



Your 2027 Prescription Drug List

Texas Access 3-Tier

Effective January 1, 2027



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of January 1, 2027 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 and Student Resources medical plans with corporate offices located in Texas with a pharmacy benefit subject to the Access 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and when your plan renews.

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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?

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

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) 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. 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.**

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. Mainly preferred brand-name 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.	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 – 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 covered 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)¹ – 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 – 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 therapy² – 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**
Coverage is set by your prescription drug benefit plan.
- **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.

1. For certain Student Resources plans, applies to specialty medications and topical retinoids only.

2. Not applicable to certain Student Resources 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 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	
ALLZITAL	3	
apap-caff-dihydrocodeine	1	
ascomp-codeine	1	
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	1	
endocet	1	
ESGIC ORAL CAPSULE 50-325-40 MG	3	QL
ESGIC ORAL TABLET 50-325-40 MG	3	QL
fentanyl	1	PA, QL
FIORICET	3	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen oral tablet	1	
hydromorphone hcl oral tablet	1	
JOURNAVX	3	QL
lidocaine external ointment 5 %	1	QL
lidocaine external patch 5 %	1	PA, QL
lidocaine-prilocaine external cream	1	

Drug name	Drug tier	Requirements & limits
methadone hcl oral tablet	1	PA, QL
morphine sulfate er	1	PA, QL
morphine sulfate oral tablet	1	
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
premium lidocaine external ointment 5 %	1	QL
tapentadol hcl	1	QL
TENCON	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er tablet extended release 24 hour 100 mg oral	1	(generic for Ultram ER), QL
tramadol hcl er tablet extended release 24 hour 100 mg oral	1	QL
tramadol hcl er tablet extended release 24 hour 200 mg oral	1	(generic for Ultram ER), QL
tramadol hcl er tablet extended release 24 hour 200 mg oral	1	QL
tramadol hcl er tablet extended release 24 hour 300 mg oral	1	(generic for Ultram ER), QL
tramadol hcl er tablet extended release 24 hour 300 mg oral	1	QL
tramadol hcl oral tablet 100 mg, 25 mg, 50 mg	1	
tramadol-acetaminophen	1	
TREZIX	3	
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for pain and inflammation		
aspirin 81 oral tablet delayed release	1	H
aspirin adult low dose	1	H
aspirin adult low strength	1	H
aspirin childrens	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
aspirin ec adult low dose	1	H	h-e-b aspirin	1	H
aspirin ec low dose	1	H	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
aspirin ec low strength	1	H	indomethacin er	1	
aspirin low dose	1	H	indomethacin oral capsule	1	
aspirin oral tablet chewable	1	H	ketorolac tromethamine oral	1	
aspirin oral tablet delayed release 81 mg	1	H	kls aspirin low dose	1	H
aspirin regimen	1	H	kp aspirin	1	H
celecoxib oral	1		meloxicam oral tablet	1	
cvs aspirin adult low dose	1	H	mm aspirin	1	H
cvs aspirin adult low strength	1	H	nabumetone oral	1	
cvs aspirin ec	1	H	naproxen dr	1	
cvs aspirin low dose	1	H	naproxen oral tablet	1	
cvs aspirin low strength	1	H	naproxen oral tablet delayed release	1	
DAYPRO ORAL TABLET 600 MG	3		naproxen sodium oral tablet 275 mg, 550 mg	1	
diclofenac potassium oral tablet 50 mg	1		oxaprozin oral tablet	1	
diclofenac sodium er	1		piroxicam oral	1	
diclofenac sodium oral	1		qc aspirin low dose	1	H
diclofenac-misoprostol	1		qc childrens aspirin	1	H
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3		ra aspirin adult low dose oral tablet chewable 81 mg	1	H
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	3		ra aspirin adult low strength oral tablet chewable 81 mg	1	H
ec-naproxen oral tablet delayed release 375 mg, 500 mg	1		ra aspirin childrens oral tablet chewable 81 mg	1	H
eq aspirin adult low dose	1	H	ra aspirin ec adult low st oral tablet delayed release 81 mg	1	H
eq aspirin low dose	1	H	ra aspirin ec oral tablet delayed release 81 mg	1	H
eql aspirin low dose	1	H	sm aspirin low dose oral tablet chewable 81 mg	1	H
etodolac	1		sm childrens aspirin oral tablet chewable 81 mg	1	H
ft aspirin low dose	1	H	sulindac oral	1	
ft aspirin oral tablet chewable	1	H	Anti-addiction / Substance abuse treatment agents		
gnp adult aspirin low strength	1	H	acamprosate calcium	1	
gnp aspirin low dose	1	H	buprenorphine hcl sublingual	1	QL
gnp aspirin oral tablet delayed release 81 mg	1	H			
goodsense aspirin low dose	1	H			
goodsense aspirin oral tablet chewable	1	H			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
buprenorphine hcl-naloxone hcl sublingual film	1	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
ft naloxone hcl	1	
ft nicotine	1	H
ft nicotine mini	1	H
gnp naloxone hcl	1	
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
goodsense nicotine polacrilex	1	H
habitrol	1	H
hm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
KLOXXADO	1	
kls quit2	1	H
kls quit4	1	H
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	1	(Includes Narcan OTC)
NICODERM CQ	3	H
NICORETTE MINI	2	H
NICORETTE MOUTH/THROAT GUM	3	H

Drug name	Drug tier	Requirements & limits
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	3	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	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	
qc nicotine transdermal system	1	H
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	
REZENOPY	3	
sm nicotine mouth/throat gum	1	H
sm nicotine polacrilex mouth/throat gum 2 mg, 4 mg	1	H
sm nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr	1	H
THRIVE	3	H
varenicline tartrate	1	H
ZUBSOLV	1	QL
Antibacterials - Drugs for infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	3	
AVIDOXY	3	
azithromycin oral packet 1 gm	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
BACTRIM	3		fidaxomicin	1	QL
BACTRIM DS	3		fosfomycin tromethamine	1	
BLUJEPA	3		gentamicin sulfate external	1	
cefadroxil oral capsule	1		HIPREX	3	
cefadroxil oral suspension reconstituted	1		levofloxacin oral tablet	1	
cefdinir	1		linezolid oral tablet	1	
cefixime oral capsule	1		MACROBID	3	
cefpodoxime proxetil oral tablet	1		MACRODANTIN	3	
cefprozil	1		methenamine hippurate	1	
cefuroxime axetil	1		metronidazole oral tablet 250 mg, 500 mg	1	
cephalexin	1		metronidazole vaginal	1	
CIPRO ORAL TABLET	3		minocycline hcl oral capsule	1	
ciprofloxacin hcl oral	1		moxifloxacin hcl oral	1	
clarithromycin oral tablet	1		mupirocin cream	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3		mupirocin ointment	1	
CLEOCIN ORAL CAPSULE 75 MG	2		neomycin sulfate oral	1	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3		nitrofurantoin macrocrystal	1	
CLEOCIN VAGINAL CREAM	3		nitrofurantoin monohydrate macrocrystals	1	
clindamycin hcl oral	1		NUVESSA	3	
clindamycin palmitate hcl	1		NUZYRA ORAL	3	
clindamycin phosphate vaginal	1		ORLYNVAH	3	
CLINDESSE	2		penicillin v potassium	1	
dicloxacillin sodium	1		PIVYA	3	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	QL	SILVADENE	3	
doxycycline hyclate oral capsule 100 mg, 50 mg	1		silver sulfadiazine external	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1		ssd	1	
doxycycline monohydrate oral	1		sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
E.E.S. GRANULES	3		sulfamethoxazole-trimethoprim oral tablet	1	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML	3		sulfatrim pediatric	1	
ERYPED 400	3		tetracycline hcl oral capsule	1	
erythromycin base oral tablet	1		tinidazole oral	1	
erythromycin ethylsuccinate oral suspension reconstituted	1		trimethoprim oral	1	
			VANCOCIN	3	
			vancomycin hcl oral capsule	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
VANDAZOLE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	3	
XACIATO	2	
XEPI	3	
XIFAXAN ORAL TABLET 200 MG	3	PA
XIFAXAN ORAL TABLET 550 MG	3	PA, QL
ZITHROMAX	3	

Anticoagulants - Drugs to treat or prevent blood clots

dabigatran etexilate mesylate	1	QL
ELIQUIS TABLET	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
rivaroxaban oral tablet	1	QL
warfarin sodium oral	1	
XARELTO	2	QL

Anticonvulsants - Drugs for seizures

APTIOM	3	PA
brivaracetam oral tablet	1	PA
BRIVIACT ORAL SOLUTION	3	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet	1	PA
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
diazepam rectal	1	
DILANTIN	3	
divalproex sodium er	1	

Drug name	Drug tier	Requirements & limits
divalproex sodium oral	1	
EPIDIOLEX	3	PA, SP
epitol oral tablet 200 mg	1	
eslicarbazepine acetate	1	PA
ethosuximide oral	1	
FYCOMPA ORAL SUSPENSION	3	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	
KEPPRA XR	3	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet	1	
LAMICTAL	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
levetiracetam er	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	3	PA
MOTPOLY XR	3	PA
MYSOLINE	2	
NAYZILAM	3	PA
NEURONTIN	3	
ONFI	3	
oxcarbazepine	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
perampanel oral tablet	1	PA	bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	
phenobarbital oral tablet	1		BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	QL
phenytek	1		bupropion hcl oral	1	
phenytoin sodium extended	1		citalopram hydrobromide oral tablet	1	
primidone oral	1		clomipramine hcl oral	1	
roweepra	1		desipramine hcl oral	1	
subvenite oral tablet	1		desvenlafaxine succinate er	1	
SYMPAZAN	3	PA	doxepin hcl oral capsule	1	
TEGRETOL ORAL TABLET	3		doxepin hcl oral concentrate	1	
TEGRETOL-XR	3		duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg	1	
TOPAMAX	3	PA	escitalopram oxalate oral solution	1	
TOPAMAX SPRINKLE	3	PA	escitalopram oxalate oral tablet	1	
topiramate oral capsule sprinkle	1		EXXUA	3	ST, QL
topiramate oral tablet	1		EXXUA TITRATION PACK	3	ST, QL
TRILEPTAL	3		FETZIMA	3	ST, QL
valproic acid oral capsule	1		fluoxetine hcl oral capsule	1	
valproic acid oral solution 250 mg/5ml	1		fluoxetine hcl oral solution	1	
VALTOCO 10 MG DOSE	3	PA, QL	fluoxetine hcl oral tablet	1	
VALTOCO 15 MG DOSE	3	PA, QL	fluvoxamine maleate	1	
VALTOCO 20 MG DOSE	3	PA, QL	fluvoxamine maleate er	1	
VALTOCO 5 MG DOSE	3	PA, QL	FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	QL
VIMPAT ORAL	3	PA	imipramine hcl oral	1	
XCOPRI	3	PA	mirtazapine oral	1	
ZARONTIN	3		NORPRAMIN	3	
ZONEGRAN	3	PA	nortriptyline hcl oral capsule	1	
zonisamide oral	1		paroxetine hcl er	1	
Antidementia agents - Drugs for Alzheimer's disease and dementia			paroxetine hcl oral tablet	1	
donepezil hcl oral tablet	1		RALDESY	3	PA
memantine hcl er	1		sertraline hcl oral	1	
memantine hcl oral tablet	1		SPRAVATO	3	PA, QL, SP
rivastigmine	1				
rivastigmine tartrate	1				
Antidepressants - Drugs for depression					
amitriptyline hcl oral	1				
AUVELITY	3	ST, QL			
bupropion hcl er (sr)	1				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
vilazodone hcl	1	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for nausea and vomiting		
aprepitant oral capsule	1	
doxylamine-pyridoxine	1	PA
dronabinol oral capsule	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	
PROMETHEGAN	3	
REGLAN	3	
scopolamine	1	
Antifungals - Drugs for fungal infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external cream	1	
fluconazole oral	1	
griseofulvin microsize oral suspension	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	QL
ketoconazole external cream	1	

Drug name	Drug tier	Requirements & limits
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	
nyamyc external powder 100000 unit/gm	1	
nystatin external	1	
nystatin mouth/throat suspension 100000 unit/ml	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole oral tablet delayed release	1	
SPORANOX	3	QL
terbinafine hcl oral	1	
terconazole	1	
VFEND ORAL TABLET 50 MG	3	
VIVJOA	3	PA, QL
voriconazole oral tablet	1	
Antigout agents - Drugs for gout		
allopurinol oral	1	
colchicine oral	1	
colchicine-probenecid	1	
febuxostat	1	
MITIGARE	2	
probenecid	1	
Antimigraine agents - Drugs for migraines		
AIMOVIG	2	PA, ST, QL
eletriptan hydrobromide	1	
EMGALITY	2	PA, ST, QL
frovatriptan succinate	1	
naratriptan hcl	1	
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW ORAL TABLET 100 MG, 50 MG	3	PA, QL
rizatriptan benzoate oral	1	
sumatriptan nasal	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
sumatriptan succinate oral	1		ENSACOVE	2	PA, QL, SP
sumatriptan succinate subcutaneous solution auto-injector	1		ERIVEDGE	2	PA, QL, SP
TOSYMRA	3		ERLEADA	2	PA, QL, SP
UBRELVY	2	PA, ST, QL	everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA, QL, SP
ZAVZPRET	3	PA, ST	exemestane	1	H-PA
ZEMBRACE SYMTOUCH	3		GAVRETO	3	PA, QL, SP
zolmitriptan oral	1		hydroxyurea oral	1	
ZOMIG NASAL SOLUTION 2.5 MG	2		HYRNUO	2	PA, QL, SP
ZOMIG NASAL SOLUTION 5 MG	1		IBRANCE ORAL TABLET	3	PA, ST, QL, SP
Antimyasthenic agents - Drugs to treat myasthenia gravis			ICLUSIG	3	PA, QL, SP
pyridostigmine bromide oral tablet 60 mg	1		IDHIFA	2	PA, QL, SP
Antimycobacterials - Drugs to treat infections			imatinib mesylate oral	1	QL, SP
dapsone oral	1		IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
ethambutol hcl oral	1		IMBRUVICA ORAL SUSPENSION	2	PA, QL, SP
isoniazid oral tablet	1		IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
MYAMBUTOL ORAL TABLET 400 MG	3		IMKELDI	3	PA, QL, SP
rifampin oral	1		JAKAFI	2	PA, QL, SP
Antineoplastics - Drugs for cancer			KISQALI (200 MG DOSE)	2	PA, QL, SP
abiraterone acetate oral tablet 250 mg	1	QL, SP	KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA, QL, SP
abirtega	1	QL, SP	KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	2	PA, QL, SP
ALECENSA	2	PA, QL, SP	KOSELUGO ORAL CAPSULE	3	PA, QL, SP
ALUNBRIG	2	PA, QL, SP	lederle leucovorin	1	
anastrozole oral	1	H-PA	lenalidomide	1	PA, QL, SP
AUGTYRO	2	PA, QL, SP	LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	2	PA, QL, SP
BESREMI	3	PA, QL, SP	letrozole oral	1	H-PA
bicalutamide	1		leucovorin calcium oral	1	
BRUKINSA ORAL CAPSULE	3	PA, ST, SP	leuprolide acetate injection	1	PA, SP
CABOMETYX	2	PA, QL, SP	LUMAKRAS	3	PA, QL, SP
CALQUENCE	2	PA, QL, SP	LYNPARZA	2	PA, QL, SP
capecitabine	1	SP	mercaptopurine oral tablet	1	
COTELLIC	2	PA, QL, SP	nilotinib hcl	1	PA, ST, QL, SP
dasatinib	1	PA, QL, SP			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
pomalidomide	1	PA, QL, SP
RETEVMO	3	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	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
temozolomide	1	SP
TEPMETKO	3	PA, QL, SP
torpenz	1	PA, QL, SP
TRUQAP	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
yulithira	1	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
Antiparasitics - Drugs for parasitic infections		
ARAKODA	3	QL
atovaquone	1	
atovaquone-proguanil hcl	1	
ELIMITE EXTERNAL CREAM 5 %	3	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
MALARONE	3	
mefloquine hcl	1	
permethrin external	1	

Drug name	Drug tier	Requirements & limits
STROMECTOL	3	PA, QL
Antiparkinson agents - Drugs for Parkinson's disease		
amantadine hcl oral capsule	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
INBRIJA	3	PA, QL, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
SINEMET	3	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for heart attack and stroke prevention		
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
ticagrelor	1	QL
Antipsychotics - Drugs for mood disorders		
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	QL
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	3	
haloperidol oral	1	
lurasidone hcl	1	QL
olanzapine oral	1	
paliperidone er	1	QL
quetiapine fumarate	1	
quetiapine fumarate er	1	

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Drug name	Drug tier	Requirements & limits
REXULTI	3	QL
risperidone	1	
VRAYLAR	3	QL
ziprasidone hcl	1	
Antivirals - Drugs for viral infections		
acyclovir external ointment	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
DELSTRIGO	2	QL
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	
famciclovir oral	1	
GENVOYA	3	QL
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	1	
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	

Drug name	Drug tier	Requirements & limits
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO ORAL TABLET 400-300-300 MG	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	
valganciclovir hcl oral tablet	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
HALCION ORAL TABLET 0.25 MG	3	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam oral tablet	1	
triazolam	1	
Bipolar agents - Drugs for mood disorders		
lithium carbonate er	1	
lithium carbonate oral	1	

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Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
LITHOBID	3		clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
Cardiovascular agents - Drugs for heart and circulation conditions			clonidine patch weekly	1	
acebutolol hcl oral	1		colesevelam hcl oral tablet	1	
acetazolamide er	1		COLESTID ORAL TABLET	3	
acetazolamide oral	1		colestipol hcl oral tablet	1	
amiloride hcl oral	1		CORLANOR ORAL TABLET	3	PA, QL
amiodarone hcl oral	1		digoxin oral tablet	1	
amlodipine besylate oral	1		diltiazem hcl er	1	
amlodipine besylate-benazepril hcl	1		diltiazem hcl er beads	1	
amlodipine besylate-valsartan	1		diltiazem hcl er coated beads	1	
amlodipine-olmesartan	1		diltiazem hcl oral	1	
ARB LI	3	PA	dilt-xr	1	
atenolol oral	1		dofetilide	1	
atenolol-chlorthalidone	1		doxazosin mesylate oral	1	
ATORVALIQ	3	PA	EDARBYCLOR	3	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	enalapril maleate oral solution	1	PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1		enalapril maleate oral tablet	1	
azilsartan medoxomil	1		enalapril-hydrochlorothiazide	1	
benazepril hcl oral	1		eplerenone	1	
benazepril-hydrochlorothiazide	1		ezetimibe	1	
bisoprolol fumarate oral	1		ezetimibe-simvastatin	1	
bisoprolol-hydrochlorothiazide	1		felodipine er	1	
bumetanide oral	1		fenofibrate micronized	1	
BUMEX	3		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
CAMZYOS	3	PA, QL, SP	fenofibrate oral tablet	1	
candesartan cilexetil	1		fenofibric acid oral capsule delayed release	1	
candesartan cilexetil-hctz	1		flecainide acetate	1	
captopril oral	1		fosinopril sodium	1	
CARDURA	3		furosemide oral	1	
cartia xt	1		gemfibrozil oral	1	
carvedilol	1		guanfacine hcl	1	
carvedilol phosphate er	1		HEMANGEOL	3	
chlorthalidone	1		HEMICLOR	3	
cholestyramine light	1		hydralazine hcl oral	1	
cholestyramine oral	1		hydrochlorothiazide oral	1	

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Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
indapamide	1		NEXLETOL	2	PA, ST, QL
INZIRQO	3	PA	NEXLIZET	2	PA, ST, QL
irbesartan	1		niacin er (antihyperlipidemic)	1	
irbesartan-hydrochlorothiazide	1		nifedipine er	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		nifedipine er osmotic release	1	
isosorbide mononitrate er	1		nifedipine oral	1	
ivabradine hcl	1	PA, QL	nitro-bid	1	
KAPSPARGO SPRINKLE	3		NITRO-DUR	3	
KERENDIA	3	PA, QL	nitroglycerin rectal	1	QL
labetalol hcl oral	1		nitroglycerin sublingual	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		nitroglycerin transdermal	1	
LANOXIN ORAL TABLET 62.5 MCG	3		NITROSTAT	3	
LASIX	3		NORLIQVA	3	PA
lisinopril oral	1		olmesartan medoxomil oral	1	
lisinopril-hydrochlorothiazide	1		olmesartan medoxomil-hctz	1	
LODOCO	3	QL	olmesartan-amlodipine-hctz	1	
LOPID	3		omega-3-acid ethyl esters	1	
LOPRESSOR ORAL SOLUTION	3	PA	PACERONE ORAL TABLET 100 MG, 400 MG	3	
losartan potassium oral	1		PACERONE ORAL TABLET 200 MG	3	
losartan potassium-hctz	1		pentoxifylline er	1	
LOTENSIN	3		pravastatin sodium	1	
LOTENSIN HCT	3		prazosin hcl oral	1	
lovastatin oral	1	H	prevalite	1	
matzim la	1		propafenone hcl	1	
metolazone	1		propafenone hcl er	1	
metoprolol succinate er	1		propranolol hcl er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1		propranolol hcl oral	1	
metoprolol-hydrochlorothiazide	1		QUESTRAN	3	
mexiletine hcl oral	1		QUESTRAN LIGHT	3	
midodrine hcl	1		ramipril	1	
minoxidil oral	1		ranolazine er	1	
MULTAQ	3	PA	RECTIV	3	QL
nadolol oral	1		REPATHA	2	QL
nebivolol hcl	1		REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	QL
			REPATHA SURECLICK	2	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
rosuvastatin calcium oral	1	
sacubitril-valsartan	1	PA, QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ ORAL TABLET 20 MG, 40 MG	3	QL
SOAANZ ORAL TABLET 60 MG	3	
sotalol hcl oral	1	
spironolactone oral tablet	1	
spironolactone-hctz	1	
TEKTURNA	3	
telmisartan	1	
telmisartan-hctz	1	
THALITONE	3	
tiadylt er	1	
TIAZAC	3	
TIKOSYN	3	
toremide	1	
trandolapril	1	
triamterene-hctz	1	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	3	PA, QL, SP
valsartan oral solution	1	PA
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	
VERQUVO	3	PA, QL
VYNDALIN ORAL CAPSULE 20 MG	2	PA, QL, SP
ZESTRIL TABLET 10 MG ORAL	3	

Drug name	Drug tier	Requirements & limits
ZESTRIL TABLET 20 MG ORAL	3	
ZESTRIL TABLET 5 MG ORAL	3	
Central nervous system agents - Drugs for attention deficit disorder		
ADZENYS XR-ODT	3	QL
amphetamine er	1	QL
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	QL
atomoxetine hcl oral capsule	1	QL
AZSTARYS	2	ST, QL
clonidine hcl er	1	
COTEMPLA XR-ODT	3	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral tablet	1	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	3	QL
EVEKEO	3	
FOCALIN	3	
guanfacine hcl er	1	
JORNAY PM	2	ST, QL
lisdexamfetamine dimesylate	1	QL
METHYLIN	3	
METHYLPHENIDATE ER	3	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	QL
methylphenidate hcl er (xr)	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl er(diffus)	1	QL
methylphenidate hcl oral	1	
MYDAYIS	3	QL
ONYDA XR	3	QL
QUILLICHEW ER	3	QL
QUILLIVANT XR	3	QL
Central nervous system agents - Drugs for multiple sclerosis		
AVONEX	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
dalfampridine er	1	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	3	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
teriflunomide	1	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
LYNKUET	3	PA, QL
LYRICA ORAL CAPSULE	3	
milnacipran hcl oral tablet	1	QL
NUEDEXTA	2	PA, QL
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
TEGLUTIK	3	PA, SP
TIGLUTIK	3	PA, SP

Drug name	Drug tier	Requirements & limits
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
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	
KOURZEQ	2	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE	2	
PERIDEX	3	
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	
SALAGEN	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	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
sodium fluoride dental	1		CIBINQO	2	PA, QL, SP
triamcinolone acetonide mouth/throat	1		ciclopirox olamine external suspension	1	
Dermatological agents - Drugs for skin conditions			claravis	1	
ACANYA	3		CLEOCIN-T	3	
accutane	1		clindacin etz	1	
acitretin	1		clindacin-p	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1		CLINDAGEL	3	
ADBRY	2	PA, QL, SP	clindamycin phos (once-daily) gel 1 % external	1	
AKLIEF	3	PA	clindamycin phos (once-daily) gel 1 % external	1	(generic for Clindagel)
alclometasone dipropionate	1		clindamycin phos (twice-daily) gel 1 % external	1	
amnestem	1		clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T)
AMZEEQ	3		clindamycin phos-benzoyl perox external gel 1.2-5 %	1	QL
ANZUPGO	3	PA, SP	clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	1	
AVAR CLEANSER	3		clindamycin phosphate external lotion	1	
AVAR LS CLEANSER	3		clindamycin phosphate external solution	1	
azelaic acid external	1		clindamycin phosphate external swab	1	
AZELEX	3		clobetasol prop emollient base	1	
BENZAMYCIN	2		clobetasol propionate e	1	
benzoyl peroxide-erythromycin	1		CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	3	
betamethasone dipropionate aug external cream	1		clobetasol propionate external cream 0.05 %	1	
betamethasone dipropionate aug external lotion	1		clobetasol propionate external foam	1	
betamethasone dipropionate aug external ointment	1		clobetasol propionate external gel	1	
betamethasone dipropionate external	1		clobetasol propionate external liquid	1	
betamethasone valerate external cream	1		clobetasol propionate external ointment	1	
betamethasone valerate external lotion	1				
betamethasone valerate external ointment	1				
calcipotriene external cream	1				
calcipotriene external ointment	1				
calcipotriene external solution	1				
CALCITRENE	3				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
clobetasol propionate external shampoo	1		fluticasone propionate external ointment	1	
clobetasol propionate external solution	1		halobetasol propionate external cream	1	
clodan	1		halobetasol propionate external ointment	1	
clotrimazole-betamethasone	1		hydrocortisone external cream 2.5 %	1	
dapsone external	1		hydrocortisone external lotion 2.5 %	1	
DERMACINRX UREA	3		hydrocortisone external ointment 1 %, 2.5 %	1	
DERMACURE	3		hydrocortisone valerate external cream	1	
DERMA-SMOOTH/FS BODY	3		ICOTYDE	2	PA, QL, SP
DERMA-SMOOTH/FS SCALP	3		imiquimod external cream 5 %	1	
desonide external cream	1		IMPOYZ	3	
desonide external lotion	1		isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
desonide external ointment	1		KLARON	3	
DESOWEN EXTERNAL CREAM 0.05 %	3		KLISYRI	3	ST
desoximetasone external cream	1		METROCREAM EXTERNAL CREAM 0.75 %	3	
desoximetasone external ointment	1		METROLOTION EXTERNAL LOTION 0.75 %	3	
diclofenac sodium external gel 3 %	1	PA	metronidazole external	1	
DIPROLENE	3		MIRVASO	2	PA
DRYSOL	2		mometasone furoate external	1	
DUPIXENT	2	PA, QL, SP	NEMLUVIO	2	PA, QL, SP
EBGLYSS	2	PA, QL, SP	neuac	1	QL
EFUDEX EXTERNAL CREAM 5 %	3		ONEXTON	3	
ENSTILAR	3		OPZELURA	3	PA, QL, SP
ERYGEL EXTERNAL GEL 2 %	3		OVACE PLUS WASH EXTERNAL LIQUID 10 %	3	
erythromycin external	1		OVACE WASH EXTERNAL LIQUID 10 %	3	
EUCRISA	3	ST	PANRETIN	3	
FINACEA EXTERNAL FOAM	2		PELLIX	3	
fluocinolone acetonide body	1		pimecrolimus	1	
fluocinolone acetonide external	1		PLEXION CLEANSER	3	
fluocinolone acetonide scalp	1				
fluocinonide external	1				
fluorouracil external cream 5 %	1				
fluticasone propionate external cream	1				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
podofilox external solution	1		UREMEZ-40 EXTERNAL CREAM 40 %	3	
RHOFADE	3	PA	VTAMA	3	PA
SANTYL	3		WEZLANA SUBCUTANEOUS	2	PA, QL, SP
selenium sulfide external lotion	1		ZELSUVMI	3	
sodium sulfacetamide wash	1		zenatane	1	
SOOLANTRA	1		ZILXI	3	PA, ST
STARJEMZA SUBCUTANEOUS	2	PA, QL, SP	ZORYVE	3	PA
STEQEYMA SUBCUTANEOUS SOLUTION	2	PA, QL, SP	ZORYVE EXTERNAL CREAM 0.3 %	3	PA, QL
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	ZORYVE EXTERNAL FOAM	3	PA
sulfacetamide sodium (acne)	1		Diabetes - Glucose monitoring and supplies		
sulfacetamide sodium external	1		ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1		ACCU-CHEK GUIDE	2	QL
sulfacetamide sod-sulfur wash external liquid 9-4 %	1		ACCU-CHEK GUIDE KIT W/ DEVICE	2	QL
SYNALAR	3		ACCU-CHEK GUIDE ME KIT W/ DEVICE	2	QL
tacrolimus external	1		ACCU-CHEK GUIDE TEST STRIPS	2	QL
tazarotene external cream	1	PA	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
TAZORAC EXTERNAL CREAM	3	PA	AQ INSULIN SYRINGE	2	QL
TOLAK	3		AQINJECT PEN NEEDLE	2	QL
TOPICORT	3		BD AUTOSHIELD DUO PEN NEEDLES	2	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 %	3		BD ULTRA-FINE INSULIN SYRINGES	2	QL
TREMFYA	2	PA, QL, SP	BD ULTRA-FINE PEN NEEDLES	2	QL
tretinoin external cream	1		BIGFOOT UNITY PROGRAM	3	QL
tretinoin external gel 0.01 %, 0.025 %	1		CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 1-1/2", 25G X 5/8"	2	
tretinoin external gel 0.05 %	1	PA	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
triamcinolone acetonide external cream	1		CAREPOINT PRECISION POLY HUB	2	
triamcinolone acetonide external lotion	1		CAREPOINT SAFETY 1ST NEEDLE	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1				
triderm	1				
urea external cream 20 %, 40 %, 41 %, 45 %	1				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
CEQUR SIMPLICITY 2U 10PK	3	ST	FREESTYLE LIBRE 3 SENSOR	3	PA, QL
CONTOUR NEXT EZ KIT W/ DEVICE	1	QL	GUARDIAN 4 GLUCOSE SENSOR	3	PA, QL
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	QL	GUARDIAN 4 TRANSMITTER	3	PA, QL
CONTOUR NEXT GEN TEST STRIPS	1	QL	GUARDIAN CONNECT TRANSMITTER	3	PA, QL
CONTOUR NEXT MONITOR KIT W/DEVICE	1	QL	GUARDIAN LINK 3 TRANSMITTER	3	PA, QL
CONTOUR NEXT ONE KIT	1	QL	GUARDIAN SENSOR 3	3	PA, QL
CONTOUR PLUS BLUE KIT W/ DEVICE	1	QL	INPEN 100-BLUE-LILLY-HUMALOG	3	ST
CONTOUR PLUS TEST STRIP	1	QL	INPEN 100-BLUE-NOVOLOG-FIASP	3	ST
DEXCOM G6 RECEIVER	3	PA, QL	INPEN 100-GREY-LILLY-HUMALOG	3	ST
DEXCOM G6 SENSOR	3	PA, QL	INPEN 100-GREY-NOVOLOG-FIASP	3	ST
DEXCOM G6 TRANSMITTER	3	PA, QL	INPEN 100-PINK-LILLY-HUMALOG	3	ST
DEXCOM G7 15 DAY SENSOR	3	PA, QL	INPEN 100-PINK-NOVOLOG-FIASP	3	ST
DEXCOM G7 RECEIVER	3	PA, QL	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
DEXCOM G7 SENSOR	3	PA, 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
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL	LANCETS	1	
DROPSAFE SICURA	2		MINIMED 630G GUARDIAN PRESS	3	PA
EMBECTA AUTOSHIELD 30GX5MM	2	QL	MINIMED INSTINCT GLUC SENSOR	3	PA, QL
EMBECTA INSULIN SYRINGE	2	QL	MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
EMBECTA INSULIN SYRINGE U-500	2	QL	NOVOFINE PEN NEEDLE	2	QL
EMBECTA PEN NEEDLE/ NANO/32G X 4MM	2	QL	NOVOFINE PLUS PEN NEEDLE	2	QL
ENLITE GLUCOSE SENSOR	3	PA	OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL	OMNIPOD 5 DEXCOM PODS	2	PA
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			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
OMNIPOD 5 LIBRE INTRO	2	PA, QL	LANTUS SOLOSTAR	1	
OMNIPOD 5 LIBRE PODS	2	PA	LANTUS U-100 VIAL	1	
RELION GLUCOSE TEST STRIPS	3	QL	LYUMJEV KWIKPEN	2	
SIMPLERA SYNC SENSOR	3	PA	LYUMJEV VIAL	1	
TECHLITE INSULIN SYRINGES (Arkay)	2	QL	TOUJEO MAX SOLOSTAR	2	
TECHLITE PEN NEEDLES (Arkay)	2	QL	TOUJEO SOLOSTAR	2	
TWIIST REFILL KIT	2	PA	Diabetes - Non-insulin agents		
TWIIST REFILL KIT/INFUSION SET	2	PA	acarbose oral	1	
TWIIST STARTER KIT	2	PA, QL	ACTOPLUS MET	3	QL
VERISAFE SAFETY STERILE NEEDLE	2		ALOGLIPTIN BENZOATE	2	QL
Diabetes - Insulin			BAQSIMI ONE PACK	2	
HUMALOG KWIKPEN	2		BAQSIMI TWO PACK	2	
HUMALOG MIX 50/50 KWIKPEN	2		BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1		BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	2	
HUMALOG MIX 75/25 KWIKPEN	2		BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	
HUMALOG MIX 75/25 VIAL	1		CYCLOSET	3	
HUMALOG U-100 JUNIOR KWIKPEN	2		glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
HUMALOG VIAL	2		glipizide er	1	
HUMULIN 70/30 KWIKPEN	2		glipizide oral tablet 10 mg, 2.5 mg, 5 mg	1	
HUMULIN 70/30 VIAL	1		glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
HUMULIN N KWIKPEN	2		glipizide-metformin hcl	1	
HUMULIN N VIAL	1		GLUCAGON EMERGENCY KIT	2	(manufactured by Fresenius)
HUMULIN R U-500 KWIKPEN	2		glucagon emergency kit injection solution reconstituted 1 mg	1	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	1		GLUCOTROL XL	3	
HUMULIN R VIAL	1		glyburide	1	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen)	glyburide-metformin	1	
INSULIN LISPRO JUNIOR KWIKPEN	2		GLYXAMBI	2	QL
INSULIN LISPRO PROT & LISPRO	2				
INSULIN LISPRO VIAL	1				

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
GVOKE HYPOPEN 1-PACK	2		AFSTYLA	2	SP
GVOKE HYPOPEN 2-PACK	2		ALPROLIX	3	SP
GVOKE KIT	2		ALTUVIIIO	2	SP
GVOKE PFS	2		ALVAIZ	3	PA, SP
JARDIANCE	2	QL	ARANESP (ALBUMIN FREE)	2	QL, SP
JENTADUETO	2	QL	BENEFIX	2	SP
JENTADUETO XR	2	QL	DOPTELET	3	PA, QL, SP
liraglutide subcutaneous solution pen-injector 18 mg/3ml	1	PA, QL	ELOCTATE	2	SP
metformin hcl er	1		eltrombopag olamine oral tablet	1	PA, SP
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		FABHALTA	2	PA, QL, SP
MOUNJARO	2	PA, QL	HEMLIBRA	2	PA, SP
nateglinide	1		HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	2	PA, QL, SP
OZEMPIC	2	PA, QL	IDELVION	3	SP
pioglitazone hcl	1	QL	KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	SP
pioglitazone hcl-metformin hcl	1	QL	KOVALTRY	2	SP
repaglinide	1	QL	NEULASTA	2	SP
RYBELSUS	2	PA, QL	NIVESTYM	2	SP
saxagliptin hcl	1	QL	NOVOEIGHT	2	SP
saxagliptin-metformin er	1	QL	NUWIQ	2	SP
sitagliptin phos-metformin hcl	1	QL	RECOMBINATE	2	SP
sitagliptin phosphate	1	QL	RETACRIT	2	QL, SP
SOLQUA	2	QL	tranexamic acid oral	1	QL
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	3	QL	UDENYCA	2	SP
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	3	QL	VOYDEYA	2	PA, QL, SP
SYNJARDY	2	QL	WILATE	2	SP
SYNJARDY XR	2	QL	ZARXIO	2	SP
TRADJENTA	2	QL	Drugs for sexual dysfunction		
TRIJARDY XR	2	QL	ADDYI	3	PA, QL
TRULICITY	2	PA, QL	IMVEXXY MAINTENANCE PACK	2	QL
Drugs for blood disorders			IMVEXXY STARTER PACK	2	QL
ADVATE	2	SP	INTRAROSA	3	PA, QL
ADYNOVATE	2	SP	OSPHEA	2	PA, QL
			sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
tadalafil oral	1	QL	LOKELMA	3	PA, QL
varafenafil hcl oral tablet	1	QL	M-NATAL PLUS	3	
VYLEESI	3	PA, QL	multivitamin w/fluoride	1	
Electrolytes / Vitamins			multivitamin/fluoride	1	
CARNITOR ORAL SOLUTION	3		multi-vitamin/fluoride	1	
CARNITOR SF	3		MULTI-VIT-FLOR	3	
CO-NATAL FA	2		NASCOBAL	3	
cyanocobalamin injection solution 1000 mcg/ml	1		NEONATAL COMPLETE	3	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3		NEONATAL PLUS	3	
cyanocobalamin nasal	1		NIVA-PLUS	3	
DAVIMET-FLUORIDE	3		ONE VITE WOMENS PLUS	3	
DENTA 5000 PLUS SENSITIVE	3		ORACIT	2	
DODEX INJECTION SOLUTION 1000 MCG/ML	3		ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	2	
DRISDOL	3		PHOSPHA 250 NEUTRAL	2	
ergocalciferol oral capsule	1		phosphorous	1	
FLORAFOL PEDIATRIC ORAL SUSPENSION 0.25 MG/ML	3		phospho-trin 250 neutral	1	
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE 0.5 MG, 1 MG	3		pnv 27-ca/fe/fa	1	
FLORIVA PLUS	3		POLY-VI-FLOR	3	
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG	3		potassium chloride crys er	1	
FLOTREX ORAL TABLET CHEWABLE 1 MG	3		potassium chloride er	1	
FLUORIMAX 5000 SENSITIVE	3		potassium chloride oral packet 20 meq	1	
folic acid oral tablet 1 mg	1		potassium chloride oral solution	1	
klor-con	1		potassium citrate er	1	
klor-con 10	1		prenatal oral tablet 27-1 mg	1	
klor-con m10	1		prenatal plus	1	
klor-con m15	1		prenatal plus vitamin/mineral	1	
klor-con m20	1		PREVIDENT 5000 ENAMEL PROTECT	3	
K-PHOS-NEUTRAL	2		PREVIDENT 5000 SENSITIVE	3	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3		QUFLORA PEDIATRIC ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
levocarnitine oral solution	1		QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	3	
levocarnitine sf	1		sod citrate-citric acid oral solution 500-334 mg/5ml	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
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
tolvaptan oral tablet therapy pack	1	PA, QL, SP
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
TRI-VI-FLOR	3	
TRI-VITAMIN WITH FLUORIDE	3	
tri-vite/fluoride	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	3	
VELTASSA	3	PA, QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
Gastrointestinal agents - Drugs for acid reflux and ulcer		
cimetidine oral	1	
CYTOTEC	3	
esomeprazole magnesium oral packet	1	PA, QL
famotidine oral suspension reconstituted	1	
lansoprazole oral tablet delayed release dispersible	1	PA, QL
misoprostol oral	1	
omeprazole oral capsule delayed release	1	

Drug name	Drug tier	Requirements & limits
pantoprazole sodium oral tablet delayed release	1	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral	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		
AMITIZA	3	PA, QL
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG	2	
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	1	
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilyte-c	1	H
gavilyte-g	1	H
gavilyte-n with flavor pack	1	H
generlac	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GOLYTELY	1	H
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

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	3	
LEVSIN	3	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
LOMOTIL	3	
lubiprostone	1	PA, QL
MOVIPREP	3	
na sulfate-k sulfate-mg sulf	1	
NULEV	3	
OSCIMIN	3	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
prucalopride succinate	1	PA, QL
REZDIFFRA	3	PA, QL
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA, QL
TRULANCE	3	PA, ST, 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
CARNITOR ORAL TABLET	3	
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST

Drug name	Drug tier	Requirements & limits
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
VYNDAMAX	2	PA, QL, SP
YUUIWEL	3	PA, QL, SP
ZENPEP	2	
Genitourinary agents - Drugs for bladder, genital and kidney conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
ELMIRON	3	ST
FILSPARI	3	PA, QL, SP
GEMTESA	3	
mirabegron er oral tablet extended release 24 hour	1	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
VANRAFIA	3	PA, QL, SP
VELPHORO	3	ST
VESICARE	3	
VOYXACT	3	PA, QL, SP
Genitourinary agents - Drugs for prostate conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
silodosin	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
tamsulosin hcl	1	
terazosin hcl	1	
TEZRULY	3	PA
Hormonal agents - Hormone replacement and birth control		
abigale	1	
abigale lo	1	
ACTIVELLA	3	
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	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	2	QL

Drug name	Drug tier	Requirements & limits
COMBIPATCH	2	QL
COVARYX	2	
COVARYX HS	3	
cryselle	1	H
cryselle-28	1	H
cyred eq	1	H
dasetta 1/35 (28)	1	H
dasetta 7/7/7	1	H
daysee	1	H
deblitane	1	H
DELESTROGEN	3	
delyla	1	H
DEPO-PROVERA	3	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dotti	1	QL
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
EEMT	2	
EEMT HS	3	
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
estarylla	1	H
estradiol oral	1	
estradiol patch twice weekly	1	QL
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	1	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	1	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	
estratest f.s. oral tablet 1.25-2.5 mg	1	
ESTRATEST H.S.	3	
ESTRING	2	QL
estrogens conjugated	1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
finzala	1	H
fyavolv	1	
gallifrey	1	
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 vaginal ring 0.12-0.015 mg/24hr	1	H
heather	1	H
iclevia	1	H
incassia	1	H

Drug name	Drug tier	Requirements & limits
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	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
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	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
leena oral tablet 0.5/1/ 0.5-35 mg-mcg	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	1	H
levonorgest-eth estrad 91-day	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
lojaimiess	1	H
loryna	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
low-ogestrel	1	H	norethindrone-eth estradiol	1	
lo-zumandimine	1	H	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
luizza 1.5/30	1	H	norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
luizza 1/20	1	H	norgestimate-ethinyl estradiol triphasic	1	H
lutura	1	H	norlyroc	1	H
lyleq	1	H	nortrel 0.5/35 (28)	1	H
lyllana	1	QL	nortrel 1/35 (21)	1	H
lyza	1	H	nortrel 1/35 (28)	1	H
marlissa	1	H	nortrel 7/7/7	1	H
medroxyprogesterone acetate intramuscular	1	QL, H	nylia 1/35	1	H
medroxyprogesterone acetate oral	1		nylia 7/7/7	1	H
megestrol acetate oral tablet	1		ocella oral tablet 3-0.03 mg	1	H
meleya	1	H	orquidea	1	H
MENOSTAR	3	QL	philith	1	H
mibelas 24 fe	1	H	pimtrea	1	H
microgestin 1.5/30	1	H	portia-28	1	H
microgestin 1/20	1	H	PREMARIN ORAL	3	
microgestin fe 1.5/30	1	H	PREMARIN VAGINAL	3	
microgestin fe 1/20	1	H	PREMPHASE	2	
mili	1	H	PREMPRO	2	
mimvey	1		progesterone intramuscular	1	
mono-lynyah	1	H	progesterone oral	1	
MYFEMBREE	2	PA, QL	PROVERA	3	
NATAZIA	1		reclipsen	1	H
necon 0.5/35 (28)	1	H	rivelsa	1	H
NEXTSTELLIS	3		rosyrah	1	H
nikki	1	H	setlakin	1	H
nora-be	1	H	sharobel	1	H
norelgestromin-eth estradiol	1	H	simliya	1	H
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	H	simpesse	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H	SLYND	3	PA, ST
norethindrone acetate oral	1		sprintec 28	1	H
norethindrone acet-ethinyl est	1	H	sronyx	1	H
norethindrone oral	1	H	syeda	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-linyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TWIRLA	3	
TYBLUME	1	H
tydemy	1	H
valtya 1/35	1	H
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xarah fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H

Drug name	Drug tier	Requirements & limits
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 16 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
PEDIAPRED ORAL SOLUTION 5 MG/5ML	2	
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	
Hormonal agents - Other		
cabergoline	1	
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
SOGROYA	3	PA, QL, SP
Hormonal agents - Testosterone replacement		
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
KYZATREX	3	QL
TESTIM	1	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone transdermal gel 1.62 %	1	PA, QL (generic AndroGel Pump)
Hormonal agents - Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
ARMOUR THYROID TABLET 15 MG ORAL	2	
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 CAPSULE	3	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	

Drug name	Drug tier	Requirements & limits
THYQUIDITY	3	PA
thyroid oral	1	
TIROSINT	3	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological agents - Drugs for immune system stimulation or suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	2	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	2	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	2	PA, (Manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY CD/UC/HS START	2	PA, (Manufactured by Celltrion), SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
AMJEVITA	2	PA, QL, SP
ANDEMBRY	2	PA, QL, SP
AVTOZMA SUBCUTANEOUS	3	PA, ST, QL, SP
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
BIMZELX	3	PA, ST, QL, SP
CIMZIA	2	PA, QL, SP
COSENTYX	2	PA, QL, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
cyclosporine modified oral capsule	1		OTEZLA XR	2	PA, QL, SP
EMPAVELI	2	PA, QL, SP	PROGRAF ORAL CAPSULE	3	
ENBREL	2	PA, QL, SP	RASUVO	2	QL
ENBREL MINI	2	PA, QL, SP	RINVOQ	2	PA, QL, SP
ENBREL SURECLICK	2	PA, QL, SP	RINVOQ LQ	2	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP	RUCONEST	3	PA, QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	SP	SIMPONI	2	PA, QL, SP
gengraf	1		sirolimus oral tablet	1	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	2	PA, QL, SP	SKYRIZI	2	PA, QL, SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	2	PA, SP	tacrolimus oral	1	
HYFTOR	3	PA, QL	TAKHZYRO	2	PA, QL, SP
JYLAMVO	3	PA	TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML	2	PA, QL, SP
KEVZARA	3	PA, ST, QL, SP	TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	H
leflunomide oral	1		TENIVAC	3	H
LITFULO	3	PA, QL, SP	tofacitinib citrate er	1	PA, QL, SP
LUPKYNIS	3	PA, QL, SP	tofacitinib citrate oral tablet	1	PA, QL, SP
methotrexate sodium (pf)	1		TREXALL	2	
methotrexate sodium injection solution	1		VAQTA INTRAMUSCULAR SUSPENSION	2	H
methotrexate sodium oral	1		VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, QL, SP
mycophenolate mofetil oral capsule	1		XOLAIR	2	PA, QL, SP
mycophenolate mofetil oral tablet	1		YESINTEK	2	PA, QL, SP
mycophenolate sodium	1		Immunological agents - Drugs for vaccination		
mycophenolic acid	1		ABRYSVO	3	H
MYHIBBIN	1		ADACEL	3	H
OLUMIANT	3	PA, ST, QL, SP	AFLURIA PRESERVATIVE FREE	3	H
OMVOH SUBCUTANEOUS	2	PA, QL, SP	AREXVY	3	H
ORENCIA CLICKJECT	3	PA, ST, QL, SP	BOOSTRIX	2	H
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
OTEZLA	2	PA, QL, SP	CAPVAXIVE	3	H
			COMIRNATY	3	H
			COMIRNATY 5-11 YEARS	3	H
			ENGERIX-B	2	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
FLUAD	3	H
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	H
FLUZONE	3	H
FLUZONE HIGH-DOSE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
I POL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MNEXSPIKE	3	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	H
SPIKEVAX	3	H
SPIKEVAX 6M-11Y	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	1	

Drug name	Drug tier	Requirements & limits
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
GONAL-F	3	ST, SP
GONAL-F RFF REDIJECT	3	ST, SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	3	ST, SP
MENOPUR	3	QL, SP
milophene	1	
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
progesterone vaginal	1	
Inflammatory bowel disease agents		
ANALPRAM HC EXTERNAL CREAM	3	
ANALPRAM-HC EXTERNAL CREAM 1-1 %	3	
ANUCORT-HC	2	
ANUSOL-HC	3	
APRISO	1	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide disodium	1	
budesonide oral	1	
CORTIFOAM	2	
DIPENTUM	3	
EOHILIA	3	PA, QL
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	3	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	QL
PROCORT	3	
PROCTOCORT RECTAL	3	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	3	
PROCTOZONE-HC	3	
SFROWASA RECTAL ENEMA 4 GM/60ML	3	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic bone disease agents - Drugs for osteoporosis		
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
FOSAMAX	3	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet	1	
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	3	PA, SP
TYMLOS	3	PA, SP
Metabolic bone disease agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
ROCALTROL ORAL CAPSULE	3	
YORVIPATH	3	PA, QL, SP

Drug name	Drug tier	Requirements & limits
Ophthalmic agents - Drugs for eye allergy, infection and inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALREX	3	
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic	1	
BROMSITE	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
NEVANAC	3		dorzolamide hcl-timolol mal	1	
OCUFLOX	3		dorzolamide hcl-timolol mal pf	1	
ofloxacin ophthalmic	1		ISTALOL	3	
POLYCIN OPHTHALMIC OINTMENT 500-10000 UNIT/GM	3		IYUZEH	3	
polymyxin b-trimethoprim	1		latanoprost ophthalmic	1	
PRED MILD	3		RHOPRESSA	3	
prednisolone acetate ophthalmic	1		ROCKLATAN	3	
PROLENSA	3		tafluprost (pf)	1	ST
sulfacetamide sodium ophthalmic	1		timolol maleate (once-daily)	1	
TOBRADEX	3		timolol maleate ocudose	1	
TOBRADEX ST	3		timolol maleate ophthalmic	1	
tobramycin ophthalmic	1		timolol maleate pf	1	
tobramycin-dexamethasone	1		TIMOPTIC OCUDOSE	3	
XDEMYV	3	PA, QL	travoprost (bak free)	1	
ZYLET	3		VYZULTA	3	
Ophthalmic agents - Drugs for glaucoma			ZIOPTAN	3	ST
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	1		Ophthalmic agents - Drugs for miscellaneous eye conditions		
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3		atropine sulfate ophthalmic solution 1 %	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2		cromolyn sodium ophthalmic	1	
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3		CYCLOGYL	3	
bimatoprost ophthalmic solution 0.03 %	1		cyclopentolate hcl ophthalmic	1	
bimatoprost solution 0.01 % ophthalmic	1		difluprednate	1	
brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	1		MIEBO	3	PA, QL
brinzolamide	1		RESTASIS	1	PA, QL
COMBIGAN	1		RESTASIS MULTIDOSE	3	PA, QL
COSOPT	3		TRYPTYR	3	PA, QL
dorzolamide hcl solution 2 % ophthalmic	1		TYRVAYA	3	PA, QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3		VERKAZIA	3	PA, QL
			XIIDRA	2	PA, QL
			Otic agents - Drugs for ear conditions		
			acetic acid otic	1	
			ciprofloxacin-dexamethasone	1	
			DERMOTIC	3	
			flac otic oil 0.01 %	1	
			fluocinolone acetone otic	1	
			hydrocortisone-acetic acid	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
neomycin-polymyxin-hc otic	1		promethazine-dm	1	
ofloxacin otic	1		pseudoephedrine-bromphen-dm	1	
Respiratory - Drugs for Anaphylaxis			PULMOSAL	2	
AUVI-Q	2		RHAPSIDO	2	PA, QL, SP
epinephrine solution auto-injector	1		RYALTRIS	3	
NEFFY	3		sodium chloride inhalation	1	
Respiratory tract / Pulmonary agents - Drugs for allergies, cough, cold			Respiratory tract / Pulmonary agents - Drugs for asthma and COPD		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1		ACCOLATE ORAL TABLET 10 MG, 20 MG	3	
benzonatate	1		ADVAIR HFA	2	QL, RS
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3		AEROCHAMBER HOLDING CHAMBER	2	
carbinoxamine maleate oral tablet 4 mg	1		AEROCHAMBER PLS FLOVU MTHPIECE	2	
cyproheptadine hcl oral syrup 2 mg/5ml	1		AEROCHAMBER PLUS FLO-VU INTERM	2	
cyproheptadine hcl oral tablet	1		AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
desloratadine oral tablet	1		AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
flunisolide nasal	1		AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
fluticasone propionate nasal	1		AEROCHAMBER2GO ANTI-STATIC	2	
g tussin ac	1		AIRSUPRA	3	
guaifenesin-codeine	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
hydrocod poli-chlorphe poli er	1	PA	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	
hydrocodone bit-homatrop mbr oral solution	1	PA	albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
hydromet oral solution 5-1.5 mg/5ml	1	PA	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
HYPERSAL	2		albuterol sulfate oral syrup 2 mg/5ml	1	
ipratropium bromide nasal	1		ANORO ELLIPTA	3	QL
levocetirizine dihydrochloride oral	1				
maxi-tuss ac	1				
mometasone furoate nasal	1				
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3				
ODACTRA	3	PA, QL			
olopatadine hcl nasal	1				
promethazine-codeine	1	PA			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
ARNUITY ELLIPTA	1	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
BEVESPI AEROSPHERE	2	QL	INSPIREASE	2	
BREATHE COMFORT CHAMBER/ADULT	2		ipratropium bromide hfa	1	QL
BREATHE COMFORT CHAMBER/CHILD	2		ipratropium bromide inhalation	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	QL, RS	ipratropium-albuterol	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	QL, RS	levalbuterol hcl inhalation	1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	3	RS	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	QL, RS	MICROCHAMBER	2	
budesonide inhalation	1	QL	montelukast sodium oral	1	
COMBIVENT RESPIMAT	2	QL	NUCALA	3	PA, QL, SP
DULERA	3	ST, QL	PERFOROMIST	3	QL
EASIVENT	2		PROCHAMBER VHC	2	
EASIVENT MASK LARGE	2		QVAR REDIHALER	1	QL
EASIVENT MASK MEDIUM	2		roflumilast	1	QL
EASIVENT MASK SMALL	2		SEREVENT DISKUS	2	QL
FASENRA PEN	3	PA, QL, SP	SINGULAIR ORAL PACKET	3	
FLEXICHAMBER	2		SPIRIVA HANDIHALER	1	QL
FLUTICASONE FUROATE-VILANTEROL	3	QL, RS	SPIRIVA RESPIMAT	2	QL
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	QL	STIOLTO RESPIMAT	2	QL
fluticasone propionate hfa inhalation aerosol 44 mcg/act	1	QL	STRIVERDI RESPIMAT	2	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	3	QL, RS	SYMBICORT	1	QL, RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	QL	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
			TRELEGY ELLIPTA	3	QL, RS
			VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
			VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
			VORTEX VALVE CHAMBER-PEDI MASK	2	
			VORTEX VALVED HOLDING CHAMBER	2	
			wixela inhub	1	QL
			XOPENEX HFA	3	
			YUPELRI	3	PA, QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
zafirlukast	1	
Respiratory tract / Pulmonary agents - Drugs for cystic fibrosis		
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary fibrosis		
nintedanib esylate	1	PA, QL, SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary hypertension		
ADEMPAS	2	PA, QL, SP
alyq	1	PA, QL, SP
macitentan	1	PA, QL, SP
sildenafil citrate oral tablet 20 mg	1	QL, SP
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TYVASO	2	PA, QL, SP
YUTREPIA	2	PA, QL, SP
Skeletal muscle relaxants - Drugs for muscle pain and spasm		
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
TANLOR	3	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet	1	
Sleep disorder agents		
armodafinil	1	QL
BELSOMRA	3	QL

Drug name	Drug tier	Requirements & limits
doxepin hcl oral tablet	1	QL
eszopiclone	1	
LUMRYZ	3	PA, QL, SP
LUMRYZ STARTER PACK	3	PA, QL, SP
modafinil oral	1	QL
ramelteon	1	QL
RESTORIL	3	
SILENOR	3	QL
sodium oxybate solution 500 mg/ml oral	3	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
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desipramine hcl oral	13	diclofenac sodium oral	9	doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	11
desloratadine oral tablet	40	diclofenac-misoprostol	9	doxycycline monohydrate oral	11
desmopressin acetate oral	34	dicloxacillin sodium	11	doxylamine-pyridoxine	14
desmopressin acetate spray	34	dicyclomine hcl oral capsule	29	DRISDOL	28
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desonide external cream	23	DIFICID ORAL SUSPENSION RECONSTITUTED	11	DROPSAFE SAFETY SYRINGE/ NEEDLE	25
desonide external lotion	23	difluprednate	39	DROPSAFE SICURA	25
desonide external ointment	23	digoxin oral tablet	18	drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	31
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fosfomycin tromethamine 11	gabapentin oral tablet 600 mg, 800 mg..... 12	gnp naloxone hcl 10
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mm aspirin	9	nabumetone oral	9	NICORETTE MOUTH/THROAT GUM	10
MNEXSPIKE	37	nadolol oral	19	NICORETTE MOUTH/THROAT LOZENGE	10
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mometasone furoate nasal	40	naproxen dr	9	nicotine polacrilex mini	10
mono-lynyah	33	naproxen oral tablet	9	nicotine polacrilex mouth/throat	10
MONOJECT HYPODERMIC NEEDLE 18G X 1"	25	naproxen oral tablet delayed release	9	nicotine step 1	10
montelukast sodium oral	41	naproxen sodium oral tablet 275 mg, 550 mg	9	nicotine step 2	10
morphine sulfate er	8	naratriptan hcl	14	nicotine step 3	10
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moxifloxacin hcl (2x day)	38	NAYZILAM	12	nikki	33
moxifloxacin hcl ophthalmic	38	nebivolol hcl	19	nilotinib hcl	15
moxifloxacin hcl oral	11	NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	40	nintedanib esylate	42
MULTAQ	19	necon 0.5/35 (28)	33	nitro-bid	19
MULTI-VIT-FLOR	28	NEFFY	40	NITRO-DUR	19
multi-vitamin/fluoride	28	NEMLUVIO	23	nitrofurantoin macrocrystal	11
multivitamin w/fluoride	28	neomycin sulfate oral	11	nitrofurantoin monohydrate macrocrystals	11
multivitamin/fluoride	28	neomycin-polymyxin-dexameth	38	nitroglycerin rectal	19
mupirocin cream	11	neomycin-polymyxin-hc otic	40	nitroglycerin sublingual	19
mupirocin ointment	11	NEONATAL COMPLETE	28	nitroglycerin transdermal	19
MYAMBUTOL ORAL TABLET 400 MG	15	NEONATAL PLUS	28	NITROSTAT	19
mycophenolate mofetil oral capsule	36	neuac	23	NIVA THYROID	35
mycophenolate mofetil oral tablet	36	NEULASTA	27	NIVA-PLUS	28
		NEUPRO	16	NIVESTYM	27
				nora-be	33

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norelgestromin-eth estradiol	33	nylia 7/7/7	33	OPZELURA	23
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg- mcg	33	nystatin external	14	ORACIT	28
norethin ace-eth estrad-fe oral tablet chewable	33	nystatin mouth/throat suspension 100000 unit/ml	14	ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	28
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg- mcg	33	nystatin oral	14	ORALONE	21
norethindrone acet-ethinyl est	33	nystatin-triamcinolone	14	ORENCIA CLICKJECT	36
norethindrone acetate oral	33	nystop	14	ORENCIA SUBCUTANEOUS	36
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norethindrone-eth estradiol	33	O		ORFADIN ORAL SUSPENSION	30
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	33	ocella oral tablet 3-0.03 mg	33	ORGOVYX	16
norgestimate-ethinyl estradiol triphasic	33	OCUFLOX	39	ORIAHNN	34
NORLIQVA	19	ODACTRA	40	ORILISSA	34
norlyroc	33	ODEFSEY	17	ORLYNVAH	11
NORPRAMIN	13	ODOMZO	16	orphenadrine citrate er	42
nortrel 0.5/35 (28)	33	ofloxacin ophthalmic	39	orquidea	33
nortrel 1/35 (21)	33	ofloxacin otic	40	OSCIMIN	30
nortrel 1/35 (28)	33	olanzapine oral	16	oseltamivir phosphate oral	17
nortrel 7/7/7	33	olmesartan medoxomil oral	19	OSPHENA	27
nortriptyline hcl oral capsule	13	olmesartan medoxomil-hctz	19	OTEZLA	36
NOVAREL	37	olmesartan-amlodipine-hctz	19	OTEZLA XR	36
NOVOEIGHT	27	olopatadine hcl nasal	40	OVACE PLUS WASH EXTERNAL LIQUID 10 %	23
NOVOFINE PEN NEEDLE	25	OLUMIANT	36	OVACE WASH EXTERNAL LIQUID 10 %	23
NOVOFINE PLUS PEN NEEDLE	25	omega-3-acid ethyl esters	19	OVIDREL	37
np thyroid	35	omeprazole oral capsule delayed release	29	oxaprozin oral tablet	9
NUBEQA	16	OMNIPOD 5 DEXCOM INTRO KIT	25	oxcarbazepine	12
NUCALA	41	OMNIPOD 5 DEXCOM PODS	25	oxybutynin chloride er	30
NUCYNTA ER	8	OMNIPOD 5 LIBRE INTRO	26	oxybutynin chloride oral	30
NUEDEXTA	21	OMNIPOD 5 LIBRE PODS	26	oxycodone hcl oral capsule	8
NULEV	30	OMNITROPE	34	oxycodone hcl oral solution	8
NURTEC	14	OMVOH SUBCUTANEOUS	36	oxycodone hcl oral tablet	8
NUVESSA	11	ondansetron hcl oral solution 4 mg/5ml	14	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	8
NUWIQ	27	ondansetron hcl oral tablet	14	OZEMPIC	27
NUZYRA ORAL	11	ondansetron odt oral tablet dispersible 4 mg, 8 mg	14		
nyamyc external powder 100000 unit/gm	14	ONE VITE WOMENS PLUS	28	P	
		ONEXTON	23	PACERONE ORAL TABLET 100 MG, 400 MG	19
		ONFI	12		
		ONYDA XR	21		

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pantoprazole sodium oral tablet delayed release	29	PIVYA	11	prenatal plus vitamin/mineral....	28
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perampanel oral tablet.....	13	potassium chloride oral solution..	28	PRIORIX.....	37
PERFOROMIST.....	41	potassium citrate er.....	28	probenecid.....	14
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phenazopyridine hcl oral tablet 100 mg, 200 mg	30	prednisolone oral solution	34	PROCTOSOL HC	38
phenobarbital oral tablet.....	13	prednisolone sodium phosphate oral solution 15 mg/5ml.....	34	PROCTOZONE-HC	38
phenytek.....	13	prednisone oral solution	34	progesterone intramuscular	33
phenytoin sodium extended.....	13	prednisone oral tablet.....	34	progesterone oral	33
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qc childrens aspirin	9
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quetiapine fumarate	16
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ra aspirin adult low strength oral tablet chewable 81 mg	9
ra aspirin childrens oral tablet chewable 81 mg	9

ra aspirin ec adult low st oral tablet delayed release 81 mg	9
ra aspirin ec oral tablet delayed release 81 mg	9
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	10
ra nicotine mouth/throat gum 4 mg	10
ra nicotine polacrilex mouth/ throat lozenge 2 mg, 4 mg	10
ra nicotine transdermal patch 24 hour 21 mg/24hr	10
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sf 5000 plus.....	21	sod fluoride-potassium nitrate ...	29	STRENSIQ.....	30
sf gel 1.1%	21	sodium chloride inhalation.....	40	STRIVERDI RESPIMAT.....	41
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silodosin.....	30	sodium fluoride oral solution 1.1 (0.5 f) mg/ml.....	29	sulfacetamide sodium (acne)	24
SILVADENE.....	11	sodium fluoride oral tablet chewable.....	29	sulfacetamide sodium external...	24
silver sulfadiazine external	11	sodium oxybate solution 500 mg/ml oral	42	sulfacetamide sodium ophthalmic.....	39
simliya.....	33	sodium sulfacetamide wash	24	sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	24
simpesse	33	SOFOSBUVIR-VELPATASVIR	17	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml..	11
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SIMPONI.....	36	solifenacin succinate	30	sulfasalazine oral	38
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg.....	20	SOLQUA.....	27	sulfatrim pediatric.....	11
simvastatin oral tablet 80 mg	20	SOOLANTRA.....	24	sulindac oral	9
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tramadol hcl er tablet extended release 24 hour 200 mg oral	8
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VORTEX HOLD CHMBR/MASK/ CHILD DEVICE.....	41	XIFAXAN ORAL TABLET 550 MG..	12	ZESTRIL TABLET 10 MG ORAL	20
		XIIDRA	39	ZESTRIL TABLET 20 MG ORAL	20
		XOFLUZA (40 MG DOSE).....	17	ZESTRIL TABLET 5 MG ORAL	20
		XOFLUZA (80 MG DOSE).....	17	ZILXI	24
				ZIOPTAN	39
				ziprasidone hcl.....	17
				ZITHROMAX	12
				zolmitriptan oral	15

zolpidem tartrate er	42
zolpidem tartrate oral tablet.....	42
ZOMIG NASAL SOLUTION 2.5 MG	15
ZOMIG NASAL SOLUTION 5 MG ..	15
ZONEGRAN	13
zonisamide oral	13
ZORYVE	24
ZORYVE EXTERNAL CREAM	
0.3 %.....	24
ZORYVE EXTERNAL FOAM	24
zovia 1/35 (28)	34
ZTLIDO.....	8
ZUBSOLV.....	10
zumandimine	34
ZURZUVAE	14
ZYLET	39

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 ተግባቦቶች 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 بتتسيقات 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: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Cambodian-Mon-Khmer)** សេវាជំនួយភាសាភក្តិភក្តិក្តី និងការទំនាក់ទំនងភក្តិភក្តិក្តីក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខភក្តិភក្តិក្តីនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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 پہ زبان فارسی (Persian-Farsi) صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ پزرگ، در دسترس شما هستند. پا شماره رایگان مندرج روی کارت شناسایی عضویتان تماس پگیرید.

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 โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

ЗВЕРНІТЬ УВАГУ! Якщо ви розмовляєте **українською (Ukrainian)**, ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

توجہ دیں: اگر آپ اردو (Urdu) زبان بولتے ہیں تو زبان کی معاون خدمات اور دیگر فارمیٹس میں مواصلات، جیسے بڑے پرنٹ، آپ کے لیے مفت دستیاب ہیں۔ اپنے ممبر شناختی کارڈ پر دیئے گئے ٹول فری نمبر پر کال کریں۔

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

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