



Your 2026 Prescription Drug List

Advantage 3-Tier

Effective September 1, 2026

Note About Specialty Drugs:

If a drug listed in this document has the designation “SP” in the Requirements & Limits section, that drug must be obtained from a Specialty Pharmacy and, depending on which plan you are enrolled in, a Specialty copay may apply.

If you are enrolled in the Surest plan, the copay for Specialty drugs is \$200.



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2026 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our UnitedHealthcare, Neighborhood Health Partnership Plan, UnitedHealthcare Freedom Plans, River Valley, UnitedHealthcare Level Funded, Student Resources, Health Plan of Nevada, Sierra Health and Life Insurance, UnitedHealthOne, Optimum Choice, Inc. and New Jersey Oxford medical plans when sold in your market with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help lower your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.



Reading your PDL (continued)

Drug list information

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

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

Coverage details

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

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

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

4. Not applicable to some Neighborhood Health Plan, UnitedHealthcare Freedom Plans and New Jersey Oxford plans.



Reading your PDL (continued)

- **Infertility**

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

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan.

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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

Drug name	Drug tier	Requirements & limits
Analgesics - Drugs for pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	3	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	2	QL
endocet	1	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
glydo	1	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine hcl urethral/mucosal	1	

Drug name	Drug tier	Requirements & limits
lidocaine-prilocaine external cream	1	
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
premium lidocaine external ointment 5 %	2	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er tablet extended release	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for pain and inflammation		
aspirin 81 oral tablet delayed release	E	H
BAYER LOW DOSE ORAL TABLET CHEWABLE	E	H
celecoxib oral	2	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
ec-naproxen	1	
etodolac	2	
etodolac er	3	
flurbiprofen oral	1	
hydrocodone-ibuprofen	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
mefenamic acid oral	3	
meloxicam oral tablet	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate oral solution	1	QL
nabumetone oral	1	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
sulindac oral	1	
Anti-addiction / Substance abuse treatment agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
bupropion hcl er (smoking det)	1	H
disulfiram oral	1	
eq nicotine step 3	1	H
ft naloxone hcl	1	QL
gnp naloxone hcl	1	QL
habitrol	1	H
KLOXXADO	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	QL
NARCAN	1	QL (includes Narcan OTC)

Drug name	Drug tier	Requirements & limits
NICODERM CQ	3	H
NICORETTE MOUTH/THROAT GUM	3	H
NICORETTE STARTER KIT	3	H
nicotine	1	H
nicotine mini	1	H
nicotine mouth/throat gum	1	H
nicotine polacrilex	1	H
nicotine polacrilex mini	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
REXTOVY	1	QL
THRIVE	3	H
varenicline	3	H
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
azithromycin oral	1	
BLUJEPA	3	QL
cefadroxil	1	
cefdinir	1	
cefixime oral capsule	3	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clarithromycin oral suspension reconstituted	2	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
clarithromycin oral tablet	1		nitrofurantoin monohydrate macrocrystals	1	
clindamycin hcl oral	1		nitrofurantoin oral suspension 25 mg/5ml	3	
clindamycin palmitate hcl	2		NUZYRA ORAL	3	QL
clindamycin phosphate vaginal	2		penicillin v potassium	1	
CLINDESSE	2		silver sulfadiazine external	1	
dicloxacillin sodium	1		ssd	1	
doxycycline hyclate oral capsule	2		sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
doxycycline hyclate oral tablet 100 mg	2		sulfamethoxazole-trimethoprim oral tablet	1	
doxycycline hyclate oral tablet 20 mg	1		sulfatrim pediatric	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		tetracycline hcl oral capsule	3	
doxycycline monohydrate oral suspension reconstituted	3		tinidazole oral	3	
doxycycline monohydrate oral tablet	1		trimethoprim oral	1	
erythromycin base oral tablet	1		vancomycin hcl oral capsule	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1		VANDAZOLE	3	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3		XACIATO	2	QL
fidaxomicin	3	QL	XEPI EXTERNAL CREAM 1 %	3	QL
fosfomycin tromethamine	3		XIFAXAN	3	PA, QL
gentamicin sulfate external	1	QL	Anticoagulants - Drugs to treat or prevent blood clots		
levofloxacin oral tablet	1		dabigatran etexilate mesylate	2	QL
LIKMEZ	3		ELIQUIS	2	QL
linezolid oral tablet	2		enoxaparin sodium injection solution prefilled syringe	2	QL
methenamine hippurate	1		jantoven	1	
metronidazole oral tablet 250 mg, 500 mg	1		rivaroxaban oral tablet	2	QL
metronidazole vaginal	2		warfarin sodium oral	1	
minocycline hcl oral capsule	1		XARELTO	2	QL
moxifloxacin hcl oral	3		Anticonvulsants - Drugs for seizures		
mupirocin cream	3	QL	APTOM	3	PA
mupirocin ointment	1	QL	BRIVIACT	3	PA
neomycin sulfate oral	1		carbamazepine er	2	
nitrofurantoin macrocrystal	1		carbamazepine oral tablet	1	
			carbamazepine oral tablet chewable	1	
			CARBATROL	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
clobazam oral suspension 2.5 mg/ml	3	PA	levetiracetam oral solution	1	
clobazam oral tablet	2	PA	levetiracetam oral tablet	1	
DEPAKOTE	3	PA	LIBERVANT BUCCAL FILM 10 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL
DEPAKOTE ER	3	PA	MOTPOLY XR	3	PA
DEPAKOTE SPRINKLES	3	PA	NAYZILAM	3	PA, QL
diazepam rectal	1	QL	ONFI	3	PA
DILANTIN	3		oxcarbazepine	1	
divalproex sodium er	2		perampanel oral tablet	2	PA
divalproex sodium oral capsule delayed release sprinkle	2		phenobarbital oral elixir 20 mg/5ml	1	
divalproex sodium oral tablet delayed release	1		phenobarbital oral tablet	1	
EPIDIOLEX	3	PA, SP	phenytek	1	
epitol oral tablet 200 mg	1		phenytoin sodium extended	1	
eslicarbazepine acetate	3	PA	primidone oral tablet 125 mg	1	PA
ethosuximide oral	1		primidone oral tablet 250 mg, 50 mg	1	
felbamate oral tablet	1		roweepra	1	
FYCOMPA	3	PA	rufinamide oral suspension 40 mg/ml	3	
gabapentin oral capsule	1		rufinamide oral tablet	3	PA
gabapentin oral solution 250 mg/5ml	1		subvenite oral tablet	1	
gabapentin oral tablet 600 mg, 800 mg	1		SYMPAZAN	3	PA
KEPPRA ORAL	3	PA	TEGRETOL ORAL TABLET	3	
KEPPRA XR	3	PA	TEGRETOL-XR	3	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	2		TOPAMAX	3	PA
lacosamide oral tablet	2		TOPAMAX SPRINKLE	3	PA
LAMICTAL ORAL TABLET	3	PA	topiramate oral capsule sprinkle	1	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	topiramate oral tablet	1	
lamotrigine er	3		TRILEPTAL	3	PA
lamotrigine oral tablet	1		valproic acid oral capsule	1	
lamotrigine oral tablet chewable	1		valproic acid oral solution 250 mg/5ml	1	
lamotrigine oral tablet dispersible	3	PA	VALTOCO	3	PA, QL
levetiracetam er	2		VIMPAT ORAL	3	PA
			XCOPRI	3	PA
			ZONEGRAN	3	PA
			ZONISADE	3	PA

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
zonisamide oral	1	
Antidementia agents - Drugs for Alzheimer's disease and dementia		
donepezil hcl oral tablet	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants - Drugs for depression		
amitriptyline hcl oral	1	
AUVELITY	3	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl oral	1	
citalopram hydrobromide oral solution 10 mg/5ml	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
desipramine hcl oral	1	
desvenlafaxine succinate er	3	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
escitalopram oxalate oral solution	2	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	
imipramine hcl oral	1	
mirtazapine oral	1	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	2	QL

Drug name	Drug tier	Requirements & limits
paroxetine hcl er	3	
paroxetine hcl oral tablet	1	
RALDESY	3	PA
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
vilazodone hcl	3	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for nausea and vomiting		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
dronabinol	1	
granisetron hcl oral	2	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
scopolamine	3	
Antifungals - Drugs for fungal infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
econazole nitrate external cream	2	
fluconazole oral	1	
griseofulvin microsize oral	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
terbinafine hcl oral	1	
terconazole	1	
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout agents - Drugs for gout		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral	2	
colchicine-probenecid	1	
febuxostat	3	
MITIGARE	2	
probenecid	1	
Antimigraine agents - Drugs for migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
almotriptan malate	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL

Drug name	Drug tier	Requirements & limits
frovatriptan succinate	3	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW	3	PA, ST, QL
rizatriptan benzoate oral tablet dispersible	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	3	PA, ST, QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
Antimyasthenic agents - Drugs to treat myasthenia gravis		
pyridostigmine bromide er oral tablet extended release	1	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Drugs to treat infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for cancer		
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
AUGTYRO	2	PA, QL, SP
BESREMI	3	PA, QL, SP
bicalutamide	1	
CABOMETYX	2	PA, QL, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
CALQUENCE	2	PA, QL, SP
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	2	
ENSACOVE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
exemestane	2	H-PA
GAVRETO	3	PA, QL, SP
hydroxyurea oral	1	
ICLUSIG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMKELDI	3	PA, QL, SP
KISQALI	2	PA, QL, SP
KOSELUGO ORAL CAPSULE	3	PA, QL, SP
lederle leucovorin	1	
LENVIMA	2	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
RETEVMO	3	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCSEMBLIX	3	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TEPMETKO	3	PA, QL, SP

Drug name	Drug tier	Requirements & limits
TRUQAP	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP

Antiparasitics - Drugs for parasitic infections

albendazole oral	3	QL
ARAKODA	3	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
mefloquine hcl	1	
nitazoxanide oral	2	QL
permethrin external	1	
spinosad	3	

Antiparkinson agents - Drugs for Parkinson's disease

amantadine hcl oral capsule	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
entacapone	1	
INBRIJA	3	PA, QL, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
trihexyphenidyl hcl oral tablet	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
Antiplatelets - Drugs for heart attack and stroke prevention		
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	3	
ticagrelor	3	QL
Antipsychotics - Drugs for mood disorders		
aripiprazole oral solution	2	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
FANAPT	3	QL
fluphenazine hcl oral tablet	1	
haloperidol oral	1	
lurasidone hcl	2	QL
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	3	QL
risperidone	1	
VRAYLAR	3	QL
VRAYLAR	3	QL
ziprasidone hcl	2	
Antivirals - Drugs for viral infections		
acyclovir external ointment	3	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
darunavir	1	
DELSTRIGO	2	QL

Drug name	Drug tier	Requirements & limits
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA	2	PA, QL, SP
famciclovir oral	2	
GENVOYA	3	QL
HARVONI	2	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
ODEFSEY	3	QL
oseltamivir phosphate oral	2	
PAXLOVID	2	QL
PIFELTRO	3	
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
ritonavir	2	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
valacyclovir hcl oral	1	QL
valganciclovir hcl oral tablet	1	
VOSEVI	2	PA, QL, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
XOFLUZA	3	QL
Anxiolytics - Drugs for anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
estazolam	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
Bipolar agents - Drugs for mood disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
Cardiovascular agents - Drugs for heart and circulation conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
aliskiren fumarate	3	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
ARBLI	3	PA

Drug name	Drug tier	Requirements & limits
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch weekly	3	
colesevelam hcl oral tablet	2	
colestipol hcl oral tablet	1	
CORLANOR ORAL TABLET	3	PA, QL
digoxin oral tablet	1	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	2	
diltiazem hcl oral	1	
dilt-xr	1	
dofetilide	2	
doxazosin mesylate oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
enalapril maleate oral solution	3	PA	LOPRESSOR ORAL SOLUTION	3	PA
enalapril maleate oral tablet	1		losartan potassium oral	1	
enalapril-hydrochlorothiazide	1		losartan potassium-hctz	1	
eplerenone	2		lovastatin oral	1	H
ezetimibe	2		matzim la	2	
ezetimibe-simvastatin	3		metolazone	1	
felodipine er	1		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
fenofibrate micronized	2		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
fenofibric acid oral capsule delayed release	2		metoprolol-hydrochlorothiazide	1	
flecainide acetate	1		mexiletine hcl oral	1	
fluvastatin sodium	1		midodrine hcl	1	
fosinopril sodium	1		minoxidil oral	1	
furosemide oral	1		MULTAQ	3	PA
gemfibrozil oral	1		nadolol oral	1	
guanfacine hcl	1		nebivolol hcl	3	
HEMANGEOL	3		NEXLETOL	2	PA, ST, QL
hydralazine hcl oral	1		NEXLIZET	2	PA, ST, QL
hydrochlorothiazide oral	1		niacin er (antihyperlipidemic)	2	
indapamide	1		nifedipine er	1	
INZIRQO	3	PA	nifedipine er osmotic release	1	
irbesartan	1		nifedipine oral	1	
irbesartan-hydrochlorothiazide	1		NITRO-BID	2	
isosorb dinitrate-hydralazine	2		nitroglycerin rectal	3	QL
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		nitroglycerin sublingual	1	
isosorbide mononitrate er	1		nitroglycerin transdermal	1	
ivabradine hcl	3	PA, QL	NORLIQVA	3	PA
KAPSPARGO SPRINKLE	3		olmesartan medoxomil oral	2	
KERENDIA	3	PA, QL	olmesartan medoxomil-hctz	2	
labetalol hcl oral	1		omega-3-acid ethyl esters	2	
lisinopril oral	1		pentoxifylline er	1	
lisinopril-hydrochlorothiazide	1		perindopril erbumine	2	
LODOCO	3	QL	pindolol	1	

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Drug name	Drug tier	Requirements & limits
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	2	
propranolol hcl oral	1	
ramipril	1	
ranolazine er	2	
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	QL
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	2	
sacubitril-valsartan	2	PA, QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral suspension	3	PA
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
TEKTURNA	3	
telmisartan	2	
telmisartan-hctz	2	
tiadylt er	2	
torseamide	1	
trandolapril	1	
triamterene oral	3	
triamterene-hctz	1	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	

Drug name	Drug tier	Requirements & limits
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERQUVO	3	PA, QL
VYNDAQEL	2	PA, QL, SP
Central nervous system agents - Drugs for attention deficit disorder		
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	3	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
clonidine hcl er	2	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
dextroamphetamine sulfate oral solution	1	
FOCALIN	3	
guanfacine hcl er	2	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	QL
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la)	2	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
ONYDA XR	3	QL
XELSTRYM	3	PA, QL

Central nervous system agents - Drugs for multiple sclerosis

AVONEX	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL, SP

Central nervous system agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	PA
NUEDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	3	QL
TEGLUTIK	3	PA, SP
TIGLUTIK	3	PA, SP
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP

Drug name	Drug tier	Requirements & limits
Dental and oral agents - Drugs for mouth and throat conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	3	
JUST RIGHT 5000	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
PREVIDENT MOUTH/THROAT	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	
triamcinolone acetonide mouth/throat	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
Dermatological agents - Drugs for skin conditions		
acutane	2	
acitretin	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL
ADBRY	2	PA, QL, SP
AKLIEF	3	PA, QL
alclometasone dipropionate external cream	1	
amnestem	2	
AMZEEQ	3	QL
ANZUPGO	3	PA, QL, SP
AVAR CLEANSER	3	
azelaic acid external	3	
AZELEX	3	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
brimonidine tartrate external	3	PA, QL
calcipotriene external cream	2	QL
calcipotriene external ointment	2	
calcipotriene external solution	1	QL
CIBINQO	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
ciclopirox olamine external suspension	1	
claravis	2	
clindacin	3	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T), QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phos-benzoyl perox gel 1-5 % external	3	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base	2	QL
clobetasol propionate e	2	QL
clobetasol propionate external cream 0.05 %	2	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone	1	
dapsone external	3	QL
DERMA-SMOOTH/FS BODY	3	QL
DERMA-SMOOTH/FS SCALP	3	
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
desoximetasone external cream	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
desoximetasone external ointment	3	QL	imiquimod external cream 5 %	1	
diclofenac sodium external gel 3 %	2	PA, QL	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
DRYSOL	3		KLISYRI	3	ST, QL
DUPIXENT	2	PA, QL, SP	metronidazole external cream	1	
EBGLYSS	2	PA, QL, SP	metronidazole external gel 0.75 %	1	
ENSTILAR	3	QL	metronidazole external lotion	1	
erythromycin external	1		MIRVASO	2	PA, QL
EUCRISA	3	ST, QL	mometasone furoate external	1	
FINACEA EXTERNAL FOAM	3		NEMLUVIO	2	PA, QL, SP
fluocinolone acetonide body	3	QL	neuac	3	QL
fluocinolone acetonide external cream	3	QL	OPZELURA	3	PA, QL, SP
fluocinolone acetonide external ointment	2	QL	PANRETIN	3	
fluocinolone acetonide external solution	1	QL	pimecrolimus	3	QL
fluocinolone acetonide scalp	3		podofilox external solution	1	
fluocinonide external cream 0.05 %	1		RHOFADE	3	PA, QL
fluocinonide external gel	1		SANTYL	3	QL
fluocinonide external ointment	1		selenium sulfide external lotion	1	
fluocinonide external solution	1		sodium sulfacetamide wash	1	
fluorouracil external cream 5 %	1		SOOLANTRA	3	QL
fluticasone propionate external cream	1		STARJEMZA SUBCUTANEOUS	2	PA, QL, SP
fluticasone propionate external ointment	1		STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
halobetasol propionate external cream	2	QL	sulfacetamide sodium (acne)	1	
halobetasol propionate external ointment	2	QL	sulfacetamide sodium external	1	
hydrocortisone external cream 2.5 %	1		sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
hydrocortisone external lotion 2.5 %	1		sulfacetamide sodium-sulfur external suspension 10-5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1		sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
hydrocortisone valerate external cream	2	QL	TACLONEX	3	QL
			tacrolimus external	2	QL
			TREMFYA	2	PA, QL, SP
			tretinoin external cream	3	QL
			triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
			triamcinolone acetonide external cream 0.5 %	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
triamcinolone acetonide external lotion	1		BD PEN NEEDLE ULTRAFINE	2	QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
triderm	1	QL	BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
urea external cream 20 %, 40 %, 45 %	1		BD ULTRA-FINE INSULIN SYRINGES	2	QL
VTAMA	3	PA, QL	BD ULTRA-FINE PEN NEEDLES	2	QL
WEZLANA SUBCUTANEOUS	2	PA, QL, SP	CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
ZELSUVMI	3	QL	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
zenatane	2		CAREPOINT PRECISION POLY HUB	2	
ZILXI	3	PA, ST, QL	CAREPOINT SAFETY 1ST NEEDLE	2	
ZORYVE	3	PA, QL	CEQUR SIMPLICITY 2U 8PK	3	ST
Diabetes - Glucose monitoring and supplies			CONTOUR NEXT EZ KIT W/ DEVICE	1	
ACCU-CHEK FASTCLIX LANCET	1		CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1		CONTOUR NEXT GEN TEST STRIPS	1	QL
ACCU-CHEK GUIDE	2		CONTOUR NEXT MONITOR KIT W/DEVICE	1	
ACCU-CHEK GUIDE KIT W/ DEVICE	2		CONTOUR NEXT ONE KIT	1	
ACCU-CHEK GUIDE TEST STRIPS	2	QL	CONTOUR PLUS BLUE KIT W/ DEVICE	1	
ACCU-CHEK SOFTCLIX LANCET	1		CONTOUR PLUS TEST STRIP	1	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		DEXCOM G6 RECEIVER	3	PA, QL
AQ INSULIN SYRINGE	2	QL	DEXCOM G6 SENSOR	3	PA, QL
AQINJECT PEN NEEDLE	2	QL	DEXCOM G6 TRANSMITTER	3	PA, QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL	DEXCOM G7 RECEIVER	3	PA, QL
BD BLUNT FILL NEEDLE	2		DEXCOM G7 SENSOR	3	PA, QL
BD BLUNT FILL NEEDLE W/ FILTER	2		DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2		DROPSAFE SICURA	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2		EMBECTA INSULIN SYRINGE	2	QL
BD ECLIPSE NEEDLE 23G X 1" (RX)	2		FREESTYLE LIBRE 14 DAY READER	3	PA, QL
BD ECLIPSE SHIELDED NEEDLE	2				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA, QL
FREESTYLE LIBRE 3 READER	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
GVOKE HYOPEN	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
INPEN	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM, 32G X 4 MM	2	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
OMNIPOD 5 DEXCOM PODS	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 LIBRE PODS	2	PA
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	2	PA, QL

Drug name	Drug tier	Requirements & limits
RELION GLUCOSE TEST STRIPS	3	QL
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES	2	QL
TECHLITE PLUS PEN NEEDLES	2	QL
TWIST REFILL KIT/INFUSION SET	2	PA, QL
TWIST STARTER KIT	2	PA, QL
VERISAFE SAFETY STERILE NEEDLE	2	
Diabetes - Insulin		
HUMALOG CARTRIDGE	2	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL
HUMULIN R VIAL	1	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
LYUMJEV VIAL	1	QL
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	ST, QL
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-insulin agents		
acarbose oral	1	
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	PA, QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	PA, QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	2	
GLUCAGON EMERGENCY KIT	2	
glucagon emergency kit injection solution reconstituted 1 mg	2	
glyburide	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL

Drug name	Drug tier	Requirements & limits
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL (2-pack)
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL (3-pack)
metformin hcl er	1	
metformin hcl oral solution	3	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA, QL
nateglinide	2	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
repaglinide	2	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	3	QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
ZEGALOGUE	2	QL
Drugs for blood disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP
ALPROLIX	3	SP
ALTUVIIIO	3	SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML	2	QL, SP	Electrolytes / Vitamins		
BENEFIX	2	SP	CO-NATAL FA	2	
DOPTELET	3	PA, QL, SP	cyanocobalamin injection solution 1000 mcg/ml	1	
ELOCTATE	3	SP	cyanocobalamin nasal	3	
FABHALTA	2	PA, QL, SP	DENTA 5000 PLUS SENSITIVE	3	
heparin sodium (porcine) +rfid	1		EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
heparin sodium (porcine) injection solution	1		ergocalciferol oral capsule	1	
heparin sodium (porcine) pf	1		FLUORIMAX 5000 SENSITIVE	3	
HYMPAVZI	2	PA, QL, SP	folic acid oral tablet 1 mg	1	
IDELVION	3	SP	folic acid oral tablet 400 mcg, 800 mcg	E	H
KOGENATE FS	2	SP	klor-con	1	
KOVALTRY	2	SP	klor-con 10	1	
NEULASTA	2	SP	klor-con m10	1	
NIVESTYM	2	SP	klor-con m15	1	
NOVOEIGHT	2	SP	klor-con m20	1	
NUWIQ INTRAVENOUS KIT	2	SP	K-PHOS-NEUTRAL	2	
RECOMBINATE	2	SP	levocarnitine oral solution	1	
RETACRIT	2	QL, SP	levocarnitine sf	1	
TAVALISSE	3	PA, QL, SP	LOKELMA	3	PA, QL
tranexamic acid oral	2	QL	MATRONEX	3	
UDENYCA	2	SP	M-NATAL PLUS	3	
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, QL, SP	multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
WILATE	2	SP	multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
ZARXIO	2	SP	multivitamin w/fluoride tablet chewable 1 mg oral	1	
Drugs for sexual dysfunction			multi-vitamin/fluoride	1	
ADDYI	3	PA, QL	multivitamin/fluoride oral tablet chewable	1	
IMVEXXY	2	QL	NASCOBAL	3	
INTRAROSA	3	PA, QL	NEONATAL COMPLETE	3	
OSPHENA	3	PA, QL	NEONATAL PLUS	3	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL	NIVA-PLUS	3	
tadalafil oral	2	QL	ONE VITE WOMENS PLUS	3	
varafenafil hcl oral tablet	3	QL	PHOSPHA 250 NEUTRAL	2	
VYLEESI	3	PA, QL			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
pnv-dha	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PRENATE ENHANCE	3	
PRENATE MINI	3	
PRENATE RESTORE	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
RELEVIA	3	
SE-NATAL 19 ORAL TABLET	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	H
sodium fluoride oral tablet chewable	1	H
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
VELTASSA	3	PA, QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	

Drug name	Drug tier	Requirements & limits
VITAFOL-OB	3	
VITAMEDMD ONE RX/ QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
WESCAP-PN DHA	3	
Gastrointestinal agents - Drugs for acid reflux and ulcer		
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
cimetidine oral	1	
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL
Gastrointestinal agents - Drugs for bowel, intestine and stomach conditions		
bisacodyl oral tablet delayed release 5 mg	E	H
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
clearlax	E	H
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilax oral powder	E	H
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
gentlelax oral powder 17 gm/ scoop	E	H
glycolax	E	H
glycopyrrolate oral solution	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
IQIRVO	3	PA, ST, QL, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral packet 20 gm	3	
lactulose oral solution	1	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
lubiprostone	2	PA, QL

Drug name	Drug tier	Requirements & limits
magnesium citrate oral solution	E	H
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
OSCIMIN SUBLINGUAL	3	
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
polyethylene glycol 3350 oral powder	E	H
prucalopride succinate	3	PA, QL
REZDIFFRA	3	PA, QL
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL

Genetic or enzyme disorder - Drugs for replacement, modification, treatment

ATTRUBY	2	PA, QL, SP
CREON	2	
EVRYSDI	2	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
XPHOZAH	3	PA, QL
ZENPEP	2	

Genitourinary agents - Drugs for bladder, genital and kidney conditions

bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
CAVERJECT IMPULSE	3	QL
EDEX (2 CARTRIDGE)	3	QL
EDEX (6 CARTRIDGE)	3	QL
ELMIRON	3	ST
me/naphos/mb/hyo1	1	
mirabegron er	3	ST
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIDIUM	3	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	
trospium chloride	3	
UROGESIC-BLUE	2	
VANRAFIA	3	PA, QL, SP
VELPHORO	3	ST

Genitourinary agents - Drugs for prostate conditions

alfuzosin hcl er	1	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
TEZRULY	3	PA

Hormonal agents - Hormone replacement and birth control

abigale	1	
abigale lo	2	
afirmelle	1	H
aftera	1	H
altavera	1	H

Drug name	Drug tier	Requirements & limits
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg	2	
amethyst	1	H
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
ayuna	1	H
azurette	1	H
balziva	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	1	H
camrese lo	1	H
charlotte 24 fe	1	H
chateal eq	1	H
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
cryselle	1	H
cryselle-28	1	H
curae oral tablet 1.5 mg	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
deblitane	1	H	estradiol transdermal patch weekly	1	(generic for Climara), QL
delyla	1	H	estradiol vaginal cream	3	
DEPO-ESTRADIOL	3		estradiol vaginal tablet	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL	estradiol valerate intramuscular	1	
DEPO-SUBQ PROVERA 104	1	QL, H	estradiol-norethindrone acet oral tablet 0.5-0.1 mg	2	
desogestrel-ethinyl estradiol	1	H	estradiol-norethindrone acet oral tablet 1-0.5 mg	1	
DIVIGEL	3		estratest f.s. oral tablet 1.25-2.5 mg	1	
dolishale	1	H	ESTRING	2	QL
dotti	2	QL	estrogens conjugated	3	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H	ethynodiol diac-eth estradiol	1	H
drospirenone-ethinyl estradiol	3		etonogestrel-ethinyl estradiol	1	H
DUAVEE	3	QL	EVAMIST	2	
econtra one-step	1	H	falmina	1	H
ELESTRIN	3		feirza 1.5/30	1	H
elinest	1	H	feirza 1/20	1	H
ELLA	1	QL, H	FEMRING	3	QL
eluryng	1	H	finzala	1	H
emzahh	1	H	fyavolv	1	
enilloring	1	H	galbriela	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H	gallifrey	1	
enskyce	1	H	hailey 1.5/30	1	H
errin	1	H	hailey 24 fe	1	H
est estrogens-methyltest	1		hailey fe 1.5/30	1	H
est estrogens-methyltest ds	1		hailey fe 1/20	1	H
est estrogens-methyltest hs	1		haloette vaginal ring 0.12-0.015 mg/24hr	1	H
estarylla	1	H	heather	1	H
estradiol oral	1		her style	1	H
estradiol patch twice weekly	2	QL	iclevia	2	H
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3		incassia	1	H
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL	introvale	2	H
			isibloom	1	H
			jaimiess	1	H
			jasmiel	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
jencycla	1	H	levora 0.15/30 (28)	1	H
jinteli	1		LO LOESTRIN FE	1	H
jolessa	2	H	lojaimiess	1	H
joyeaux	1	H	loryna	3	
juleber	1	H	low-ogestrel	1	H
junel 1.5/30	1	H	lo-zumandimine	3	
junel 1/20	1	H	luizza 1.5/30	1	H
junel fe 1.5/30	1	H	luizza 1/20	1	H
junel fe 1/20	1	H	luteria	1	H
junel fe 24	1	H	lyleq	1	H
kaitlib fe	1	H	lyllana	2	QL
kalliga	1	H	lyza	1	H
kariva	1	H	marlissa	1	H
kelnor 1/35	1	H	medroxyprogesterone acetate intramuscular	1	QL, H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H	medroxyprogesterone acetate oral	1	
kurvelo	1	H	megestrol acetate oral tablet	1	
larin 1.5/30	1	H	meleya	1	H
larin 1/20	1	H	MENOSTAR	3	QL
larin 24 fe	1	H	mibelas 24 fe	1	H
larin fe 1.5/30	1	H	microgestin 1.5/30	1	H
larin fe 1/20	1	H	microgestin 1/20	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	1	H	microgestin fe 1.5/30	1	H
leena oral tablet 0.5/1/ 0.5-35 mg-mcg	1	H	microgestin fe 1/20	1	H
lessina	1	H	mili	1	H
levonest	1	H	mimvey	1	
levonorgest-eth est & eth est	1	H	minzoya	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	1	H	mono-lynyah	1	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H	my choice	1	H
levonorgest-eth estradiol-iron	1	H	my way	1	H
levonorgestrel	1	H	MYFEMBREE	2	PA, QL
levonorgestrel-ethinyl estrad	1	H	NATAZIA	1	
levonorg-eth estrad triphasic	1	H	necon 0.5/35 (28)	1	H
			new day	1	H
			nikki	3	
			nora-be	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
norelgestromin-eth estradiol	3	H	PREMPHASE	3	
norethin ace-eth estrad-fe oral tablet	1	H	PREMPRO	3	
norethin ace-eth estrad-fe oral tablet chewable	1	H	progesterone intramuscular	1	
norethindrone acetate oral	1		progesterone oral	2	
norethindrone acet-ethinyl est	1	H	react oral tablet 1.5 mg	1	H
norethindrone oral	1	H	reclipsen	1	H
norethindrone-eth estradiol	1		rivelsa	1	H
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H	rosyrah	1	H
norethin-eth estradiol-fe	1	H	setlakin	2	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H	sharobel	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2		shewise	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	simliya	1	H
norlyroc	1	H	simpesse	1	H
nortrel 0.5/35 (28)	1	H	SLYND	3	PA, ST
nortrel 1/35 (21)	1	H	sprintec 28	1	H
nortrel 1/35 (28)	1	H	sronyx	1	H
nortrel 7/7/7	1	H	syeda	3	
nylia 1/35	1	H	take action	1	H
nylia 7/7/7	1	H	tarina 24 fe	1	H
ocella oral tablet 3-0.03 mg	3		tarina fe 1/20 eq	1	H
opcicon one-step	1	H	tilia fe	1	H
OPILL	1	H	tri-estarylla	1	H
option 2	1	H	tri-legest fe	1	H
orquidea	1	H	tri-linyah	1	H
philith	1	H	tri-lo-estarylla	2	
pimtrea	1	H	tri-lo-marzia	2	
PLAN B ONE-STEP	1	H	tri-lo-mili	2	
portia-28	1	H	tri-lo-sprintec	2	
PREMARIN ORAL	3		tri-mili	1	H
PREMARIN VAGINAL	3		tri-sprintec	1	H
			trivora (28)	1	H
			tri-vylibra	1	H
			tri-vylibra lo	2	
			turqoz	1	H
			TYBLUME	1	H
			tydemy	1	H
			valtya 1/35	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
valtya 1/50	1	H
velivet	1	H
vestura	3	
vienva	1	H
viorele	1	H
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	1	H
xarah fe	1	H
xelria fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal agents - Oral steroids		
CORTEF	3	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	

Drug name	Drug tier	Requirements & limits
Hormonal agents - Other		
cabergoline	2	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP
NORDITROPIN FLEXPPO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP
Hormonal agents - Testosterone replacement		
KYZATREX	3	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	3	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL
Hormonal agents - Thyroid		
ARMOUR THYROID	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML	2	PA
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG	3	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liomny	2	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
liothyronine sodium oral	2		HAEGARDA	2	PA, QL, SP
methimazole oral	1		HUMIRA*	E	PA, QL, SP
NIVA THYROID	3		HYFTOR	3	PA, QL
np thyroid	1		JYLAMVO	3	PA
propylthiouracil oral	1		leflunomide oral	1	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3		LITFULO	3	PA, QL, SP
thyroid oral	1		LUPKYNIS	3	PA, QL, SP
TIROSINT	E		methotrexate sodium (pf)	1	
TIROSINT-SOL	2	PA	methotrexate sodium injection solution	1	
unithroid	1		methotrexate sodium oral	1	
Immunological agents - Drugs for immune system stimulation or suppression			mycophenolate mofetil oral	1	
ACTEMRA ACTPEN	3	PA, ST, QL, SP	mycophenolate sodium	2	
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP	mycophenolic acid	2	
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP	MYHIBBIN	1	
AMJEVITA	2	PA, QL, SP	OLUMIANT	3	PA, ST, QL, SP
AMJEVITA-PED 15KG TO <30KG	2	PA, SP	OMVOH SUBCUTANEOUS	2	PA, QL, SP
ANDEMBRY	2	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
azathioprine oral tablet 100 mg, 75 mg	3		OTEZLA	2	PA, QL, SP
azathioprine oral tablet 50 mg	1		PROGRAF ORAL CAPSULE	3	
BIMZELX	3	PA, ST, QL, SP	RASUVO	2	QL
CIMZIA	2	PA, QL, SP	RINVOQ	2	PA, QL, SP
COSENTYX	2	PA, QL, SP	RUCONEST	3	PA, QL, SP
cyclosporine modified oral capsule	1		SIMPONI	2	PA, QL, SP
cyclosporine oral	1		sirolimus oral tablet	1	
EMPAVELI	2	PA, QL, SP	SKYRIZI	2	PA, QL, SP
ENBREL	2	PA, QL, SP	SOTYKTU	2	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP	tacrolimus oral	1	
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3		TAKHZYRO	2	PA, QL, SP
gengraf	1		TREXALL	2	
			VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
			XELJANZ	2	PA, QL, SP
			XELJANZ XR	2	PA, QL, SP
			XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
			YESINTEK SUBCUTANEOUS	2	PA, QL, SP

See page 5-7 for coverage details.

* Members currently on therapy may be allowed to continue.



Drug name	Drug tier	Requirements & limits
Immunological agents - Drugs for vaccination		
ABRYSO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BEXSERO	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
COMIRNATY 5-11 YEARS	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUMIST	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MNEXSPIKE	3	H
PNEUMOVAX 23	2	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H

Drug name	Drug tier	Requirements & limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	H
SPIKEVAX	3	H
SPIKEVAX 6M-11Y	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
VARIVAX	3	H
Infertility agents		
CETROTIDE	3	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
GONAL-F	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
progesterone vaginal	2	
Inflammatory bowel disease agents		
ANUCORT-HC	2	
APRISO	1	
balsalazide disodium	1	
budesonide oral	2	
budesonide rectal	2	
CORTIFOAM	2	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
DIPENTUM	3		bacitracin-polymyxin b	1	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3		BESIVANCE	3	
hydrocortisone (perianal) external cream 2.5 %	1		bromfenac sodium (once-daily)	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1		ciprofloxacin hcl ophthalmic	1	
hydrocortisone acetate rectal	2		dexamethasone sodium phosphate ophthalmic	1	
hydrocort-pramoxine (perianal)	1		diclofenac sodium ophthalmic	1	
mesalamine oral capsule delayed release 400 mg	2		epinastine hcl	3	QL
mesalamine oral tablet delayed release 1.2 gm	2		erythromycin ophthalmic	1	H-PA
mesalamine rectal enema	1	QL	EYSUVIS	3	QL
mesalamine rectal suppository	2	QL	FLAREX	2	
PROCTOFOAM HC	2		FML FORTE	3	
procto-med hc	1		FML LIQUIFILM	3	
sulfasalazine oral	1		gatifloxacin ophthalmic	3	
UCERIS ORAL	3		gentamicin sulfate ophthalmic	1	QL
Metabolic bone disease agents - Drugs for osteoporosis			INVELTYS	3	
alendronate sodium oral tablet	1		ketorolac tromethamine ophthalmic	1	
BONSITY	3	PA, SP	LOTEMAX OPHTHALMIC OINTMENT	3	
calcitonin (salmon) injection	3		LOTEMAX SM	3	QL
calcitonin (salmon) nasal	2		loteprednol etabonate ophthalmic suspension	3	QL
ibandronate sodium oral	2		moxifloxacin hcl (2x day)	3	
raloxifene hcl	2	H-PA	moxifloxacin hcl ophthalmic	3	
risedronate sodium oral tablet	3		neomycin-polymyxin-dexameth	1	
TERIPARATIDE	3	PA, SP	NEVANAC	3	
TYMLOS	3	PA, SP	ofloxacin ophthalmic	1	
Metabolic bone disease agents - Other			polymyxin b-trimethoprim	1	
calcitriol oral capsule	1		PRED MILD	3	
cinacalcet hcl	1		prednisolone acetate ophthalmic	1	
YORVIPATH	3	PA, QL, SP	sulfacetamide sodium ophthalmic	1	
Ophthalmic agents - Drugs for eye allergy, infection and inflammation			TOBRADEX	3	
ALREX	3	QL	tobramycin ophthalmic	1	QL
AZASITE	3		tobramycin-dexamethasone	2	
azelastine hcl ophthalmic	1		XDEMVEY	3	PA, QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
ZIRGAN	3	
ZYLET	3	
Ophthalmic agents - Drugs for glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	QL
bimatoprost ophthalmic solution 0.03 %	2	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	2	QL
COMBIGAN	2	QL
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	2	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
methazolamide oral	1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol hemihydrate	2	QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	3	
travoprost (bak free)	3	QL
ZIOPTAN	3	ST, QL

Drug name	Drug tier	Requirements & limits
Ophthalmic agents - Drugs for miscellaneous eye conditions		
atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
cyclopentolate hcl ophthalmic	1	
difluprednate	3	
MIEBO	3	PA, QL
RESTASIS	3	PA, QL
TRYPTYR	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	3	PA, QL
Otic agents - Drugs for ear conditions		
acetic acid otic	1	
CIPRO HC	3	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	3	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for anaphylaxis		
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-JR), 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), QL
NEFFY	3	QL
Respiratory tract / Pulmonary agents - Drugs for allergies, cough, cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
benzonatate oral capsule 100 mg, 200 mg	1	
carbinoxamine maleate oral tablet 4 mg	1	
cypheptadine hcl oral	1	
flunisolide nasal	3	
fluticasone propionate nasal	2	
hydrocod polio-chlorphe polio er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	3	PA, QL
olopatadine hcl nasal	3	
PALFORZIA (1 MG DAILY DOSE)	3	PA
PALFORZIA INITIAL DOSE 1-3YRS	3	PA, QL
PALFORZIA INITIAL DOSE 4-17YRS	3	PA, QL
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RHAPSIDO	2	PA, QL, SP
sodium chloride inhalation	1	

Drug name	Drug tier	Requirements & limits
Respiratory tract / Pulmonary agents - Drugs for asthma and COPD		
acetylcysteine inhalation	1	
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU DEVICE	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER2GO ANTI-STATIC	3	
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for Ventolin HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
COMBIVENT RESPIMAT	3	QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	3	PA, QL, SP
FLEXICHAMBER	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
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
GRASTEK	3	PA, QL
INSPIREASE	3	
ipratropium bromide inhalation	1	
ipratropium-albuterol	2	
levalbuterol hcl inhalation	3	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	3	
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA	3	PA, QL, SP
PERFOROMIST	3	QL
PROCHAMBER VHC	3	
QVAR REDIHALER	1	QL
roflumilast	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
theophylline er oral tablet extended release 12 hour	1	
TRELEGY ELLIPTA	3	QL, RS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	

Drug name	Drug tier	Requirements & limits
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
wixela inhub	3	QL, RS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	3	PA, QL
zafirlukast	1	
Respiratory tract / Pulmonary agents - Drugs for cystic fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary fibrosis		
JASCAYD	3	PA, SP
OFEV	3	PA, QL, SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary hypertension		
ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
TADLIQ	3	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI	2	PA, QL, SP
Skeletal muscle relaxants - Drugs for muscle pain and spasm		
baclofen oral suspension	3	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	3	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
dantrolene sodium oral	1	
metaxalone oral tablet 400 mg, 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	3	
tizanidine hcl oral tablet	1	
Sleep disorder agents		
armodafinil	2	QL
BELSOMRA	3	QL
eszopiclone	2	
LUMRYZ	3	PA, QL, SP
modafinil oral	2	QL
ramelteon	3	QL
sodium oxybate	3	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

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ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

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

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

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

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer) សេវាជំនួយភាសាគតិកថ្លែ និងការទំនាក់ទំនងគតិកថ្លែក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។ ចូរសព្វធុមកលេខគតិកថ្លែនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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

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

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

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

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

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

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

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

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

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

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

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

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສາລາວ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສາລາວ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສາລາວທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

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

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

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

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

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

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

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้

คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น

การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

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