . . .	11	loryna . . . . .	24
		lenalidomide oral capsule 2.5 mg, 20 mg . . . . .	11	losartan potassium oral . . . . .	14
		lessina . . . . .	23	losartan potassium-hctz . . . . .	14
				LOTEMAX OPHTHALMIC GEL . . . . .	27





LOTEMAX OPHTHALMIC OINTMENT.....	27	MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG .....	15	methylprednisolone oral tablet therapy pack .....	25
LOTEMAX OPHTHALMIC SUSPENSION .....	27	MEDROL ORAL TABLET THERAPY PACK.....	25	metoclopramide hcl oral tablet .....	10
LOTEMAX SM .....	27	medroxyprogesterone acetate intramuscular suspension prefilled syringe .....	24	metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg.....	14
LOTENSIN .....	14	medroxyprogesterone acetate oral ..	24	metoprolol succinate er oral tablet extended release 24 hour 25 mg....	14
loteprednol etabonate ophthalmic gel.....	27	meloxicam oral tablet .....	8	metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg .....	14
loteprednol etabonate ophthalmic suspension.....	27	MENOSTAR .....	24	metoprolol tartrate oral tablet 37.5 mg, 75 mg .....	14
LOTREL .....	14	mesalamine oral tablet delayed release .....	27	METROCREAM.....	16
lovastatin oral.....	14	metformin hcl er .....	20	metronidazole external cream .....	16
LOVAZA .....	14	metformin hcl er (mod).....	20	metronidazole oral tablet .....	9
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE.....	9	metformin hcl er (osm) .....	20	metronidazole vaginal.....	9
LUMAKRAS .....	11	metformin hcl oral tablet 1000 mg, 500 mg, 850 mg.....	20	MICARDIS .....	14
LUMIGAN.....	28	metformin hcl oral tablet 625 mg....	20	MICRODOT TEST .....	18
LUNESTA .....	30	methimazole oral.....	25	microgestin 1/20 .....	24
LUPKYNIS .....	26	methocarbamol oral tablet 1000 mg .	30	microgestin 1.5/30 .....	24
lurasidone hcl .....	12	methocarbamol oral tablet 500 mg, 750 mg .....	30	microgestin 24 fe.....	24
lutera.....	24	methotrexate oral .....	26	microgestin fe 1/20 .....	24
lyleq .....	24	methotrexate sodium oral.....	26	microgestin fe 1.5/30 .....	24
lyllana .....	24	methylphenidate hcl er (cd) .....	15	mili.....	24
LYNPARZA.....	11	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg .....	15	MINILINK REAL-TIME TRANSMITTER .....	18
LYRICA ORAL CAPSULE.....	15	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg .....	15	MINIMED 630G GUARDIAN PRESS .	18
LYUMJEV KWIKPEN .....	19	methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg .....	15	MINIPRESS .....	14
LYUMJEV TEMPO PEN.....	19	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG.....	15	MINIVELLE.....	23, 24
LYUMJEV VIAL .....	19	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG.....	15	minocycline hcl oral capsule .....	9
lyza .....	24	methylphenidate hcl er (xr).....	15	minoxidil oral .....	14
<b>M</b>				mirtazapine oral tablet .....	10
MACROBID .....	9	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG.....	15	MIRVASO .....	16
MACRODANTIN .....	9	METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 63 MG.....	15	misoprostol oral.....	21
marlissa .....	24	methylphenidate hcl er oral tablet extended release.....	15	MITIGARE .....	11
MAVENCLAD.....	15	methylphenidate hcl er oral tablet .....	15	MM EASY TOUCH GLUCOSE METER.....	18
MAVYRET ORAL PACKET.....	12	methylenediphosphorylcholine hcl oral tablet .....	15	modafinil.....	30
MAXALT.....	11	methylenediphosphorylcholine hcl oral tablet .....	15	mondoxyne nl .....	9
MAXITROL OPHTHALMIC SUSPENSION 0.1 % .....	28	methylenediphosphorylcholine hcl oral tablet .....	15	mono-lynyah .....	24
MAXZIDE .....	14	methylenediphosphorylcholine hcl oral tablet .....	15	montelukast sodium oral tablet .....	29
MAXZIDE-25 .....	14	methylenediphosphorylcholine hcl oral tablet .....	15	montelukast sodium oral tablet chewable .....	29
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG ..	15				



morphine sulfate er oral tablet extended release.....	8	NEXLETOL.....	14	NOVOLIN R FLEXPEN .....	19
MOTTEGRITY .....	22	NEXLIZET.....	14	NOVOLIN R FLEXPEN RELION .....	19
MOUNJARO.....	20	nifedipine er .....	14	NOVOLIN R RELION.....	19
MOVIPREP.....	22	nifedipine er osmotic release.....	14	NOVOLIN R VIAL.....	19
moxifloxacin hcl (2x day).....	28	nikki.....	24	NOVOTWIST PEN NEEDLE .....	18
moxifloxacin hcl ophthalmic.....	28	nitrofurantoin macrocrystal .....	9	np thyroid.....	25
MS CONTIN.....	8	nitrofurantoin monohydrate macrocrystals .....	9	NUBEQA.....	11
MULPLETA.....	20	nitroglycerin sublingual.....	14	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR .....	29
MULTAQ .....	14	NITROSTAT .....	14	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML .....	29
mupirocin external.....	9	NOCDURNA.....	25	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.....	30
mycophenolate mofetil oral tablet...	26	nora-be.....	24	NUCYNTA.....	8
MYDAYIS .....	15	NORDITROPIN FLEXPRO .....	25	NUCYNTA ER.....	8
MYFEMBREE.....	24	norethin ace-eth estrad-fe oral tablet	24	NURTEC.....	11
<b>N</b>					
na sulfate-k sulfate-mg sulf. ....	22	norethindrone acet-ethinyl est.....	24	NUTROPIN AQ NUSPIN 10 .....	25
nabumetone oral .....	8	norethindrone acetate oral .....	24	NUTROPIN AQ NUSPIN 20 .....	25
NALOCET.....	8	norethindrone oral.....	24	NUTROPIN AQ NUSPIN 5 .....	25
naloxone hcl injection solution prefilled syringe .....	8	norgestimate-eth estradiol .....	24	NUVARING.....	24
naloxone hcl nasal.....	8	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg.....	24	NUVESSA.....	9
naltrexone hcl oral.....	8	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg.....	24	NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT .....	21
NAPROSYN ORAL TABLET .....	8	NORITATE .....	16	NUWIQ INTRAVENOUS KIT 1500 UNIT .....	21
naproxen oral tablet .....	8	NORLIQVA.....	14	NUZYRA ORAL.....	9
NARCAN .....	8	norlyroc .....	24	nymyo.....	24
NASCOBAL .....	21	nortriptyline hcl oral capsule .....	10	nystatin external cream.....	11
NATAZIA.....	24	NORVASC .....	14	nystatin mouth/throat .....	11
NATESTO .....	25	NOURIANZ.....	12	<b>O</b>	
NAYZILAM .....	10	NOVOEIGHT .....	20	ocella .....	24
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 .....	28	NOVOFINE AUTOCOVER PEN NEEDLE .....	18	OCUFLOX.....	28
neomycin-polymyxin-hc otic suspension.....	28	NOVOFINE PEN NEEDLE.....	18	ODOMZO .....	11
NESINA.....	20	NOVOFINE PLUS PEN NEEDLE .....	18	OFEV.....	30
NEULASTA.....	20	NOVOLIN 70/30 FLEXPEN.....	19	ofloxacin ophthalmic.....	28
NEUPRO.....	12	NOVOLIN 70/30 FLEXPEN RELION .	19	ofloxacin otic .....	28
NEURONTIN ORAL CAPSULE .....	10	NOVOLIN 70/30 RELION .....	19	olanzapine oral tablet .....	12
NEURONTIN ORAL TABLET .....	10	NOVOLIN 70/30 VIAL .....	19	olmesartan medoxomil oral .....	14
NEUTEK 2TEK TEST.....	18	NOVOLIN N FLEXPEN .....	19		
NEVANAC.....	28	NOVOLIN N FLEXPEN RELION.....	19		
		NOVOLIN N RELION.....	19		
		NOVOLIN N VIAL.....	19		





olmesartan medoxomil-hctz . . . . .	14	ORENCIA SUBCUTANEOUS . . . . .	26	PEDIAPRED . . . . .	25
OLUMIANT ORAL TABLET 1 MG, 4 MG . . . . .	26	ORFADIN . . . . .	22	peg 3350-kcl-na bicarb-nacl . . . . .	22
OLUMIANT ORAL TABLET 2 MG . . . . .	26	ORGOVYX . . . . .	12	peg-3350/electrolytes . . . . .	22
OMECLAMOX-PAK . . . . .	21	ORIAHNN . . . . .	25	peg-3350/electrolytes/ascorbat . . . . .	22
omega-3-acid ethyl esters . . . . .	14	ORLISSA . . . . .	25	peg-kcl-nacl-nasulf-na asc-c . . . . .	22
omeprazole oral capsule delayed release . . . . .	21	oseltamivir phosphate oral capsule . . . . .	12	penicillin v potassium oral tablet . . . . .	9
OMNIPOD 5 G6 INTRO (GEN 5) . . . . .	18	OSENI . . . . .	20	PERCOCET . . . . .	8
OMNIPOD 5 G6 POD (GEN 5) . . . . .	18	OSPHENA . . . . .	21	PERFOROMIST . . . . .	30
ON CALL EXPRESS BLOOD GLUCOSE . . . . .	18	OTEZLA ORAL TABLET . . . . .	26	PERIDEX . . . . .	16
ON CALL EXPRESS MONITORING SYS . . . . .	18	OTREXUP . . . . .	26	periogard . . . . .	16
ondansetron hcl oral tablet . . . . .	10	OXAYDO . . . . .	8	PERTZYE . . . . .	22
ondansetron odt . . . . .	11	oxcarbazepine oral tablet . . . . .	10	PFIZER COVID-19 VAC BIVAL 5-11 . . . . .	27
ONETOUCH CLUB LANCETS FINE PT . . . . .	18	oxybutynin chloride er . . . . .	22	PFIZER COVID-19 VAC BIVALENT . . . . .	27
ONETOUCH DELICA LANCETS 30G . . . . .	18	oxybutynin chloride oral tablet 2.5 mg . . . . .	22	phenazo oral tablet 200 mg . . . . .	22
ONETOUCH DELICA LANCETS 33G . . . . .	18	oxybutynin chloride oral tablet 5 mg . . . . .	22	phenazopyridine hcl oral . . . . .	22
ONETOUCH DELICA PLUS LANCET30G . . . . .	18	oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg . . . . .	8	pioglitazone hcl . . . . .	20
ONETOUCH DELICA PLUS LANCET33G . . . . .	18	oxycodone hcl oral tablet 5 mg . . . . .	8	PIP BLOOD GLUCOSE TEST STRIP . . . . .	18
ONETOUCH DELICA PLUS LANCET33G . . . . .	18	OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG . . . . .	8	PLAQUENIL . . . . .	12
ONETOUCH FINEPOINT LANCETS . . . . .	18	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg . . . . .	8	PLAVIX . . . . .	12
ONETOUCH ULTRA 2 KIT W/DEVICE . . . . .	18	OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG . . . . .	8	PLEGRIDY INTRAMUSCULAR . . . . .	15
ONETOUCH ULTRA TEST STRIPS . . . . .	18	OZEMPIC . . . . .	20	PLEGRIDY STARTER PACK . . . . .	15
ONETOUCH ULTRASOFT LANCETS . . . . .	18			PLEGRIDY SUBCUTANEOUS . . . . .	15
ONETOUCH VERIO FLEX SYSTEM KIT . . . . .	18			PLENVU . . . . .	22
ONETOUCH VERIO IQ BLOOD GLUCOSE METER . . . . .	18			polymyxin b-trimethoprim . . . . .	28
ONETOUCH VERIO REFLECT KIT W/DEVICE . . . . .	18			POLYTRIM . . . . .	28
ONETOUCH VERIO TEST STRIPS . . . . .	18			POMALYST . . . . .	12
ONGLYZA . . . . .	20			portia-28 . . . . .	24
OPSUMIT . . . . .	30			potassium chloride crys er . . . . .	21
OPTIUMEZ TEST . . . . .	18			potassium chloride er . . . . .	21
OPZELURA . . . . .	16			potassium citrate er . . . . .	21
ORENCIA CLICKJECT . . . . .	26			PRADAXA ORAL CAPSULE . . . . .	9
				pramipexole dihydrochloride . . . . .	12
				pravastatin sodium . . . . .	14
				prazosin hcl oral . . . . .	14
				PRECISION XTRA . . . . .	18
				PRECISION XTRA BLOOD GLUCOSE . . . . .	18
				PRED FORTE . . . . .	28
				PRED MILD . . . . .	28
				prednisolone acetate ophthalmic . . . . .	28
				PREDNISOLONE ACETATE P-F . . . . .	28

**P**



prednisolone oral solution . . . . .	25
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml . . . . .	25
prednisolone sodium phosphate oral solution 15 mg/5ml . . . . .	25
prednisolone sodium phosphate oral solution 20 mg/5ml . . . . .	25
prednisone oral tablet . . . . .	25
prednisone oral tablet therapy pack . . . . .	25
pregabalin oral capsule . . . . .	16
PREMARIN ORAL . . . . .	24
PREMARIN VAGINAL . . . . .	24
PREMIUM BLOOD GLUCOSE TEST . . . . .	18
PREMPHASE . . . . .	24
PREMPRO . . . . .	24
PREZCOBIX . . . . .	12
PRISTIQ . . . . .	10
PROCARDIA XL . . . . .	14
prochlorperazine maleate oral . . . . .	11
PROCTOFOAM HC . . . . .	27
progesterone oral . . . . .	24
PROGRAF ORAL CAPSULE . . . . .	26
PROLATE ORAL TABLET . . . . .	8
promethazine hcl oral tablet . . . . .	11
promethazine-dm . . . . .	29
PROMETRIUM . . . . .	24
propranolol hcl er . . . . .	14
propranolol hcl oral tablet . . . . .	14
PROSCAR . . . . .	22
PROTONIX ORAL TABLET DELAYED RELEASE . . . . .	21
PROVENTIL HFA . . . . .	29, 30
PROVERA . . . . .	23, 24
PROVIGIL . . . . .	30
PROZAC . . . . .	10
pseudoephedrine-bromphen-dm . . . . .	29
PTS PANELS EGLU TEST . . . . .	18
PULMICORT SUSPENSION . . . . .	30
PULMOZYME . . . . .	30
PYLERA . . . . .	21
PYRIDIDIUM . . . . .	22

## Q

quetiapine fumarate . . . . .	12
QUINTET AC BLOOD GLUCOSE TEST . . . . .	19
QUINTET BLOOD GLUCOSE TEST . . . . .	19
QVAR REDHALER . . . . .	30

## R

rabeprazole sodium oral tablet delayed release . . . . .	21
RADICAVA ORS . . . . .	16
RADICAVA ORS STARTER KIT . . . . .	16
ramipril . . . . .	14
RASUVO . . . . .	26
REBIF . . . . .	15
REBIF TITRATION PACK . . . . .	15
reclipsen . . . . .	24
RECOMBINATE . . . . .	21
REGLAN . . . . .	11
RELAFEN DS . . . . .	8
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 72 MG . . . . .	15
RELEXXII ORAL TABLET EXTENDED RELEASE 63 MG . . . . .	15
RELION TRUE MET AIR GLUC METER . . . . .	19
RELION TRUE METRIX TEST STRIPS . . . . .	19
RELION ULTIMA GLUCOSE SYSTEM . . . . .	19
RELION ULTIMA TEST . . . . .	19
RELPAX . . . . .	11
REMERON . . . . .	10
REMODULIN . . . . .	30
REPATHA . . . . .	14
REPATHA PUSHTRONEX SYSTEM . . . . .	14
REPATHA SURECLICK . . . . .	14
RESTASIS . . . . .	28
RESTASIS MULTIDOSE . . . . .	28
RESTORIL . . . . .	31
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML,	

3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML . . . . .	21
RETACRIT INJECTION SOLUTION 20000 UNIT/ML . . . . .	21
RETEVMO ORAL CAPSULE 40 MG . . . . .	12
RETEVMO ORAL CAPSULE 80 MG . . . . .	12
RETIN-A EXTERNAL CREAM . . . . .	16
REVATIO ORAL TABLET . . . . .	30
REVLIMID . . . . .	12
REXULTI . . . . .	12
RHOFADE . . . . .	16
RHOPRESSA . . . . .	28
RIGHTTEST GT333 GLUCOSE TEST . . . . .	19
RINVOQ . . . . .	26
RISPERDAL ORAL TABLET . . . . .	12
risperidone oral tablet . . . . .	12
RITALIN . . . . .	15
RITALIN LA . . . . .	15
rizatriptan benzoate . . . . .	11
ROBINUL . . . . .	22
ROBINUL-FORTE . . . . .	22
ROCALTROL ORAL CAPSULE . . . . .	27
ROCKLATAN . . . . .	28
ropinirole hcl . . . . .	12
rosuvastatin calcium . . . . .	14
roweepra . . . . .	10
ROXICODONE . . . . .	8
RUCONEST . . . . .	26
RUKOBIA . . . . .	12
RYBELSUS . . . . .	20

## S

SANTYL . . . . .	16
scopolamine . . . . .	11
SEREVENT DISKUS . . . . .	30
SEROQUEL . . . . .	12
sertraline hcl oral tablet . . . . .	10
sharobel . . . . .	24
SHINGRIX . . . . .	27
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg . . . . .	21
sildenafil citrate oral tablet 20 mg . . . . .	30



SIMPONI. ....	26	SYMFI. ....	12	TEKTURNA. ....	14	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg. ....	14	SYMFI LO. ....	12	TEKTURNA HCT. ....	14	
simvastatin oral tablet 80 mg. ....	14	SYMJEPI. ....	29	telmisartan. ....	14	
SINGULAIR ORAL TABLET. ....	30	SYMLINPEN 120. ....	20	temazepam. ....	31	
SINGULAIR ORAL TABLET CHEWABLE. ....	30	SYMLINPEN 60. ....	20	TEMPO REFILL. ....	19	
SITAVIG. ....	12	SYMPROIC. ....	22	TEMPO WELCOME. ....	19	
SKYRIZI PEN. ....	26	SYNJARDY. ....	20	TENORMIN. ....	14	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. ...	26	SYNJARDY XR. ....	20	terbinafine hcl oral. ....	11	
SKYTROFA. ....	25	SYNTHROID. ....	25	TERIPARATIDE (RECOMBINANT). ...	27	
SOAAZ. ....	14	<b>T</b>			TESTIM. ....	25
SODIUM OXYBATE. ....	31	TABRECTA. ....	12	testosterone cypionate intramuscular. ....	25	
SOFOSBUVIR-VELPATASVIR. ....	12	TACLONEX EXTERNAL OINTMENT. ...	16	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR. ....	30	
solifenacin succinate. ....	22	tacrolimus external. ....	17	TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. ...	30	
SOLQUA. ....	20	tacrolimus oral. ....	26	THALITONE. ....	14	
SOMATULINE DEPOT. ....	25	tadalafil oral. ....	21	THIOLA. ....	22	
SOOLANTRA. ....	16	TADLIQ. ....	30	THIOLA EC. ....	22	
SPIRIVA HANDIHALER. ....	30	tafluprost (pf). ....	28	THYQUIDITY. ....	25	
SPIRIVA RESPIMAT. ....	30	TAGRISSO. ....	12	thyroid oral. ....	26	
spironolactone oral. ....	14	TAKHZYRO. ....	27	TIGLUTIK. ....	16	
sprintec 28. ....	24	TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR. ....	27	timolol maleate (once-daily). ....	28	
sronyx. ....	24	TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE. ...	27	timolol maleate ophthalmic solution. ...	28	
STELARA SUBCUTANEOUS. ....	26	TAMIFLU ORAL CAPSULE. ....	12	timolol maleate pf. ....	28	
STENDRA. ....	21	tamoxifen citrate oral tablet 10 mg. ...	12	TIMOPTIC OCUDOSE. ....	28	
STIOLTO RESPIMAT. ....	30	tamoxifen citrate oral tablet 20 mg. ...	12	TIROSINT-SOL. ....	26	
STIVARGA. ....	12	tamsulosin hcl. ....	22	TIVICAY. ....	12	
STRATTERA. ....	15	TAPERDEX 12-DAY. ....	25	tizanidine hcl oral tablet. ....	30	
STRENSIQ. ....	22	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG. ....	25	TOBI NEBULIZER. ....	30	
STRIVERDI RESPIMAT. ....	30	TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21). ....	25	TOBI PODHALER. ....	30	
SUBOXONE. ....	8	TAPERDEX 7-DAY. ....	25	TOBRADEX OPHTHALMIC SUSPENSION. ....	28	
subvenite. ....	10	TARGADOX. ....	9	TOBRADEX ST. ....	28	
sucralfate oral tablet. ....	21	tarina 24 fe. ....	24	tobramycin inhalation nebulization solution 300 mg/4ml. ....	30	
sulfamethoxazole-trimethoprim oral tablet. ....	9	tarina fe 1/20 eq. ....	24	tobramycin nebulization solution 300 mg/5ml inhalation. ....	30	
sumatriptan succinate oral. ....	11	TASIGNA. ....	12	tobramycin ophthalmic. ....	28	
SUNOSI. ....	31	TAVALISSE. ....	21	tobramycin-dexamethasone. ....	28	
SUPREP BOWEL PREP KIT. ....	22	TECHLITE INSULIN SYRINGES. ....	19	TOLAK. ....	17	
SUTAB. ....	22	TECHLITE PEN NEEDLES. ....	19	TOPAMAX. ....	10	
syeda. ....	24	TEGSEDI. ....	22			
SYMBICORT. ....	30					



topiramate oral tablet . . . . .	10	TRIJARDY XR . . . . .	20	<b>V</b>
TOPROL XL . . . . .	14	TRILEPTAL ORAL TABLET . . . . .	10	VAGIFEM . . . . .
torseamide . . . . .	14	TRINTELLIX . . . . .	10	valacyclovir hcl oral . . . . .
TOUJEO MAX SOLOSTAR . . . . .	19	tritocin . . . . .	17	VALIUM . . . . .
TOUJEO SOLOSTAR . . . . .	19	TRIUMEQ . . . . .	12	valsartan oral tablet . . . . .
TRACLEER 62.5 MG, 125 MG . . . . .	30	TRUE FOCUS BLOOD GLUCOSE STRIP . . . . .	19	valsartan-hydrochlorothiazide . . . . .
TRADJENTA . . . . .	20	TRUE METRIX AIR GLUCOSE METER KIT . . . . .	19	VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML . . . . .
tramadol hcl oral tablet 100 mg . . . . .	8	TRUE METRIX BLOOD GLUCOSE TEST . . . . .	19	VALTRESX . . . . .
tramadol hcl oral tablet 50 mg . . . . .	8	TRUE METRIX GO GLUCOSE METER . . . . .	19	VANDAZOLE . . . . .
TRANSDERM-SCOP . . . . .	11	TRUE METRIX PRO BLOOD GLUCOSE . . . . .	19	VASOTEC . . . . .
trazodone hcl oral . . . . .	10	TRUETRACK TEST . . . . .	19	VELPHORO . . . . .
TRELEGY ELLIPTA . . . . .	30	TRULICITY . . . . .	20	VELTASSA . . . . .
TREMFYA . . . . .	27	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG . . . . .	12	venlafaxine hcl . . . . .
treprostinil . . . . .	30	TRUVADA ORAL TABLET 200-300 MG . . . . .	13	venlafaxine hcl er oral capsule extended release 24 hour . . . . .
tretinoin external cream . . . . .	17	TYMLOS . . . . .	27	VENTOLIN HFA . . . . .
TREXALL . . . . .	27	TYRVAYA . . . . .	28	verapamil hcl er oral tablet extended release . . . . .
TREZIX . . . . .	8	TYVASO . . . . .	30	VERKAZIA . . . . .
tri-estarylla . . . . .	24	TYVASO DPI MAINTENANCE KIT . . . . .	30	VERQUOVO . . . . .
tri-linyah . . . . .	24	TYVASO DPI TITRATION KIT . . . . .	30	VERZENIO . . . . .
tri-lo-estarylla . . . . .	24	TYVASO REFILL . . . . .	30	VESICARE . . . . .
tri-lo-marzia . . . . .	24	TYVASO STARTER . . . . .	30	vestura . . . . .
tri-lo-mili . . . . .	24			VIAGRA . . . . .
tri-lo-sprintec . . . . .	24	<b>U</b>		VIBERZI . . . . .
tri-mili . . . . .	24	UBRELVY . . . . .	11	VIBRAMYCIN ORAL CAPSULE . . . . .
tri-nymyo . . . . .	24	UCERIS ORAL . . . . .	27	VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS . . . . .
tri-sprintec . . . . .	24	UDENYCA . . . . .	21	vienva . . . . .
tri-vylibra . . . . .	24	UNISTRIP1 GENERIC . . . . .	19	VIGAMOX . . . . .
tri-vylibra lo . . . . .	24	unithroid . . . . .	26	VIIBRYD . . . . .
triamcinolone acetonide external cream 0.025 %, 0.1 % . . . . .	17	UROCIT-K 10 . . . . .	21	VIIBRYD STARTER PACK . . . . .
triamcinolone acetonide external cream 0.5 % . . . . .	17	UROCIT-K 15 . . . . .	21	vilazodone hcl . . . . .
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % . . . . .	17	UROCIT-K 5 . . . . .	21	VISTARIL . . . . .
triamcinolone acetonide external ointment 0.05 % . . . . .	17	UROXATRAL . . . . .	22	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit . . . . .
triamcinolone in absorbase . . . . .	17			VITRAKVI . . . . .
triamterene-hctz . . . . .	14			VIVELLE-DOT . . . . .
TRIANEX . . . . .	17			VIVJOA . . . . .
triazolam . . . . .	13			
TRICOR . . . . .	14			
triderm . . . . .	17			



VOGELXO.....	25	XTANDI.....	12	zolpidem tartrate oral tablet.....	31
VOGELXO PUMP.....	25	xulane.....	25	ZOMIG NASAL SOLUTION 2.5 MG..	11
VOSEVI.....	13	XYWAV.....	31	ZOMIG NASAL SOLUTION 5 MG...	11
VRAYLAR ORAL CAPSULE.....	12			ZONEGRAN.....	10
VTAMA.....	17	<b>Y</b>			
VYLEESI.....	21	YASMIN 28.....	25	zonisamide oral.....	10
vylibra.....	24	YAZ.....	25	ZORYVE.....	17
VYVANSE.....	15	YUPELRI.....	30	ZTLIDO.....	8
		yuvaferm.....	25	ZUBSOLV.....	8
<b>W</b>					
WAKIX.....	31	<b>Z</b>			
warfarin sodium oral.....	9	zafemy.....	25	zumandimine.....	25
WELLBUTRIN SR.....	10	ZANAFLEX ORAL TABLET.....	30	ZYLET.....	28
WELLBUTRIN XL.....	10	ZARXIO.....	21	ZYLOPRIM.....	11
WILATE.....	21	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR.....	20	ZYPREXA ORAL.....	12
wixela inhub.....	30	ZEJULA ORAL CAPSULE.....	12		
		ZELBORAF.....	12		
<b>X</b>					
XALATAN.....	28	ZELNORM.....	22		
XANAX.....	13	ZENPEP.....	22		
XARELTO.....	9	ZEPOSIA.....	16		
XARELTO STARTER PACK.....	9	ZEPOSIA 7-DAY STARTER PACK...	16		
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG.....	10	ZEPOSIA STARTER KIT.....	16		
XELJANZ.....	27	ZESTORETIC.....	15		
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG.....	27	ZESTRIL.....	15		
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG.....	27	ZETIA.....	15		
XENLETA ORAL.....	9	ZETONNA.....	29		
XEPI.....	17	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG.....	15		
XIIDRA.....	28	ZIAC ORAL TABLET 5-6.25 MG...	15		
XOFLUZA (40 MG DOSE).....	13	ZILXI.....	17		
XOFLUZA (80 MG DOSE).....	13	ZIMHI.....	8		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE... ..	27	ZIOPTAN.....	28		
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED.....	27	ZITHROMAX ORAL SUSPENSION RECONSTITUTED.....	9		
XOPENEX HFA.....	30	ZITHROMAX ORAL TABLET.....	9		
XTAMPZA ER.....	8	ZITHROMAX TRI-PAK.....	9		
		ZITHROMAX Z-PAK.....	9		
		ZOCOR.....	15		
		ZOLOFT ORAL TABLET.....	10		
		zolpidem tartrate er.....	31		



# Nondiscrimination notice and access to communication services

UnitedHealthcare® and its subsidiaries do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs or activities.

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

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

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

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

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

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

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

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

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





# Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយុត្តិធម៌ខ្មែរ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមាននូវលេខអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad bee áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shòqdí ninaaltsoos niit'izí bee nééhozinígíí bine'déq' 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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