



Your 2024 Prescription Drug List

Louisiana Essential 4-Tier

Effective September 1, 2024



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2024 and is subject to change after this date. This PDL applies to members of fully insured groups with corporate offices located in Louisiana. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

You and your doctor can consult the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or 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?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier or be excluded from coverage most often upon your group's renewal.

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 2 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.



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tiers 2 and 3	\$\$ Mid-range cost Medications that provide good overall value. 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.
Tier 4	\$\$\$ Highest-cost 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.

H	Health Care Reform Preventive —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
NF	Non-Formulary Non-formulary drugs are not covered by your insurance provider, however may be filled at a Tier 4 cost share if certain criteria is met.
PA	Prior Authorization —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
QL	Quantity Limits —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
SP	Specialty Medication —Specialty medications treat complex or rare conditions and may require special storage and handling. You may be required to obtain these medications from a specialty pharmacy.
ST	Step Therapy —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.

- **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
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine oral capsule	E	QL
apap-caff-dihydrocodeine oral tablet 325-30-16 mg	1	QL
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC ORAL TABLET	4	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	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 ORAL TABLET 5 MG, 7.5 MG	E	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	QL
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
PERCOCET	E	QL
PROLATE ORAL TABLET	E	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	E	QL
ROXICODONE ORAL TABLET 5 MG	E	QL

Drug Name	Drug Tier	Requirements & Limits
tramadol hcl oral tablet 100 mg, 25 mg	E	QL
tramadol hcl oral tablet 50 mg	1	QL
TREZIX	E	QL
ULTRAM ORAL TABLET 50 MG	E	QL
XTAMPZA ER	4	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	QL
celecoxib oral	2	QL
diclofenac sodium oral	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOMETHACIN ORAL CAPSULE 20 MG	E	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
MOBIC ORAL TABLET 15 MG, 7.5 MG	E	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN DS	E	
RELAFEN ORAL TABLET 500 MG, 750 MG	E	
TIVORBEX ORAL CAPSULE 20 MG	E	
Anti-Addiction / Substance Abuse Treatment Agents		
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	QL (includes Narcan OTC)
SUBOXONE	E	PA, QL
ZIMHI	2	QL
ZUBSOLV	2	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
Antibacterials - Drugs for Infections		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	4	
BACTRIM DS	4	
cefdinir	1	
cefuroxime axetil	1	
CENTANY EXTERNAL OINTMENT 2 %	4	QL
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	4	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	

Drug Name	Drug Tier	Requirements & Limits
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	
LIKMEZ	4	
LYMEPAK ORAL TABLET 100 MG	E	
MACROBID	4	
MACRODANTIN	4	
metronidazole oral tablet	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
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	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	4	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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
Anticonvulsants - Drugs for Seizures		
APTIOM	E	PA
BRIVIACT ORAL TABLET	E	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
divalproex sodium er	2	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	4	PA, SP
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	E	PA
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	E	PA
LAMICTAL ORAL TABLET	E	PA
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
MOTPOLY XR	4	
NAYZILAM	3	PA, QL
NEURONTIN ORAL CAPSULE	E	PA
NEURONTIN ORAL TABLET	E	PA
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
SYMPAZAN	4	PA
TOPAMAX	E	PA
TOPAMAX SPRINKLE	E	PA
topiramate oral	1	
TRILEPTAL ORAL TABLET	E	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	E	PA

Drug Name	Drug Tier	Requirements & Limits
ZONEGRAN	E	PA
zonisamide oral	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
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, 60 mg	3	
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	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TRINTELLIX	E	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	QL
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4	
vilazodone hcl	3	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	

Antiemetics - Drugs for Nausea and Vomiting

metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP	E	

Antifungals - Drugs for Fungal Infections

ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL CAPSULE 186 MG	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	
VIVJOA	3	PA, QL

Antigout Agents - Drugs for Gout

allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
colchicine oral	2	

Drug Name	Drug Tier	Requirements & Limits
COLCRYS ORAL TABLET 0.6 MG	E	
MITIGARE	2	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	

Antimigraine Agents - Drugs for Migraines

AIMOVIQ	3	PA, ST
AIMOVIQ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	PA, ST, QL
eletriptan hydrobromide	3	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA, ST, QL
IMITREX	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
NURTEC	3	PA, ST, QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
UBRELVY	3	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL

Antineoplastics - Drugs for Cancer

ALECENSA	3	PA, QL
ALUNBRIG	3	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
CALQUENCE ORAL CAPSULE 100 MG	3	PA, QL, SP
COTELLIC	4	PA, QL, SP
ERIVEDGE	3	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	3	PA, QL
ERLEADA ORAL TABLET 60 MG	3	PA, QL, SP
EXKIVITY	4	PA, QL, SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
IBRANCE ORAL CAPSULE	3	PA, QL, SP

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
ICLUSIG ORAL TABLET 10 MG, 30 MG	4	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	4	PA, QL, SP
IDHIFA	3	PA, QL, SP
IMBRUVICA ORAL CAPSULE	3	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	3	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	3	PA, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	3	PA, QL, SP
letrozole oral	1	H-PA
LUMAKRAS	4	PA, QL, SP
LYNPARZA	3	PA, QL, SP
NUBEQA	3	PA, QL, SP
ODOMZO	3	PA, QL, SP
ORGOVYX	4	PA, QL, SP
POMALYST	4	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	3	PA, QL, SP
STIVARGA	3	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISO	4	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	3	PA, ST, QL, SP
VERZENIO	3	PA, QL, SP
VITRAKVI	3	PA, QL, SP
XTANDI	3	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	3	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
ZELBORAF	3	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	4	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
PLAQUENIL	E	

Drug Name	Drug Tier	Requirements & Limits
Antiparkinson Agents - Drugs for Parkinson's Disease		
INBRIJA	3	PA, QL, SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	SP
NEUPRO	E	
NOURIANZ	E	PA, QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral tablet	2	
LATUDA	E	QL
lurasidone hcl	3	QL
olanzapine oral tablet	1	
quetiapine fumarate	1	
REXULTI	E	PA, ST, QL
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	
SEROQUEL	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR ORAL CAPSULE	4	QL
ZYPREXA ORAL	E	
Antivirals - Drugs for Viral Infections		
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
DESCOVY	E	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

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
EPCLUSA ORAL TABLET	3	PA, QL, SP
HARVONI ORAL TABLET	3	PA, ST, QL, SP
JULUCA	2	QL
LAGEVRIO	3	QL
LEDIPASVIR-SOFOSBUVIR	3	PA, ST, QL, SP
MAVYRET ORAL PACKET	3	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	3	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VOSEVI	3	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
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	

Drug Name	Drug Tier	Requirements & Limits
VALIUM	E	
VISTARIL	4	
XANAX	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALDACTONE	E	
aliskiren fumarate	E	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
atenolol oral	1	
ATORVALIQ	4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
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	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	4	
CARDIZEM CD	E	
CARDURA	4	
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORLANOR	3	PA, QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	E	PA, QL
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	E	
hydralazine hcl oral	1	
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

Drug Name	Drug Tier	Requirements & Limits
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	E	PA
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
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	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	E	QL
spironolactone oral tablet	1	
TEKURNA	E	
TEKURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	E	
telmisartan	2	
TENORMIN	E	
THALITONE	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	E	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
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	E	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	E	QL
APTENSIO XR	E	QL

Drug Name	Drug Tier	Requirements & Limits
atomoxetine hcl	4	QL
AZSTARYS	3	ST, QL
CONCERTA	E	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
FOCALIN	E	
FOCALIN XR	E	QL
guanfacine hcl er	2	
INTUNIV	E	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	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	2	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
methylphenidate hcl er (xr)	E	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	3	PA, QL, SP
AVONEX PREFILLED	3	PA, QL, SP
BAFIERTAM	3	PA, QL, SP
BETASERON	3	PA, QL, SP

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
COPAXONE	E	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA	E	PA, QL, SP
glatiramer acetate	3	PA, QL, SP
glatopa	3	PA, QL, SP
KESIMPTA	3	PA, QL, SP
MAVENCLAD	4	PA, ST, QL, SP
MAYZENT STARTER PACK	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	4	PA, QL
PLEGRIDY STARTER PACK	4	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	4	PA, QL, SP
REBIF	E	PA, QL, SP
REBIF TITRATION PACK	E	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	3	PA, QL, SP
AUSTEDO XR	3	QL, SP
AUSTEDO XR PATIENT TITRATION	3	QL, SP
LYRICA ORAL CAPSULE	E	PA
pregabalin oral capsule	2	
RADICAVA ORS	4	PA, QL, SP
RADICAVA ORS STARTER KIT	4	PA, QL, SP
TEGLUTIK	4	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	4	PA
ZEPOSIA	4	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	4	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	4	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	4	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	
perigard	1	

Drug Name	Drug Tier	Requirements & Limits
Dermatological Agents - Drugs for Skin Conditions		
AKLIEF	4	PA, QL
ala-cort	E	
AMZEEQ	E	QL
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
CARAC	E	
CIBINQO	3	PA, QL, SP
CLEOCIN-T	E	
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), QL
clobetasol propionate external cream	2	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone external cream	1	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	3	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	3	PA, QL, SP
EFUDEX	4	
ENSTILAR	4	QL
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	E	PA, QL, SP
PANRETIN	3	
PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	E	QL
RETIN-A EXTERNAL CREAM	E	PA, QL
RHOFADE	4	PA, QL
rosadan external cream 0.75 %	1	
SANTYL	4	QL
SOOLANTRA	4	QL
TACLONEX SUSPENSION	E	QL
tacrolimus external	2	QL
TEMOVATE EXTERNAL CREAM 0.05 %	4	QL
TEMOVATE EXTERNAL OINTMENT 0.05 %	4	QL
TOLAK	E	
tretinoin external cream	3	QL
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 EXTERNAL OINTMENT 0.05 %	E	
triderm	1	QL
tritocin external ointment 0.05 %	E	

Drug Name	Drug Tier	Requirements & Limits
VTAMA	4	PA, QL
XEPI	3	QL
ZILXI	E	PA, ST, QL
ZORYVE EXTERNAL CREAM	4	PA, QL
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE ME METER	3	
ACCU-CHEK GUIDE TEST STRIPS	3	
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCUTREND GLUCOSE	E	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD ULTRA-FINE insulin syringes	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
BD ULTRA-FINE U-500 insulin syringes	2	QL
BD ULTRA-FINE VEO insulin syringes	2	QL
BIOTEL CARE TEST STRIPS	E	QL
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	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP	2	QL
CONTOUR NEXT EZ KIT W/ DEVICE	E	
CONTOUR NEXT GEN MONITOR KIT	E	
CONTOUR NEXT GEN TEST STRIPS	2	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/ DEVICE	2	
CONTOUR NEXT ONE DEVICE	E	
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 G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
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
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
FORA 6 CONNECT/GTEL TEST	E	QL
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE TEST	E	QL

Drug Name	Drug Tier	Requirements & Limits
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	3	PA
GUARDIAN 4 TRANSMITTER	3	PA
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
LANCETS	1	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM BLULINK GLUCOSE TEST	E	QL
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOTWIST PEN NEEDLE	2	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL
OMNIPOD 5 G6 PODS (GEN 5)	2	PA, QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL
ON CALL EXPRESS MONITORING SYS	E	
ONETOUCH DELICA PLUS LANCETS	1	
ONETOUCH SOLUTIONS STARTER KIT KIT W/ WELL DEVICE	1	
ONETOUCH ULTRA 2 KIT W/ DEVICE	1	
ONETOUCH ULTRA IN VITRO STRIP	1	QL
ONETOUCH ULTRASOFT LANCETS	1	
ONETOUCH VERIO FLEX SYSTEM KIT	1	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO KIT W/DEVICE	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
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

Drug Name	Drug Tier	Requirements & Limits
RIGHTEST GT333 GLUCOSE TEST	E	QL
TECHLITE INSULIN SYRINGES	2	(ARKRAY), QL
TECHLITE PEN NEEDLES	2	(ARKRAY), 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
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
Diabetes - Insulin		
ADMELOG	E	QL
ADMELOG SOLOSTAR	E	QL
BASAGLAR KWIKPEN	E	QL
BASAGLAR TEMPO PEN	E	
HUMALOG INJECTION	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	2	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	2	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	2	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	2	QL
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	1	QL
HUMULIN R SOLUTION 100 UNIT/ML INJECTION	2	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	2	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	2	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	2	QL
LANTUS U-100 VIAL	2	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	2	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
SEMGLEE	E	QL
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	E	QL
TOUJEO MAX SOLOSTAR	3	QL
TOUJEO SOLOSTAR	3	QL
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	E	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	E	

Drug Name	Drug Tier	Requirements & Limits
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	3	PA, QL
BYETTA 10 MCG PEN	3	PA, QL
BYETTA 5 MCG PEN	3	PA, QL
glimepiride	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet 2.5 mg	E	
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
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	3	PA, QL
ONGLYZA	E	QL
OZEMPIC	3	PA, QL
pioglitazone hcl	1	QL
RYBELSUS	3	PA, QL
saxagliptin hcl	2	QL
SOLIQUA	2	QL
SYMLINPEN 120	E	QL
SYMLINPEN 60	E	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
TRIJARDY XR	2	QL
TRULICITY	3	PA, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
Drugs for Blood Disorders		
ADVATE	3	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	3	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	4	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT	3	SP
ALTUVIIIO	4	PA, SP
ARANESP (ALBUMIN FREE)	3	QL, SP
DOPTELET	4	PA, QL, SP
ELOCTATE	E	PA, SP
EMPAVELI	3	PA, QL, SP
HEMLIBRA	3	PA, SP
HEMOFIL M	3	SP
HUMATE-P	3	SP
IDELVION	4	SP
JIVI	4	PA, SP
KOATE	3	SP
KOATE-DVI	3	SP
KOGENATE FS	3	SP
KOVALTRY	3	SP
MULPLETA	3	PA, QL, SP
NEULASTA	4	
NOVOEIGHT	3	SP

Drug Name	Drug Tier	Requirements & Limits
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	3	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	3	
RECOMBINATE	3	SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	3	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	3	
TAVALISSE	4	PA, QL, SP
UDENYCA	3	
WILATE	3	
ZARXIO	3	
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	
cyanocobalamin nasal	3	
DODEX	4	
DRISDOL	4	
ERGOAL ORAL CAPSULE 62.5 MCG (2500 UT)	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	PA, QL
NASCOBAL	4	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-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	E	QL
bismuth/metronidaz/tetracyclin	E	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	4	
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	4	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	E	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral tablet	1	
VOQUEZNA	E	QL
VOQUEZNA DUAL PAK	E	ST, QL
VOQUEZNA TRIPLE PAK	E	ST, QL

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
CLENPIQ	3	QL
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GLYCATE	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
NULYTELY LEMON-LIME ORAL SOLUTION RECONSTITUTED 420 GM	4	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	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
VIBERZI	4	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA, SP
CREON	2	
DEPEN TITRATABS	3	SP
ORFADIN	3	PA, SP
PANCREAZE	E	ST
PERTZYE	4	ST

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
STRENSIQ	3	PA, QL, SP
TEGSEDI	3	PA, QL, SP
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000- 79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	E	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	4	
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	4	SP
tiopronin	4	SP
VELPHORO	2	
VESICARE	E	

Genitourinary Agents - Drugs for Prostate Conditions

alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
tamsulosin hcl	1	
UROXATRAL	E	

Hormonal Agents - Hormone Replacement and Birth Control

afirmelle	1	H
ALORA	3	QL
altavera	1	H

Drug Name	Drug Tier	Requirements & Limits
ANNOVERA	3	QL
apri	1	H
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	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 ORAL TABLET 5 MG	4	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	2	QL
drosiprenone-ethinyl estradiol	E	
DUAVEE	4	QL
ELESTRIN	3	
eluryng	1	H
emoquette oral tablet 0.15-30 mg-mcg	1	H
enilloring	1	H

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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 0.025 mg/24hr transdermal	4	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 0.0375 mg/24hr transdermal	4	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 0.05 mg/24hr transdermal	4	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 0.075 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	QL
estradiol transdermal gel	3	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	4	
estradiol vaginal tablet	2	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H

Drug Name	Drug Tier	Requirements & Limits
EVAMIST	2	
falmina	1	H
femynor oral tablet 0.25-35 mg-mcg	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	E	
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
larissia oral tablet 0.1-20 mg-mcg	1	H
lessina	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
lillow oral tablet 0.15-30 mg-mcg	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	E	
lo-zumandimine	E	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
luteria	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	E	
nora-be	1	H
norelgestromin-eth estradiol	3	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	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyda	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	E	
orsythia	1	H

Drug Name	Drug Tier	Requirements & Limits
portia-28	1	H
PREMARIN ORAL	4	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	4	
previfem oral tablet 0.25-35 mg-mcg	1	H
progesterone oral	2	
PROMETRIUM	E	
PROVERA	4	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	E	
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-nymyo	1	H
tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana oral tablet 0.35 mg	1	H
VAGIFEM	E	
VEOZAH	4	PA, QL
vestura	E	
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvaferm	2	
zafemy	3	H
zumandimine	E	
Hormonal Agents - Oral Steroids		
CORTEF	4	
DECADRON ORAL TABLET 0.5 MG, 0.75 MG, 4 MG, 6 MG	E	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	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	4	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
Hormonal Agents - Other		
cabergoline	2	
LANREOTIDE ACETATE	E	SP

Drug Name	Drug Tier	Requirements & Limits
NGENLA	4	PA, QL, SP
NOC DURNA	3	PA, QL
NORDITROPIN FLEXPRO	3	PA, QL, SP
NUTROPIN AQ NUSPIN 10	3	PA, QL, SP
NUTROPIN AQ NUSPIN 20	3	PA, QL, SP
NUTROPIN AQ NUSPIN 5	3	PA, QL, SP
OMNITROPE	3	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
SOMATULINE DEPOT	E	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 25 MG/2.5GM (1%), 40.5 MG/2.5GM (1.62%), 50 MG/5GM (1%)	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
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	3	PA
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	E	PA
thyroid oral	1	
TIROSINT-SOL	E	PA
unithroid	1	

Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	4	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	4	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, SP
ADALIMUMAB-ADAZ	3	PA, (manufactured by Sandoz), QL, SP
ADALIMUMAB-ADB (2 PEN)	3	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADB (2 SYRINGE)	3	PA, QL, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADB (CD/UC/HS STRT)	3	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-ADB (PS/UV STARTER)	3	PA, SP (manufactured by Boehringer Ingelheim)
ADALIMUMAB-FKJP	E	PA, QL, SP
ADBRY	3	PA, QL, SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	3	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, (AMJEVITA - HIGH CONCENTRATION), SP

Drug Name	Drug Tier	Requirements & Limits
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	3	PA, (AMJEVITA - HIGH CONCENTRATION), SP
AZASAN	4	
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA STARTER KIT	3	PA, QL, SP
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	4	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	4	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	4	PA, ST, QL
COSENTYX SENSOREADY (300 MG)	4	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	4	PA, ST, QL, SP
COSENTYX UNOREADY	4	PA, ST, QL, SP
ENBREL	3	PA, QL, SP
ENBREL MINI	3	PA, QL, SP
ENBREL SURECLICK	3	PA, QL, SP
HADLIMA	3	PA, QL, SP
HADLIMA PUSH TOUCH	3	PA, QL, SP
HAEGARDA	3	PA, QL, SP
HUMIRA (2 PEN)	3	PA, QL, SP
HUMIRA (2 SYRINGE)	3	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	3	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER	3	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START	3	PA, QL, SP
HUMIRA-PED>=40KG UC STARTER	3	PA, QL, SP

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	3	PA, QL, SP
HUMIRA-PSORIASIS/UVEIT STARTER	3	PA, QL, SP
HYFTOR	4	PA, QL
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	E	PA, SP
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	E	PA, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	E	PA, SP
HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	E	PA, QL, SP
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP
HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
IMURAN	E	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
KINERET	4	PA, ST, QL, SP
LITFULO	4	PA, QL, SP
LUPKYNIS	E	PA, QL, SP
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
OLUMIANT ORAL TABLET 1 MG, 4 MG	4	PA, QL
OLUMIANT ORAL TABLET 2 MG	4	PA, QL, SP
OMVOH	4	PA, QL, SP
ORENCIA CLICKJECT	4	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	4	PA, ST, QL, SP
OTEZLA ORAL TABLET	3	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	3	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	3	PA, QL, SP
SKYRIZI PEN	3	PA, QL, SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION	E	PA, QL, SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	3	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	PA, ST, QL
TREMFYA	3	PA, QL, SP
TREXALL	2	
XELJANZ	3	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	3	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	3	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
Immunological Agents - Drugs for Vaccination		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
SHINGRIX	3	H
Infertility Agents		
cetorelix acetate	3	PA, ST, QL, SP
CETROTIDE	4	PA, ST, QL, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral tablet 50 mg	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), 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	4	(manufactured by Ferring), QL, SP
GONAL-F	4	ST, SP
GONAL-F RFF	4	ST, SP
GONAL-F RFF REDIJECT	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
Inflammatory Bowel Disease Agents		
APRISO	1	
ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
CORTIFOAM	2	
DIPENTUM	E	
LIALDA	E	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	

Drug Name	Drug Tier	Requirements & Limits
PROCTOFOAM HC	2	
UCERIS ORAL	E	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
teriparatide	E	PA, ST, SP
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	E	PA, SP
TYMLOS	E	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALTRON ORAL CAPSULE	E	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	4	QL
AZASITE	3	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION 0.3 %	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
ILEVRO	E	
INVELTYS	3	
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 0.2 %	3	QL
loteprednol etabonate ophthalmic suspension 0.5 %	3	QL

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
MAXITROL OPHTHALMIC SUSPENSION	4	
MOXEZA OPHTHALMIC SOLUTION 0.5 %	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 OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%	4	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMVIY	4	PA, QL
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
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 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
COMBIGAN	2	QL

Drug Name	Drug Tier	Requirements & Limits
COSOPT	4	
COSOPT PF	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic solution	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
XALATAN	E	
ZIOPTAN	3	ST, QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	E	PA, QL
VERKAZIA	4	PA
XIIDRA	4	PA, QL
Otic Agents - Drugs for Ear Conditions		
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin-dexamethasone	4	
neomycin-polymyxin-hc otic suspension	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

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), 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-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
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 INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	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	
BROMFED DM	3	
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 RESPICLICK 113/14	E	QL

Drug Name	Drug Tier	Requirements & Limits
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	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	2	(generic 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	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
breynga	E	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
budesonide-formoterol fumarate	E	QL, RS
COMBIVENT RESPIMAT	4	QL
FASENRA PEN	4	PA, QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS

See page 6, 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
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
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
PERFOROMIST	E	QL
PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PROVENTIL HFA	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS

Drug Name	Drug Tier	Requirements & Limits
VENTOLIN HFA	E	QL
wixela inhub	3	QL, RS
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	PA, QL, SP
BRONCHITOL	E	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	E	PA, ST, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	3	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	E	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	3	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, (generic for Tobii), QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	E	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	3	PA, QL, SP
OPSUMIT	3	PA, QL, SP
REVATIO ORAL TABLET	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
TADLIQ	4	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	3	PA, QL, SP
TYVASO	3	PA
TYVASO DPI MAINTENANCE KIT	3	PA, QL, SP
TYVASO DPI TITRATION KIT	3	PA, QL, SP
TYVASO REFILL	3	PA
TYVASO STARTER	3	PA
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	

See page 6, 7 for coverage details.



Drug Name	Drug Tier	Requirements & Limits
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	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	E	ST, QL
DAYVIGO	E	ST, QL
eszopiclone	2	
LUMRYZ	E	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
PROVIGIL	E	QL
RESTORIL	4	
SODIUM OXYBATE	E	PA, QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	E	PA, QL, SP
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

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duloxetine hcl oral capsule delayed release particles 40 mg	10
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	16
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	16
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	16
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	26

E

EASY TOUCH HEALTHPRO GLUCOSE	18
EASY TOUCH TEST	18
EASYGLUCO	18
EASYMAX 15 TEST	18
EASYMAX NG BLOOD GLUCOSE KIT	18
EFFEXOR XR	10
EFUDEX	16
ELESTRIN	23
eletriptan hydrobromide	11
ELIQUIS	9
ELIQUIS DVT/PE STARTER PACK	9
ELOCTATE	21
eluryng	23
EMBRACE BLOOD GLUCOSE TEST	18
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	18
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	11
emoquette oral tablet 0.15-30 mg-mcg	23
EMPAVELI	21
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	12
emtricitabine-tenofovir df oral tablet 200-300 mg	12
enalapril maleate oral tablet	14
ENBREL	27
ENBREL MINI	27
ENBREL SURECLICK	27
endocet	8
ENDOMETRIN	29
enilloring	23
ENLITE GLUCOSE SENSOR	18
enoxaparin sodium injection solution prefilled syringe	9
enskyce	24
ENSTILAR	16

ENTRESTO	14
EPCLUSA ORAL TABLET	13
EPIDIOLEX	10
epinephrine solution auto-injector 0.15 mg/0.15ml injection	30, 31
epinephrine solution auto-injector 0.15 mg/0.3ml injection	31
epinephrine solution auto-injector 0.3 mg/0.3ml injection	31
EPIPEN 2-PAK	31
EPIPEN JR 2-PAK	31
EQ BLOOD GLUCOSE TEST	18
ERGOCAL ORAL CAPSULE 62.5 MCG (2500 UT)	21
ergocalciferol oral capsule	21, 22
ERIVEDGE	11
ERLEADA ORAL TABLET 240 MG	11
ERLEADA ORAL TABLET 60 MG	11
ERMEZA	26
errin	24
erythromycin ophthalmic	29
escitalopram oxalate oral tablet	10
ESGIC ORAL TABLET	8
estarylla	24
ESTRACE	24
estradiol oral	23, 24
estradiol patch twice weekly 0.025 mg/24hr transdermal	24
estradiol patch twice weekly 0.0375 mg/24hr transdermal	24
estradiol patch twice weekly 0.05 mg/24hr transdermal	24
estradiol patch twice weekly 0.075 mg/24hr transdermal	24
estradiol patch twice weekly 0.1 mg/24hr transdermal	24
estradiol transdermal gel	24
estradiol transdermal patch weekly	24
estradiol vaginal cream	24
estradiol vaginal tablet	24
ESTRING	24
ESTROGEL	24
eszopiclone	33



etonogestrel-ethinyl estradiol	24
EUCRISA	16
euthyrox	26
EVAMIST	24
EXFORGE	14
EXKIVITY	11
EXTAVIA	16
EYSUVIS	29
ezetimibe	14

F

falmina	24
famotidine oral suspension reconstituted	22
FASENRA PEN	31
FEMARA	11
femynor oral tablet 0.25-35 mg-mcg	24
fenofibrate oral tablet 120 mg, 40 mg	14
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	14
FENOGLIDE	14
FEXMID	33
FINACEA EXTERNAL FOAM	16
finasteride oral tablet 5 mg	23
fingolimod hcl	16
FLAREX	29
flecainide acetate	14
FLOMAX	23
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	31
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	29
fluconazole oral tablet	11
FLUOROURACIL EXTERNAL CREAM 0.5 %	16
fluorouracil external cream 5 %	17
fluoxetine hcl oral capsule	10
fluoxetine hcl oral tablet 10 mg	10

fluoxetine hcl oral tablet 20 mg, 60 mg	10
FLUTICASONE FUROATE-VILANTEROL	31
FLUTICASONE PROPIONATE HFA	31
fluticasone propionate nasal	31
FLUTICASONE-SALMETEROL INHALATION AEROSOL	31, 32
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	32
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	32
fluvoxamine maleate	10
FOCALIN	15
FOCALIN XR	15
folic acid oral tablet 1 mg	21
FOLLISTIM AQ	29
FORA 6 CONNECT/GTEL TEST	18
FORFIVO XL	10
FORTEO	29
FORTESTA	26
FORTISCARE G1 TEST STRIP	18
FORTISCARE TEST	18
FOSAMAX	29
FREESTYLE LIBRE 14 DAY SENSOR	18
FREESTYLE LIBRE 2 SENSOR	18
FREESTYLE LIBRE 3 SENSOR	18
FREESTYLE PRECISION NEO SYSTEM	18
FREESTYLE PRECISION NEO TEST	18
FREESTYLE TEST	18
FUROSCIX	14
furosemide oral tablet	14
FYCOMPA ORAL SUSPENSION	10
FYCOMPA ORAL TABLET	10
fyremadel	29

G

gabapentin oral capsule	10
gabapentin oral tablet 600 mg, 800 mg	10
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	29
gavilyte-c	22
gavilyte-g	22
GAVRETO	11
gemfibrozil oral	14
GILENYA	16
glatiramer acetate	16
glatopa	16
glimepiride	20
glipizide er	20
glipizide oral tablet 10 mg, 5 mg	20
glipizide oral tablet 2.5 mg	20
glipizide xl	20
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	20
GLUCOCARD EXPRESSION TEST	18
GLUCOCARD SHINE TEST	18
GLUCOCARD VITAL TEST	18
GLUCOTROL XL	20
GLUMETZA	20
glyburide oral	20
GLYCATE	22
glycopyrrolate oral tablet 1 mg, 2 mg	22
GLYCOPYRROLATE ORAL TABLET 1.5 MG	22
GLYXAMBI	20
GOLYTELY	22
GONAL-F	29
GONAL-F RFF	29
GONAL-F RFF REDJECT	29
guanfacine hcl	14, 15
guanfacine hcl er	15
GUARDIAN 4 GLUCOSE SENSOR	18
GUARDIAN 4 TRANSMITTER	18



GUARDIAN CONNECT TRANSMITTER	18	HUMIRA (2 PEN)	27	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	28
GUARDIAN LINK 3 TRANSMITTER	18	HUMIRA (2 SYRINGE)	27	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	28
GUARDIAN SENSOR (3)	18	HUMIRA-CD/UC/HS STARTER	27	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	28
GUARDIAN SENSOR 3	18	HUMIRA-PED<40KG CROHNS STARTER	27	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	28
GVOKE HYPOPEN 1-PACK	18	HUMIRA-PED>/=40KG CROHNS START	27	HYRIMOZ-CROHNS/UC STARTER SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	28
GVOKE HYPOPEN 2-PACK	18	HUMIRA-PED>/=40KG UC STARTER	27	HYRIMOZ-PED<40KG CROHN STARTER	28
GVOKE KIT	18	HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	28	HYRIMOZ-PED>/=40KG CROHN START	28
GVOKE PFS	18	HUMIRA-PSORIASIS/UVEIT STARTER	28	HYRIMOZ-PLAQUE PSORIASIS START	28
GNAZOLE-1	11	HUMULIN 70/30 KWIKPEN	19	HYZAAR	14
H					
HADLIMA	27	HUMULIN 70/30 VIAL	19	I	
HADLIMA PUSH TOUCH	27	HUMULIN N KWIKPEN	19	IBRANCE ORAL CAPSULE	11
HAEGARDA	27	HUMULIN N VIAL	19	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8
hailey 1.5/30	24	HUMULIN R SOLUTION 100 UNIT/ML INJECTION	19	ICLUSIG ORAL TABLET 10 MG, 30 MG	12
hailey 24 fe	24	HUMULIN R U-500 KWIKPEN	20	ICLUSIG ORAL TABLET 15 MG, 45 MG	12
hailey fe 1/20	24	HUMULIN R U-500 VIAL	20	IDELVION	21
hailey fe 1.5/30	24	hydralazine hcl oral	14	IDHIFA	12
HALCION	13	hydrochlorothiazide oral	14	ILEVRO	29
haloette	24	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	8	IMBRUVICA ORAL CAPSULE	12
HARVONI ORAL TABLET	13	hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	8	IMBRUVICA ORAL TABLET 140 MG, 280 MG	12
HEALTHPRO BLOOD GLUCOSE MONITO	18	hydrocortisone external cream 1 %	17	IMBRUVICA ORAL TABLET 420 MG	12
heather	24	hydrocortisone external cream 2.5 %	17	IMBRUVICA ORAL TABLET 560 MG	12
HEMADY	26	hydrocortisone external ointment 1 %, 2.5 %	17	IMITREX	11
HEMANGEOL	14	hydrocortisone oral	26	IMPOYZ	17
HEMLIBRA	21	hydromorphone hcl oral tablet	8	IMURAN	28
HEMOPIL M	21	hydroxychloroquine sulfate oral	12		
HIDEX 6-DAY	26	hydroxyzine hcl oral tablet	13		
HUMALOG INJECTION	19	hydroxyzine pamoate oral	13		
HUMALOG KWIKPEN	19	HYFTOR	28		
HUMALOG MIX 50/50 KWIKPEN	19	HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	28		
HUMALOG MIX 50/50 VIAL	19				
HUMALOG MIX 75/25 KWIKPEN	19				
HUMALOG MIX 75/25 VIAL	19				
HUMALOG SUBCUTANEOUS	19				
HUMALOG TEMPO PEN	19				
HUMALOG U-100 JUNIOR KWIKPEN	19				
HUMATE-P	21				



IMVEXXY MAINTENANCE PACK . . .	21	JULUCA	13	LAGEVRIO	13
IMVEXXY STARTER PACK.	21	junel 1/20	24	LAMICTAL ORAL TABLET	10
INBRIJA	12	junel 1.5/30	24	lamotrigine oral tablet	10
incassia.	24	junel fe 1/20	24	LANCETS.	17-19
INDERAL LA	14	junel fe 1.5/30	24	LANREOTIDE ACETATE.	26
INDOMETHACIN ORAL CAPSULE 20 MG.	8	junel fe 24.	24	LANTUS SOLOSTAR	20
indomethacin oral capsule 25 mg, 50 mg	8			LANTUS U-100 VIAL	20
INSULIN GLARGINE	20	K		larin 1/20	24
INSULIN GLARGINE MAX SOLOSTAR	20	K-TAB	22	larin 1.5/30	24
INSULIN GLARGINE SOLOSTAR . . .	20	kalliga	24	larin 24 fe	24
INSULIN LISPRO.	20	KEPPRA ORAL TABLET.	10	larin fe 1/20	24
INSULIN LISPRO (1 UNIT DIAL). . . .	20	KESIMPTA	16	larin fe 1.5/30.	24
INSULIN LISPRO JUNIOR		ketoconazole external cream.	11	larissia oral tablet 0.1-20 mg-mcg . . .	24
KWIKPEN	20	ketoconazole external shampoo	11	LASIX	14
INSULIN LISPRO PROT & LISPRO . .	20	ketorolac tromethamine oral	8	latanoprost ophthalmic.	30
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	18	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	28	LATUDA	12
INTUNIV	15	KINERET	28	LEDIPASVIR-SOFOSBUVIR	13
INVELTYS.	29	KITABIS PAK	32	lenalidomide.	12
ipratropium bromide nasal	31	KLISYRI	17	lessina.	24
ipratropium-albuterol	32	KLONOPIN.	13	letrozole oral	12
irbesartan.	14	klor-con 10	21	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	32
irbesartan-hydrochlorothiazide	14	klor-con m10	22	levetiracetam oral tablet	10
isibloom	24	klor-con m15.	22	levo-t	26
isosorbide mononitrate er	14	klor-con m20	22	levocetirizine dihydrochloride oral tablet.	31
ISTALOL	30	klor-con oral tablet extended release	22	levofloxacin oral tablet	9
IYUZEH	30	KLOXXADO	8	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg.	24
		KOATE	21	levora 0.15/30 (28)	24
J		KOATE-DVI.	21	levothyroxine sodium oral tablet	26
jantoven	10	KOGENATE FS.	21	levoxyl.	26
JARDIANCE.	20	KOSELUGO	12	LEXAPRO.	10
jasmiel.	24	KOVALTRY	21	LIALDA	29
jencycla.	24	KRINTAFEL	12	lidocaine hcl mouth/throat	16
JENTADUETO	20	kurvelo	24	lidocaine viscous hcl.	16
JENTADUETO XR	20	KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	12	LIKMEZ.	9
JIVI	21			lillow oral tablet 0.15-30 mg-mcg	24
JORNAY PM.	15	L		LINZESS.	22
juleber.	24	labetalol hcl oral	14	liothyronine sodium oral	27



MICRODOT TEST	18	mupirocin external.	9	NITROSTAT	14
microgestin 1/20	25	mycophenolate mofetil oral tablet	28	NIVA THYROID	27
microgestin 1.5/30	25	MYDAYIS	15	NOC DURNA.	26
microgestin 24 fe.	25	MYFEMBREE.	25	nora-be.	25
microgestin fe 1/20	25			NORDITROPIN FLEXPEN	26
microgestin fe 1.5/30	25	N		norelgestromin-eth estradiol	25
mili.	25	na sulfate-k sulfate-mg sulf.	22	norethin ace-eth estrad-fe oral tablet.	25
MINILINK REAL-TIME TRANSMITTER	18	nabumetone oral	8	norethindrone acet-ethinyl est.	25
MINIMED 630G GUARDIAN PRESS	18	NALOCET.	8	norethindrone acetate oral	25
MINIPRESS	14	naloxone hcl injection solution prefilled syringe	8	norethindrone oral.	25
MINIVELLE.	24, 25	naloxone hcl nasal.	8	norgestimate-eth estradiol	25
minocycline hcl oral capsule	9	naltrexone hcl oral.	8	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-25 mcg.	25
minoxidil oral	14	NAPROSYN ORAL TABLET	8	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/ 0.25 mg-35 mcg.	25
mirtazapine oral tablet	10	naproxen oral tablet	8	NORITATE	17
MIRVASO	17	NARCAN	8	NORLIQVA	14
misoprostol oral.	22	NASCOBAL	22	norlyda	25
MITIGARE	11	NATAZIA.	25	norlyroc	25
MM BLULINK GLUCOSE TEST	18	NATESTO	26	nortriptyline hcl oral capsule	10
MM EASY TOUCH GLUCOSE METER	18	NAYZILAM	10	NORVASC	14
MOBIC ORAL TABLET 15 MG, 7.5 MG	8	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	30	NOURIANZ.	12
modafinil oral	33	neomycin-polymyxin-hc otic suspension.	30	NOVAREL.	29
mondoxyne nl	9	NEULASTA.	21	NOVOEIGHT	21
mono-lynyah	25	NEUPRO.	12	NOVOFINE AUTOCOVER PEN NEEDLE	18
montelukast sodium oral tablet	32	NEURONTIN ORAL CAPSULE	10	NOVOFINE PEN NEEDLE	18
montelukast sodium oral tablet chewable	32	NEURONTIN ORAL TABLET	10	NOVOFINE PLUS PEN NEEDLE	18
morphine sulfate er oral tablet extended release.	8	NEUTEK 2TEK TEST.	18	NOVOLIN 70/30 FLEXPEN	20
MOTEGRITY	22	NEVANAC.	30	NOVOLIN 70/30 FLEXPEN RELION	20
MOTPOLY XR	10	NEXLETOL.	14	NOVOLIN 70/30 RELION	20
MOUNJARO.	20	NEXLIZET.	14	NOVOLIN 70/30 VIAL	20
MOVIPREP.	22	NGENLA.	26	NOVOLIN N FLEXPEN	20
MOXEZA OPHTHALMIC SOLUTION 0.5 %	30	nifedipine er	14	NOVOLIN N FLEXPEN RELION	20
moxifloxacin hcl (2x day).	30	nifedipine er osmotic release.	14	NOVOLIN N RELION.	20
moxifloxacin hcl ophthalmic.	30	nikki.	25	NOVOLIN N VIAL.	20
MS CONTIN.	8	nitrofurantoin macrocrystal	9	NOVOLIN R FLEXPEN	20
MULPLETA.	21	nitrofurantoin monohydrate macrocrystals	9	NOVOLIN R FLEXPEN RELION	20
MULTAQ	14	nitroglycerin sublingual.	14	NOVOLIN R RELION	20



PAXLOVID (150/100)	13	PREDNISOLONE ACETATE P-F.	30	PROVIGIL	33
PAXLOVID (300/100).	13	prednisolone oral solution	26	PROZAC.	10
PEDIAPRED	26	prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml.	26	pseudoephedrine-bromphen-dm . . .	31
peg-3350-kcl-na bicarb-nacl	22	prednisolone sodium phosphate oral solution 15 mg/5ml	26	PTS PANELS EGLU TEST	19
peg-3350/electrolytes.	22	prednisolone sodium phosphate oral solution 20 mg/5ml	26	PULMICORT SUSPENSION.	32
peg-3350/electrolytes/ascorbat	22	prednisone oral tablet.	26	PULMOZYME	32
peg-kcl-nacl-nasulf-na asc-c	22	prednisone oral tablet therapy pack .	26	PYLERA	22
penicillin v potassium oral tablet	9	pregabalin oral capsule	16	PYRIDIUM	23
PERCOCET	8	PREGNYL.	29		
PERFOROMIST	32	PREMARIN ORAL.	25	Q	
PERIDEX.	16	PREMARIN VAGINAL	25	quetiapine fumarate	12
periogard	16	PREMIUM BLOOD GLUCOSE TEST .	19	QUINTET AC BLOOD GLUCOSE TEST	19
PERTZYE	22	PREMPHASE	25	QUINTET BLOOD GLUCOSE TEST .	19
phenazo oral tablet 200 mg	23	PREMPRO	25	QVAR REDIHALER	32
phenazopyridine hcl oral	23	previfem oral tablet 0.25-35 mg-mcg	25		
pioglitazone hcl	20	PREZCOBIX.	13	R	
PIP BLOOD GLUCOSE TEST STRIP.	19	PRISTIQ	10	rabeprazole sodium oral tablet delayed release	22
PLAQUENIL	12	PROAIR HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT.	32	RADICAVA ORS.	16
PLAVIX	12	PROCARDIA XL.	14	RADICAVA ORS STARTER KIT	16
PLEGRIDY INTRAMUSCULAR	16	prochlorperazine maleate oral	11	ramipril	14
PLEGRIDY STARTER PACK	16	PROCTOFOAM HC	29	RASUVO.	28
PLEGRIDY SUBCUTANEOUS	16	progesterone oral	25	REBIF	16
PLENVU	22	PROGRAF ORAL CAPSULE	28	REBIF TITRATION PACK	16
polymyxin b-trimethoprim.	30	PROLATE ORAL TABLET.	8	reclipsen.	25
POLYTRIM OPHTHALMIC SOLUTION 10000-0.1 UNIT/ML-%.	30	promethazine hcl oral tablet.	11	RECOMBINATE.	21
POMALYST	12	promethazine-dm	31	REGLAN.	11
portia-28	25	PROMETRIUM.	25	RELAFEN DS.	8
potassium chloride crys er.	22	propranolol hcl er	14	RELAFEN ORAL TABLET 500 MG, 750 MG.	8
potassium chloride er	22	propranolol hcl oral tablet	14	RELEXII	15
potassium citrate er.	22	PROSCAR	23	RELION TRUE MET AIR GLUC METER.	19
PRADAXA ORAL CAPSULE	10	PROTONIX ORAL TABLET DELAYED RELEASE	22	RELION TRUE METRIX TEST STRIPS.	19
pramipexole dihydrochloride	12	PROTOPIC EXTERNAL OINTMENT 0.03 %, 0.1 %	17	RELION ULTIMA GLUCOSE SYSTEM.	19
pravastatin sodium	14	PROVENTIL HFA.	31, 32	RELION ULTIMA TEST	19
prazosin hcl oral	14	PROVERA.	23, 25	RELPAK	11
PRECISION XTRA.	19			REMERON	10
PRECISION XTRA BLOOD GLUCOSE	19			REPATHA	14
PRED FORTE.	30				
PRED MILD	30				
prednisolone acetate ophthalmic	30				



REPATHA PUSHTRONEX SYSTEM.	14	S	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	28	
REPATHA SURECLICK.	14	SANTYL	17	STENDRA.	21
RESTASIS.	30	saxagliptin hcl	20	STIOLTO RESPIMAT.	32
RESTASIS MULTIDOSE	30	scopolamine	11	STIVARGA	12
RESTORIL	33	SEMGLEE.	20	STRATTERA	15
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML.	21	SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML.	20	STRENSIQ	23
RETACRIT INJECTION SOLUTION 20000 UNIT/ML.	21	SEREVENT DISKUS	32	STRIVERDI RESPIMAT.	32
RETEVMO ORAL CAPSULE 40 MG	12	SEROQUEL	12	SUBOXONE	8
RETEVMO ORAL CAPSULE 80 MG	12	sertraline hcl oral tablet	10	subvenite	10
RETIN-A EXTERNAL CREAM	17	sharobel	25	sucralfate oral tablet	22
REVATIO ORAL TABLET	32	SHINGRIX.	29	SUFLAVE	22
REVLIMID.	12	sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	21	sulfamethoxazole-trimethoprim oral tablet.	9
REXULTI	12	sildenafil citrate oral tablet 20 mg	32	sumatriptan succinate oral	11
RHOFADE.	17	SIMPONI.	28	SUNOSI	33
RHOPRESSA.	30	simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	15	SUPREP BOWEL PREP KIT.	22
RIGHTEST GT333 GLUCOSE TEST	19	simvastatin oral tablet 80 mg	15	SUTAB	22
RINVOQ	28	SINGULAIR ORAL TABLET	32	syeda	25
RISPERDAL ORAL TABLET	12	SINGULAIR ORAL TABLET CHEWABLE	32	SYMBICORT	32
risperidone oral tablet.	12	SITAVIG	13	SYMFI	13
RITALIN	15	SKYRIZI PEN	28	SYMFI LO	13
RITALIN LA.	15	SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	28	SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML.	31
rizatriptan benzoate.	11	SKYTROFA	26	SYMLINPEN 120	20
ROBINUL	22	SOAANZ.	15	SYMLINPEN 60	20
ROBINUL-FORTE	22	SODIUM OXYBATE.	33	SYMPAZAN	10
ROCALTROL ORAL CAPSULE	29	SOFOSBUVIR-VELPATASVIR.	13	SYMPROIC.	22
ROCKLATAN	30	solifenacin succinate.	23	SYNJARDY	20
ropinirole hcl	12	SOLIQUA	20	SYNJARDY XR.	20
rosadan external cream 0.75 %	17	SOMATULINE DEPOT.	26	SYNTHROID.	27
rosuvastatin calcium	14	SOOLANTRA.	17		
roweepra	10	SPIRIVA HANDIHALER.	32	T	
ROXICODONE ORAL TABLET 15 MG, 30 MG	8	SPIRIVA RESPIMAT	32	TABRECTA	12
ROXICODONE ORAL TABLET 5 MG	8	spironolactone oral tablet.	15	TACLONEX SUSPENSION	17
RUCONEST	28	sprintec 28	25	tacrolimus external	17
RUKOBIA	13	sronyx	25	tacrolimus oral	28
RYBELSUS.	20	STELARA SUBCUTANEOUS SOLUTION	28	tadalafil oral	21
				TADLIQ.	32
				tafluprost (pf)	30



TAGRISSE	12	TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN- INJECTOR 620 MCG/2.48ML	29	TOPROL XL	15
TAKHZYRO	28	TESTIM	26	torse mide	15
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	28	testosterone cypionate intramuscular	26	TOUJEO MAX SOLOSTAR	20
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	28	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	32	TOUJEO SOLOSTAR	20
TAMIFLU ORAL CAPSULE	13	THALITONE	15	TRACLEER 62.5 MG, 125 MG	32
tamoxifen citrate oral tablet 10 mg	12	THIOLA	23	TRADJENTA	20
tamoxifen citrate oral tablet 20 mg	12	THIOLA EC	23	tramadol hcl oral tablet 100 mg, 25 mg	8
tamsulosin hcl	23	THYQUIDITY	27	tramadol hcl oral tablet 50 mg	8
TAPERDEX 12-DAY	26	thyroid oral	27	TRANSDERM-SCOP	11
TAPERDEX 6-DAY	26	TIGLUTIK ORAL SUSPENSION 50 MG/10ML	16	trazodone hcl oral	10
TAPERDEX 7-DAY	26	timolol maleate (once-daily)	30	TRELEGY ELLIPTA	32
TARGADOX	9	timolol maleate ocudose	30	TREMFYA	28
tarina 24 fe	25	timolol maleate ophthalmic solution	30	tretinoin external cream	17
tarina fe 1/20 eq	25	timolol maleate pf	30	TREXALL	28
tarina fe 1/20 oral tablet 1-20 mg-mcg	25	TIMOPTIC OCUDOSE	30	TREZIX	8
TASIGNA	12	TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	30	tri femynor	25
TAVALISSE	21	tiopronin	23	tri-estarylla	25
TECHLITE INSULIN SYRINGES	19	tiotropium bromide monohydrate	32	tri-linyah	25
TECHLITE PEN NEEDLES	19	TIROSINT-SOL	27	tri-lo-estarylla	25
TEGLUTIK	16	TIVICAY	13	tri-lo-marzia	25
TEGSEDI	23	TIVORBEX ORAL CAPSULE 20 MG	8	tri-lo-mili	25
TEKTURNA	15	tizanidine hcl oral tablet	33	tri-lo-sprintec	25
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	15	TOBI NEBULIZER	32	tri-mili	25
telmisartan	15	TOBI PODHALER	32	tri-nymyo	25
temazepam	33	TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	30	tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg	25
TEMOVATE EXTERNAL CREAM 0.05 %	17	TOBRADEX ST	30	tri-sprintec	25
TEMOVATE EXTERNAL OINTMENT 0.05 %	17	tobramycin inhalation nebulization solution 300 mg/4ml	32	tri-vylibra	25
TEMPO REFILL	19	tobramycin nebulization solution 300 mg/5ml inhalation	32	tri-vylibra lo	25
TEMPO WELCOME	19	tobramycin ophthalmic	30	triamcinolone acetonide external cream 0.025 %, 0.1 %	17
TENORMIN	15	tobramycin-dexamethasone	30	triamcinolone acetonide external cream 0.5 %	17
terbinafine hcl oral	11	TOLAK	17	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	17
teriparatide	29	TOPAMAX	10	triamcinolone acetonide external ointment 0.05 %	17
teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml	29	TOPAMAX SPRINKLE	10	triamcinolone in absorbbase	17
		topiramate oral	10	triamterene-hctz	15
				TRIANEX EXTERNAL OINTMENT 0.05 %	17



XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	28	40000-126000 UNIT, 5000-24000 UNIT	23	ZYLOPRIM ORAL TABLET 100 MG, 300 MG	11
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	28	ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT	23	ZYPREXA ORAL	12
XENLETA ORAL TABLET 600 MG.	9	ZEPOSIA	16		
XEPI	17	ZEPOSIA 7-DAY STARTER PACK	16		
XIIDRA	30	ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG.	16		
XOFLUZA (40 MG DOSE)	13	ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	16		
XOFLUZA (80 MG DOSE)	13	ZESTORETIC	15		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE.	28	ZESTRIL	15		
XOPENEX HFA.	32	ZETIA	15		
XTAMPZA ER.	8	ZETONNA.	31		
XTANDI	12	ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	15		
xulane	26	ZIAC ORAL TABLET 5-6.25 MG	15		
XYWAV	33	ZILXI	17		
Y					
YASMIN 28.	26	ZIMHI	8		
YAZ	26	ZIOPTAN	30		
YUFLYMA (2 SYRINGE)	28	ZITHROMAX ORAL SUSPENSION RECONSTITUTED.	9		
YUPELRI.	32	ZITHROMAX ORAL TABLET	9		
yuvafem	26	ZITHROMAX TRI-PAK.	9		
Z					
zafemy	26	ZITHROMAX Z-PAK.	9		
ZANAFLEX ORAL TABLET	33	ZOCOR.	15		
ZARXIO	21	ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	11		
ZAVZPRET.	11	ZOLOFT ORAL TABLET	11		
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	26	zolpidem tartrate er.	33		
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	21	zolpidem tartrate oral tablet	33		
ZEJULA ORAL CAPSULE 100 MG	12	ZOMIG NASAL SOLUTION 2.5 MG.	11		
ZELBORAF.	12	ZOMIG NASAL SOLUTION 5 MG	11		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000- 79000 UNIT, 3000-10000 UNIT,		ZONEGRAN	10		
		zonisamide oral	10		
		ZORYVE EXTERNAL CREAM	17		
		ZTLIDO.	8		
		ZUBSOLV.	8		
		zumandimine	26		
		ZYLET.	30		



Nondiscrimination notice and access to communication services

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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

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
<https://www.hhs.gov/ocr/complaints/index.html>

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

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

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



Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជំនួយភាសាដទៃយកតម្កល់ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទំនាក់ទំនងលើខ្សែតតិតតុល្ល ដល់មាន់នលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

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

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

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

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