



Colorado Individual & Family plans

2025 Prescription Drug List

Effective as of Jan. 1, 2025

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Understanding your prescription drug list

What is a prescription drug list (PDL)?

A PDL is a list of prescribed medications or other pharmacy care products or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, UnitedHealthcare® is guided by the Individual & Family plan Pharmacy Management Committee. This group reviews which medications will be covered, based on how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my PDL?

You and your healthcare provider can use the PDL to help you choose the most cost-effective prescription medications. This guide tells you if your medication is covered, what tier your medication is considered under your plan, and if your medication has coverage rules or limits. You can reference this list when you see your healthcare provider. If your medication is not listed here, please visit myuhc.com/exchange or call the Member Services number on your health plan ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, and you can find cost-sharing information in your plan documents. This determines how much you will pay when you fill a prescription at a network pharmacy. Using lower tier medications can help you pay your lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you should discuss with your healthcare provider if a lower tier medication may be appropriate for your condition. In the chart below, the overall value is based on factors such as medication effectiveness, safety, cost, and the availability of alternative medications to treat the same or similar medical condition.

Tier	Cost-share	Includes
1	\$0	\$0 Cost-share Medications available at no cost to you, which includes medications for preventive care .
2	\$	Lower cost-share Medications that offer the highest overall value , which includes preferred generic medications .
3	\$\$	Mid-range cost-share Medications that provide good overall value , which includes preferred brand name and non-preferred generic medications .
4	\$\$\$	Higher cost-share Medications that provide good overall value , which includes preferred specialty medications .
5	\$\$\$\$	Highest cost-share Medications that provide lower overall value , which includes non-preferred brand name medications .

About this PDL

Where differences between this document and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

Can the PDL change?

Most changes in drug coverage happen on January 1, but during the year UnitedHealthcare may add or remove drugs on the PDL, move them to different cost-sharing tiers, or add or remove rules.

When a medication changes tiers, you may have to pay a different amount for that medication. Talk to your healthcare provider to learn about alternatives.

Why are some medications not covered?

A medication may not be covered under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

Coverage details

What are coverage rules or limits?

Some medications on your PDL have extra rules before they can be covered. A few of the most common coverage rules or limits are prior authorization (PA), step therapy (ST), and quantity limits (QL). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information. In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage rules or limits. Your benefit plan sets how these medications may be covered for you. To get a medication that has a coverage rule or limit, see the “Prior authorization and exception requests” section.

PA	Prior authorization required UnitedHealthcare requires you or your healthcare provider to obtain prior authorization for certain drugs to be sure the drug is most appropriate for your condition. This means that you will need to get approval from UnitedHealthcare before you fill your prescriptions. If you don't get approval, the drug may not be covered.
QL	Quantity limit For certain drugs, UnitedHealthcare limits the amount of the drug being filled per copayment or over a certain period of time. We update quantity limits based on medical guidance and Food and Drug Administration (FDA) recommendations. This helps reduce waste and ensures medications are used appropriately.
ST	Step therapy In some cases, UnitedHealthcare requires you to first try certain drugs to treat your medical condition before we cover another drug for that condition. Step Therapy makes sure you are filling medically appropriate and affordable medications.
SP	Specialty medication Limited to a 1-month supply per prescription.
MME	Morphine milligram equivalent Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your healthcare provider prescribes more than this amount, or thinks the limit is not right for your situation, you or your healthcare provider can ask the plan to cover the additional quantity.

	7 day limit if you have not filled an opioid prescription recently
7D	If you have not filled an opioid prescription recently, you may be limited to a 7-day supply. This limit is intended to minimize initial duration if you do not have recent history of opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy. For members who have filled an opioid recently, prescriptions are limited to a 1 month supply.
PRV*	Preventive Preventive medication may be available at no cost to you only when certain requirements are met.
PRV-A	Preventive for certain ages Preventive medication may be available at no cost to you if within a certain age range

Which preventive medications are covered?

Your UnitedHealthcare Individual & Family plan covers certain preventive medications and supplements at no cost to you when filled at a network pharmacy.

Under the Affordable Care Act (ACA) of 2010, prescription and over-the-counter (OTC) preventive medications and supplements include:

- Aspirin to prevent preeclampsia during pregnancy
- Birth control (contraceptives)
- Bowel preparation for a colonoscopy needed for colon cancer screening
- Breast cancer preventive medications
- Fluoride to prevent dental cavities
- Folic acid to prevent birth defects
- Gonococcal Ophthalmia Neonatorum preventive medications
- Human Immunodeficiency Virus (HIV) infection pre-exposure preventive (PrEP) medications
- Statin medications to prevent cardiovascular events
- Tobacco cessation medications to help you quit smoking
- Vaccines

We follow recommendations by the U.S. Preventive Services Task Force, Health Resources and Services Administration, and Advisory Committee on Immunization Practices.

Preventive medications are listed as Tier 1 or are noted as \$0 Copay medications in this drug list. Some medications are available at no cost to you only when certain requirements are met. As noted in this list, we may need your healthcare provider to provide information about your medical condition to confirm that you meet the requirements to obtain the preventive medication at no cost. Follow the steps in the “Prior authorization and exception requests” section. If you qualify, you can receive these drugs at \$0 cost-share. If you are using it to treat another medical condition, a cost-share may apply.

What medications are covered under my medical benefit?

To learn about medications covered under your medical benefit, visit uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/IFP-Clinical-Program-Summary-Drug-List.pdf

Prior authorization and exception requests

Some medications require prior authorization or may need an exception. This includes medications that:

- Require a prior authorization, including compounded prescription medications
- Require step therapy
- Exceed quantity limits
- Exceed opioid safety edits
 - 7-day supply limit for members who have not filled an opioid prescription recently or
 - Opioid use that exceeds the established morphine milligram equivalent (MME) level
- Are not listed in the PDL (also called non-formulary drugs)
- May be covered at no cost when specific requirements are met such as preventive medications

How can I get a medication that requires a prior authorization or an exception?

Optum Rx, our Pharmacy Benefit Manager, processes prior authorization and exception requests on behalf of UnitedHealthcare Individual & Family plans. Contact your healthcare provider to submit a request. Healthcare providers can submit a request:

- Online: professionals.optumrx.com/prior-authorization.html
- Phone: 1-800-711-4555

The request should include the diagnosis, medication history, clinical justification, medical records/lab tests as needed and other supporting information. If information is missing, Optum Rx will contact your healthcare provider and request additional information.

If you need help, you can also start a request at myuhc.com/exchange or by calling the member services number on your health plan ID card, and we can contact your healthcare provider for information to help process the request.

We'll send written notification of the decision to both you and your healthcare provider. If your healthcare provider does not agree with the decision, this notification will provide instructions on requesting a peer-to-peer review or requesting an appeal.

You and your healthcare provider can learn more and find clinical criteria by visiting uhcprovider.com/exchange.

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.

What if my healthcare provider writes a brand-name prescription?

If your healthcare provider gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

Over-the-counter medications

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your healthcare provider about available OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

What if I am taking a specialty medication?

Specialty medications are for rare or complex conditions and are usually higher-cost medications. Specialty medications are indicated with SP throughout the PDL.

Please note, not all specialty medications may be available at a retail pharmacy. If you have a question on how to access covered specialty medications, call the number on your health plan ID card or visit myuhc.com/exchange.

Reading your PDL

The PDL gives you choices so you and your healthcare provider can decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE (for example, JARDIANCE). Generic medications are shown in lowercase (for example, atorvastatin). There are two ways to find your drug within the PDL:

1. The drugs in this formulary are grouped into categories depending on the medical conditions that they are used to treat. For example, drugs used to treat an infection are generally listed under the category, Antibacterial. If you know what your drug is used for, look for the category name, then look under the category name for your drug .
2. Alphabetical listing – if you are not sure what category to look under, you should look for your drug in the Index. The Index provides an alphabetical list of all the drugs included in this document for both brand name drugs and generic drugs. Review the Index to find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to that page listed in the Index and find the name of your drug in the first column of the list .

Questions



Review your policy for more information about your pharmacy benefit



Call the Member Services number on your health plan ID card



Register or login to your online account at myuhc.com/exchange to:

- Find current list of covered medications
- Find a network pharmacy by ZIP code
- Learn about home delivery
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

Drug name	Tier	Notes
Analgesics		
Nonsteroidal anti-inflammatory drugs		
aspirin 81 oral tablet delayed release	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin adult low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin adult low strength	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin childrens	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin ec adult low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin ec low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin ec low strength	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin low dose	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin oral tablet chewable	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin oral tablet delayed release 81 mg	1	\$0 Copay for members between ages of 16 to 49 years.
aspirin regimen	1	\$0 Copay for members between ages of 16 to 49 years.
celecoxib oral	2	QL
diclofenac-misoprostol	3	
etodolac	2	
ft aspirin low dose	1	\$0 Copay for members between ages of 16 to 49 years.
ft aspirin oral tablet chewable	1	\$0 Copay for members between ages of 16 to 49 years.
goodsense aspirin low dose	1	\$0 Copay for members between ages of 16 to 49 years.

KEY: **7D**7 day limit
MMEMorphine milligram equivalent
PAPrior authorization required

Drug name	Tier	Notes
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	2	
indomethacin oral capsule	2	QL
ketorolac tromethamine oral	2	
meloxicam oral tablet	2	
mm aspirin	1	\$0 Copay for members between ages of 16 to 49 years.
naproxen oral tablet	2	
salsalate oral	2	
ST JOSEPH LOW DOSE	1	\$0 Copay for members between ages of 16 to 49 years.
sulindac oral	2	
Opioid analgesics, long-acting		
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	3	PA; QL; MME; 7D
hydrocodone bitartrate er oral capsule extended release 12 hour	4	PA; QL; MME; 7D
methadone hcl intensol	2	PA; QL; MME; 7D
methadone hcl oral concentrate	2	PA; QL; MME; 7D
methadone hcl oral solution	2	PA; QL; MME; 7D
methadone hcl oral tablet	2	PA; QL; MME; 7D
morphine sulfate er oral tablet extended release	2	PA; QL; MME; 7D
oxymorphone hcl er	4	PA; QL; MME; 7D
tramadol hcl (er biphasic) oral tablet extended release 24 hour	3	PA; QL; MME; 7D
tramadol hcl er tablet	3	PA; QL; MME; 7D
XTAMPZA ER	4	PA; QL; MME; 7D
Opioid analgesics, short-acting		
acetaminophen-codeine	2	QL; MME; 7D
ascomp-codeine	3	QL; MME; 7D
bac	2	QL
butalbital-acetaminophen oral tablet 50-300 mg	3	QL
butalbital-apap-caff-cod	4	QL; MME; 7D
butalbital-apap-caffeine oral capsule	4	QL
butalbital-apap-caffeine oral tablet	2	QL
butalbital-asa-caff-codeine	3	QL; MME; 7D
butalbital-aspirin-caffeine	3	QL
codeine sulfate	2	QL; MME; 7D
endocet	2	QL; MME; 7D
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	QL; MME; 7D
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
hydromorphone hcl oral liquid	3	QL; MME; 7D
hydromorphone hcl oral tablet	2	QL; MME; 7D
morphine sulfate (concentrate)	3	QL; MME; 7D
morphine sulfate oral solution	3	QL; MME; 7D

QLQuantity limit
SPSpecialty medication
STStep therapy

Drug name	Tier	Notes
morphine sulfate oral tablet	2	QL; MME; 7D
oxycodone hcl oral capsule	2	QL; MME; 7D
oxycodone hcl oral concentrate	4	QL; MME; 7D
oxycodone hcl oral solution	2	QL; MME; 7D
oxycodone hcl oral tablet	2	QL; MME; 7D
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	2	QL; MME; 7D
oxymorphone hcl	3	QL; MME; 7D
pentazocine-naloxone hcl	3	QL; MME; 7D
tramadol hcl oral tablet 50 mg	2	QL; MME; 7D
tramadol-acetaminophen	2	QL; MME; 7D
Anesthetics		
Local anesthetics		
glydo	2	
lidocaine external patch 5 %	3	PA; QL
lidocaine hcl external solution	3	
lidocaine hcl mouth/throat	3	
lidocaine hcl urethral/mucosal	2	
lidocaine viscous hcl	2	
lidocaine-prilocaine external cream	2	
Anti-addiction/substance abuse treatment agents		
Alcohol deterrents/anti-craving		
acamprosate calcium	3	
disulfiram oral	2	
naltrexone hcl oral	2	
Opioid dependence treatments		
buprenorphine hcl sublingual	2	
buprenorphine hcl-naloxone hcl sublingual film	4	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	
Opioid reversal agents		
naloxone hcl injection	2	
naloxone hcl nasal	1	
NARCAN	1	
REXTOVY	1	
Smoking cessation agents		
bupropion hcl er (smoking det)	1	
ft nicotine	1	
ft nicotine mini	1	
goodsense nicotine mouth/throat gum 2 mg	1	
goodsense nicotine mouth/throat lozenge 4 mg	1	
habitrol	1	
NICORETTE MINI	1	
NICORETTE MOUTH/THROAT GUM 2 MG	1	
NICORETTE MOUTH/THROAT LOZENGE	1	
nicotine mini	1	
nicotine polacrilex mini	1	
nicotine polacrilex mouth/throat	1	

KEY: **7D** 7 day limit

MME Morphine milligram equivalent

PA Prior authorization required

Drug name	Tier	Notes
nicotine step 1	1	
nicotine step 2	1	
nicotine step 3	1	
nicotine transdermal kit	1	
nicotine transdermal patch 24 hour 21 mg/24hr	1	
NICOTROL	1	
NICOTROL NS	1	
varenicline tartrate	1	
varenicline tartrate (starter)	1	
varenicline tartrate(continue)	1	
Antibacterials		
Aminoglycosides		
gentamicin sulfate external	3	
HUMATIN	4	
neomycin sulfate oral	2	
Antibacterials, other		
clindamycin hcl oral	2	
clindamycin palmitate hcl	3	
clindamycin phosphate vaginal	2	
linezolid oral suspension reconstituted	4	QL
linezolid oral tablet	3	QL
metronidazole oral tablet	2	
metronidazole vaginal	2	
mupirocin cream	4	QL
mupirocin ointment	2	QL
nitrofurantoin macrocrystal	3	
nitrofurantoin monohydrate macrocrystals	2	
nitrofurantoin oral suspension 25 mg/5ml	4	
silver sulfadiazine external	2	
ssd	2	
tinidazole oral	2	
trimethoprim oral	2	
vancomycin hcl oral capsule	2	QL
vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml	3	
VANDAZOLE	3	
Beta-lactam, cephalosporins		
cefadroxil oral capsule	2	
cefadroxil oral suspension reconstituted	2	
cefadroxil oral tablet	3	
cefdinir	2	
cefuroxime axetil	2	
cephalexin oral capsule 250 mg, 500 mg	2	
cephalexin oral suspension reconstituted	2	
Beta-lactam, penicillins		
amoxicillin	2	

QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
amoxicillin-potassium clavulanate	2		gabapentin oral capsule	2	
ampicillin	2		gabapentin oral solution 250 mg/5ml	2	
dicloxacillin sodium	2		gabapentin oral tablet 600 mg, 800 mg	2	
penicillin v potassium	2		phenobarbital oral	2	
Macrolides			primidone oral	2	
azithromycin oral	2		valproic acid oral capsule	2	
clarithromycin er	3		valproic acid oral solution 250 mg/5ml	2	
clarithromycin oral suspension reconstituted	4		vigabatrin	4	PA; QL; SP
clarithromycin oral tablet	2		vigadron	4	PA; QL; SP
erythromycin base oral capsule delayed release particles	4		vigoder	4	PA; QL; SP
erythromycin base oral tablet	3		Glutamate reducing agents		
erythromycin base oral tablet delayed release	3		felbamate	4	
erythromycin ethylsuccinate oral	4		lamotrigine oral tablet	2	
erythromycin oral	3		lamotrigine oral tablet chewable	2	
Quinolones			subvenite	2	
ciprofloxacin hcl oral	2		topiramate oral capsule sprinkle	3	
levofloxacin oral solution	4		topiramate oral tablet	2	
levofloxacin oral tablet	2		Sodium channel agents		
moxifloxacin hcl oral	2		carbamazepine er	3	
ofloxacin oral	3		carbamazepine oral suspension 100 mg/5ml	3	
Sulfonamides			carbamazepine oral tablet	2	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	2		carbamazepine oral tablet chewable	2	
sulfamethoxazole-trimethoprim oral tablet	2		DILANTIN ORAL CAPSULE 30 MG	4	
sulfatrim pediatric	2		epitol	2	
Tetracyclines			lacosamide oral	4	PA; QL
avodox	2		oxcarbazepine oral suspension	4	
doxycycline hyclate oral capsule	2		oxcarbazepine oral tablet	2	
doxycycline hyclate oral tablet 100 mg, 20 mg	2		phenytek	2	
doxycycline monohydrate oral capsule 100 mg, 50 mg	2		phenytoin infatabs	2	
doxycycline monohydrate oral suspension reconstituted	3		phenytoin oral	2	
doxycycline monohydrate oral tablet	2		phenytoin sodium extended	2	
minocycline hcl oral capsule	2		Antidementia agents		
monodoxe nl	2		donepezil hcl oral tablet 10 mg, 5 mg	2	QL
tetracycline hcl oral capsule	2		donepezil hcl oral tablet dispersible	2	QL
Anticonvulsants			galantamine hydrobromide er	3	QL
Anticonvulsants, other			galantamine hydrobromide oral solution	4	QL
levetiracetam er	2		galantamine hydrobromide oral tablet	3	QL
levetiracetam oral	2		N-methyl-D-aspartate (NMDA) receptor antagonist		
roweepra	2		memantine hcl oral solution	4	QL
Calcium channel modifying agents			memantine hcl oral tablet	2	QL
ethosuximide oral	3		Antidepressants		
methsuximide	3		bupropion hcl er (sr)	2	
zonisamide oral	2		bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	2	QL
Gamma-aminobutyric acid (GABA) augmenting agents					
diazepam rectal	4	QL			

KEY: **7D** 7 day limit

MME Morphine milligram equivalent

PA Prior authorization required

QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes
bupropion hcl oral	2	
chlor diazepoxide-amitriptyline	3	
mirtazapine oral tablet	2	
mirtazapine oral tablet dispersible	3	
olanzapine-fluoxetine hcl	4	QL
perphenazine-amitriptyline	3	
Monoamine oxidase inhibitors		
MARPLAN	3	
phenelzine sulfate oral	2	
tranylcypromine sulfate	4	
SSRI/SNRI (selective serotonin reuptake inhibitors/serotonin and norepinephrine reuptake inhibitors)		
citalopram hydrobromide oral solution	3	
citalopram hydrobromide oral tablet	2	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	2	
fluoxetine hcl (pmdd)	3	QL
fluoxetine hcl oral capsule	2	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	2	
fluoxetine hcl oral tablet 10 mg, 20 mg	3	QL
fluvoxamine maleate er oral capsule extended release 24 hour 100 mg	4	QL
paroxetine hcl oral tablet	2	
sertraline hcl oral concentrate	2	
sertraline hcl oral tablet	2	
trazodone hcl oral	2	
venlafaxine hcl	2	
venlafaxine hcl er oral capsule extended release 24 hour	2	
Tricyclics		
amitriptyline hcl oral	2	
desipramine hcl oral	3	
doxepin hcl oral capsule	2	
doxepin hcl oral concentrate	2	
imipramine hcl oral	2	
imipramine pamoate	4	
nortriptyline hcl oral capsule	2	
nortriptyline hcl oral solution	3	
protriptyline hcl	3	
Antiemetics		
Antiemetics, other		
meclizine hcl oral tablet 50 mg	3	
metoclopramide hcl oral solution 5 mg/5ml	2	
metoclopramide hcl oral tablet	2	
perphenazine oral	2	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

Drug name	Tier	Notes
prochlorperazine	3	
prochlorperazine maleate oral	2	
promethazine hcl oral	2	
promethazine hcl rectal	3	QL
promethegan	3	QL
scopolamine	3	
trimethobenzamide hcl oral	2	
Emetogenic therapy adjuncts		
aprepitant	3	QL
dronabinol	4	
EMEND ORAL SUSPENSION RECONSTITUTED	3	QL
granisetron hcl oral	3	QL
ondansetron hcl oral	2	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	2	
Antifungals		
clotrimazole mouth/throat	2	
clotrimazole-betamethasone external cream	2	QL
clotrimazole-betamethasone external lotion	3	
fluconazole oral	2	
flucytosine oral	4	
griseofulvin microsize oral	3	
griseofulvin ultramicrosize	3	
ketoconazole external cream	2	QL
ketoconazole external shampoo	2	
ketoconazole oral	2	
klayesta	2	QL
miconazole 3	2	
nyamyc	2	QL
nystatin external cream	2	
nystatin external ointment	2	
nystatin external powder	2	QL
nystatin mouth/throat	2	
nystatin oral	2	
nystatin-triamcinolone	2	
nystop	2	QL
posaconazole oral tablet delayed release	3	QL
SULCONAZOLE NITRATE	4	
terbinafine hcl oral	2	QL
voriconazole oral suspension reconstituted	4	
voriconazole oral tablet	4	QL
Antigout agents		
allopurinol oral tablet 100 mg, 300 mg	2	
colchicine oral tablet	2	QL
febuxostat	2	ST; QL
probenecid	2	
Antimigraine agents		

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
Calcitonin gene-related peptide (CGRP) receptor antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; QL
EMGALITY	3	PA; QL
UBRELVY	3	PA; QL
Ergot alkaloids		
dihydroergotamine mesylate injection	4	QL
ERGOMAR	4	QL
ergotamine-caffeine	4	
MIGERGOT	4	
Serotonin (5-HT) receptor agonists		
naratriptan hcl	2	QL
rizatriptan benzoate	2	QL
sumatriptan nasal	4	QL
sumatriptan succinate oral	2	QL
sumatriptan succinate refill subcutaneous solution cartridge	4	QL
sumatriptan succinate subcutaneous	4	QL
zolmitriptan oral	3	ST; QL
Antimyasthenic agents		
Parasympathomimetics		
pyridostigmine bromide er	4	
pyridostigmine bromide oral solution	4	
pyridostigmine bromide oral tablet 60 mg	2	
Antimycobacterials		
Antimycobacterials, other		
dapsone oral	2	
Antituberculars		
ethambutol hcl oral	2	
isoniazid oral syrup	4	
isoniazid oral tablet	2	
pyrazinamide oral	3	
rifampin oral	2	
Antineoplastics		
Alkylating agents		
cyclophosphamide oral capsule	4	
CYCLOPHOSPHAMIDE ORAL TABLET	4	
GLEOSTINE	5	SP
LEUKERAN	4	
MATULANE	5	SP
MYLERAN	4	
temozolomide	5	PA; SP
Antiandrogens		
abiraterone acetate	5	PA; QL; SP
bicalutamide	2	
nilutamide	4	SP

KEY: **7D** 7 day limit

MME Morphine milligram equivalent
PA Prior authorization required

Drug name	Tier	Notes
NUBEQA	5	PA; QL; SP
Antiangiogenic agents		
lenalidomide	4	PA; QL; SP
THALOMID	4	PA; QL; SP
Antiestrogens/modifiers		
EMCYT	4	
tamoxifen citrate oral tablet 10 mg	2	
tamoxifen citrate oral tablet 20 mg	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Antimetabolites		
capecitabine	5	SP
DROXIA	4	
hydroxyurea oral	2	
mercaptopurine oral	2	
TABLOID	5	SP
Antineoplastics, other		
diclofenac sodium external gel 3 %	4	QL
fluorouracil external cream	2	QL
fluorouracil external solution	2	
leucovorin calcium oral	2	
VERZENIO	4	PA; QL; SP
Aromatase inhibitors, 3rd generation		
anastrozole oral	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
exemestane	4	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
letrozole oral	2	\$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Enzyme inhibitors		
etoposide oral	3	SP
TALZENNA	5	PA; QL; SP

QL Quantity limit

SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
Molecular target inhibitors		
ALECENSA	4	PA; QL; SP
BOSULIF	5	PA; QL; SP
CAPRELSA	5	PA; QL; SP
COMETRIQ	4	PA; QL; SP
erlotinib hcl	4	PA; QL; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	4	PA; QL; SP
gefitinib	5	PA; QL; SP
imatinib mesylate	4	PA; QL; SP
IMBRUWICA	5	PA; QL; SP
lapatinib ditosylate	4	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	5	PA; QL; SP
sorafenib tosylate	4	PA; QL; SP
STIVARGA	5	PA; QL; SP
sunitinib malate	4	PA; QL; SP
ZELBORAF	5	PA; QL; SP
ZYKADIA	5	PA; QL; SP
Retinoids		
tretinoin oral	4	QL; SP
Treatment adjuncts		
MESNEX ORAL	5	SP
Antiparasitics		
Anthelmintics		
albendazole oral	4	PA; QL
ivermectin oral	2	PA; QL
praziquantel oral	4	
Antiprotozoals		
atovaquone	4	
atovaquone-proguanil hcl	3	
chloroquine phosphate oral	2	QL
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg	2	QL
mefloquine hcl	2	
pentamidine isethionate inhalation	3	QL
primaquine phosphate	2	
quinine sulfate	3	
Pediculicides/scabicides		
permethrin external	2	
Anti-Parkinson's agents		
Anticholinergics		
benztropine mesylate oral	2	
trihexyphenidyl hcl	2	
Anti-Parkinson's agents, other		
amantadine hcl oral	2	
carbidopa-levodopa-entacapone	4	
entacapone	3	
Dopamine agonists		
bromocriptine mesylate oral capsule	4	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

Drug name	Tier	Notes
bromocriptine mesylate oral tablet	3	
pramipexole dihydrochloride	2	
ropinirole hcl	2	
Dopamine precursors/L-amino acid decarboxylase inhibitors		
carbidopa-levodopa er	2	
carbidopa-levodopa oral tablet	2	
Monoamine oxidase B (MAO-B) inhibitors		
selegiline hcl oral	3	
Antipsychotics		
1st generation/typical		
chlorpromazine hcl oral tablet	2	
fluphenazine hcl oral	3	
haloperidol lactate oral concentrate 2 mg/ml	2	
haloperidol oral	2	
loxapine succinate	2	
pimozide	3	
thioridazine hcl oral	2	
thiothixene	2	
trifluoperazine hcl	2	
2nd generation/atypical		
aripiprazole oral tablet	2	QL
asenapine maleate	4	ST; QL
lurasidone hcl	2	QL
olanzapine oral tablet	2	QL
olanzapine oral tablet dispersible	3	QL
paliperidone er	4	QL
quetiapine fumarate	2	QL
quetiapine fumarate er	3	QL
risperidone oral solution	2	
risperidone oral tablet	2	
risperidone oral tablet dispersible	3	
VRAYLAR	4	QL
ziprasidone hcl	3	QL
Treatment-resistant		
clozapine oral tablet	2	
clozapine oral tablet dispersible	4	QL
Antivirals		
LAGEVRIO	4	QL
PAXLOVID (150/100)	4	QL
PAXLOVID (300/100)	4	QL
Anti-cytomegalovirus (CMV) agents		
valganciclovir hcl oral solution reconstituted	4	QL
valganciclovir hcl oral tablet	2	QL
Anti-hepatitis B (HBV) agents		
adefovir dipivoxil	4	
entecavir	3	
lamivudine oral tablet 100 mg	3	
Anti-hepatitis C (HCV) agents		
MAVYRET	4	PA; QL; SP

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
PEGASYS	4	PA; QL; SP
ribavirin oral	3	
SOFOSBUVIR-VELPATASVIR	4	PA; QL; SP
Antiherpetic agents		
acyclovir external ointment	3	QL
acyclovir oral	2	
famciclovir oral	2	QL
Anti-HIV agents, integrase inhibitors (INSTI)		
BIKTARVY	4	QL
DOVATO	4	QL
GENVOYA	4	QL
JULUCA	4	QL
STRIBILD	4	QL
TIVICAY	4	QL
Anti-HIV agents, non-nucleoside reverse transcriptase inhibitors (NNRTI)		
COMPLERA	4	QL
EDURANT	4	QL
efavirenz	2	QL
efavirenz-emtricitab-tenofo df	2	QL
efavirenz-lamivudine-tenofovir	3	QL
etravirine	4	QL
INTELENCE ORAL TABLET 25 MG	4	QL
nevirapine	2	QL
nevirapine er	2	QL
Anti-HIV agents, nucleoside and nucleotide reverse transcriptase inhibitors (NRTI)		
abacavir sulfate oral solution	3	QL
abacavir sulfate oral tablet	2	QL
abacavir sulfate-lamivudine	2	QL
emtricitabine	3	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
lamivudine oral solution	2	QL
lamivudine oral tablet 150 mg, 300 mg	2	QL
lamivudine-zidovudine	2	QL
ODEFSEY	4	QL

Drug name	Tier	Notes
tenofovir disoproxil fumarate	2	QL; \$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
TRIUMEQ	4	QL
zidovudine	2	QL
Anti-HIV agents, other		
maraviroc	2	QL
Anti-HIV agents, protease inhibitors		
APTVUS	4	QL
atazanavir sulfate	2	QL
darunavir	2	QL
EVOTAZ	4	QL
fosamprenavir calcium	4	QL
lopinavir-ritonavir	2	QL
NORVIR ORAL PACKET	4	QL
PREZISTA ORAL SUSPENSION	4	QL
REYATAZ ORAL PACKET	4	QL
ritonavir	2	QL
VIRACEPT	4	QL
Anti-influenza agents		
oseltamivir phosphate oral	2	QL
rimantadine hcl	3	
Anxiolytics		
Anxiolytics, other		
buspirone hcl oral	2	
hydroxyzine hcl oral	2	
hydroxyzine pamoate oral	2	
Benzodiazepines		
alprazolam oral tablet	2	QL
chlordiazepoxide hcl	2	
clonazepam oral tablet	2	QL
diazepam intensol	2	QL
diazepam oral concentrate	2	QL
diazepam oral solution	2	
diazepam oral tablet	2	QL
lorazepam intensol	2	QL
lorazepam oral concentrate 2 mg/ml	2	QL
lorazepam oral tablet	2	QL
oxazepam	2	
Bipolar agents		
Mood stabilizers		
divalproex sodium er	2	
divalproex sodium oral	2	
lithium	2	

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MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
lithium carbonate er	2	
lithium carbonate oral	2	
Blood glucose monitoring		
ACCU-CHEK AVIVA DEVICE	3	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS	3	QL
ACCU-CHEK FASTCLIX LANCET KIT	3	QL
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK GUIDE CONTROL	3	QL
ACCU-CHEK GUIDE KIT W/DEVICE	3	QL
ACCU-CHEK SMARTVIEW CONTROL	3	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	3	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	3	QL
AUTOLET LANCING DEVICE	3	
CARESENS LANCETS 30G	3	QL
CARETOUCH LANCING/EJECTOR	3	
CHEMSTRIP K	3	
CHEMSTRIP MICRAL	3	
CHEMSTRIP UGK	3	
CHOSEN LANCETS 30G	3	QL
CHOSEN LANCING DEVICE	3	
CHOSEN SAFETY LANCETS 28G	3	QL
CLEVER CHOICE COMFORT EZ	3	QL
COMFORT TOUCH TWIST LANCET 30G	3	QL
CONTOUR CONTROL IN VITRO LIQUID LOW , NORMAL	3	QL
CVS KETONE CARE	3	
DEXCOM G6 RECEIVER	4	PA; QL
DEXCOM G6 SENSOR	4	PA; QL
DEXCOM G6 TRANSMITTER	4	PA; QL
DEXCOM G7 RECEIVER	4	PA; QL
DEXCOM G7 SENSOR	4	PA; QL
DIASTIX REAGENT	3	
FORA TEST N'GO ADV-VOICE-6 CON	3	
FREESTYLE LIBRE 14 DAY READER	4	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	4	PA; QL
FREESTYLE LIBRE 2 READER	4	PA; QL
FREESTYLE LIBRE 2 SENSOR	4	PA; QL
FREESTYLE LIBRE 3 READER	4	PA; QL
FREESTYLE LIBRE 3 SENSOR	4	PA; QL
FREESTYLE LIBRE READER	4	PA; QL
KETO-DIASTIX	3	
KETONE TEST	3	
KETOSTIX	3	
LANCETS	3	
LANCETS SUPER THIN	3	QL
MICROLET NEXT LANCING DEVICE	3	
NOVOPEN ECHO	3	
ONETOUCH DELICA PLUS LANCING	3	

Drug name	Tier	Notes
ONETOUCH DELICA SAFETY LANCING	3	QL
ONETOUCH ULTRA TEST STRIPS	3	QL
ONETOUCH ULTRA 2 KIT W/DEVICE	3	QL
ONETOUCH ULTRA TEST STRIPS	3	QL
ONETOUCH VERIO FLEX SYSTEM KIT	3	QL
ONETOUCH VERIO IN VITRO LIQUID HIGH	3	QL
ONETOUCH VERIO TEST STRIPS	3	QL
PERFECT POINT SAFETY LANCETS	3	QL
TECHLITE LANCETS 26G	3	QL
VERIFINE SAFE LANCET MINI 21G	3	QL
VERIFINE SAFE LANCET MINI 23G	3	QL
VERIFINE SAFE LANCET MINI 28G	3	QL
VERIFINE SAFE LANCET MINI 30G	3	QL
VIVAGUARD LANCETS 30G	3	QL
VIVAGUARD LANCING DEVICE	3	
VIVAGUARD SAFETY LANCETS 28G	3	QL
Blood glucose regulators		
Antidiabetic agents		
acarbose oral	2	QL
BYDUREON BCISE AUTOINJECTOR	3	PA; QL
FARXIGA	3	QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	2	QL
glipizide er	2	QL
glipizide ir	2	QL
glipizide xl	2	QL
glipizide-metformin hcl	3	QL
glyburide oral	2	QL
glyburide-metformin	2	QL
JARDIANCE	3	QL
JENTADUETO	3	QL
JENTADUETO XR	3	QL
metformin hcl er	2	QL
metformin hcl oral solution	4	QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	2	QL
MOUNJARO	3	PA; QL
OZEMPIC	3	PA; QL
pioglitazone hcl	2	QL
pioglitazone hcl-metformin hcl	3	QL
repaglinide	2	QL
RYBELSUS	3	PA; QL
saxagliptin hcl	3	QL
SYNJARDY	3	QL
SYNJARDY XR	3	QL
TRADJENTA	3	QL
TRULICITY	3	PA; QL
XIGDUO XR	3	QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
Glycemic agents		
BAQSIMI ONE PACK	1	QL
BAQSIMI TWO PACK	1	QL
diazoxide oral	4	
glucagon emergency kit	1	QL
GLUCAGON EMERGENCY KIT	1	QL
GLUCO TO GO	3	
GVOKE HYPOPEN 1-PACK	1	QL
GVOKE HYPOPEN 2-PACK	1	QL
GVOKE KIT	1	QL
GVOKE PFS	1	QL
ZEGALOGUE	1	QL
Insulins		
BASAGLAR KWIKPEN	3	QL
HUMALOG	3	QL
HUMALOG KWIKPEN	3	QL
HUMALOG MIX 50/50 KWIKPEN	3	QL
HUMALOG MIX 50/50 VIAL	3	QL
HUMALOG MIX 75/25 KWIKPEN	3	QL
HUMALOG MIX 75/25 VIAL	3	QL
HUMALOG U-100 JUNIOR KWIKPEN	3	QL
HUMULIN 70/30 KWIKPEN	3	QL
HUMULIN 70/30 VIAL	3	QL
HUMULIN N KWIKPEN	3	QL
HUMULIN N VIAL	3	QL
HUMULIN R U-500 KWIKPEN	3	QL
HUMULIN R U-500 VIAL	3	QL
HUMULIN R VIAL	3	QL
INSULIN ASPART PROT & ASPART	3	QL
INSULIN DEGLUDEC	3	QL
INSULIN DEGLUDEC FLEXTOUCH	3	QL
INSULIN LISPRO	3	QL
INSULIN LISPRO (1 UNIT DIAL)	3	QL
INSULIN LISPRO JUNIOR KWIKPEN	3	QL
INSULIN LISPRO PROT & LISPRO	3	QL
LEVEMIR FLEXPEN	3	QL
LEVEMIR U-100 VIAL	3	QL
REZVOGLAR KWIKPEN	3	QL
TRESIBA	3	QL
TRESIBA FLEXTOUCH	3	QL
Blood products and modifiers		
Anticoagulants		
ELIQUIS	3	QL
ELIQUIS DVT/PE STARTER PACK	3	QL
fondaparinux sodium	4	QL
heparin sodium (porcine)	2	
heparin sodium (porcine) pf	2	
jantoven	2	
warfarin sodium oral	2	
XARELTO	3	QL
XARELTO STARTER PACK	3	QL
Blood formation modifiers		

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Drug name	Tier	Notes
anagrelide hcl	4	
plerixafor	5	SP
PROMACTA	5	PA; QL; SP
RETACRIT	4	QL; SP
ZARXIO	5	SP
Hemostasis agents		
aminocaproic acid oral	4	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT	4	
RECOTHROM SPRAY KIT	4	
THROMBIN-JMI EPISTAXIS	4	
THROMBIN-JMI EXTERNAL KIT	4	
tranexamic acid oral	3	QL
Platelet modifying agents		
aspirin-dipyridamole er	4	QL
BRILINTA	4	QL
cilostazol	2	
clopidogrel bisulfate oral	2	QL
dipyridamole oral	2	
prasugrel hcl	2	QL
Cardiovascular agents		
Alpha-adrenergic agonists		
clonidine hcl oral	2	
guanfacine hcl	2	QL
METHYLDOPA	2	
midodrine hcl	2	
Alpha-adrenergic blocking agents		
doxazosin mesylate oral	2	
phenoxybenzamine hcl oral	4	
prazosin hcl oral	2	
Angiotensin II receptor antagonists		
irbesartan	2	QL
losartan potassium oral	2	QL
olmesartan medoxomil oral	2	QL
valsartan oral tablet	2	QL
Angiotensin-converting enzyme (ACE) inhibitors		
benazepril hcl oral	2	QL
enalapril maleate oral tablet	2	QL
lisinopril oral	2	QL
Antiarrhythmics		
amiodarone hcl oral	2	
disopyramide phosphate	3	
dofetilide	4	QL
flecainide acetate	2	
MULTAQ	4	PA; QL
NORPACE CR	3	
propafenone hcl	2	
propafenone hcl er	4	
quinidine gluconate er	2	
quinidine sulfate	2	
sotalol hcl (af)	2	
sotalol hcl oral	2	

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
SOTYLIZE	4	PA
Beta-adrenergic blocking agents		
atenolol oral	2	
bisoprolol fumarate oral	2	
carvedilol	2	
labetalol hcl oral	2	
metoprolol succinate er	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	2	
propranolol hcl oral	2	
Calcium channel blocking agents		
amlodipine besylate oral	2	
cartia xt	2	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	3	
diltiazem hcl er oral capsule extended release 24 hour	2	
diltiazem hcl er oral tablet extended release 24 hour	3	
diltiazem hcl oral	2	
dilt-xr	2	
felodipine er	2	
matzim la	3	
nimodipine oral	4	
tiadylt er	2	
verapamil hcl er oral capsule extended release 24 hour	3	
verapamil hcl er oral tablet extended release	2	
verapamil hcl oral	2	
Cardiovascular agents, other		
amiloride-hydrochlorothiazide	2	
amlodipine besylate-benazepril hcl	2	QL
amlodipine besylate-valsartan	3	QL
atenolol-chlorthalidone	2	
benazepril-hydrochlorothiazide	3	QL
bisoprolol-hydrochlorothiazide	2	QL
candesartan cilextil-hctz	3	QL
digoxin oral solution	3	
digoxin oral tablet 125 mcg, 250 mcg	2	
digoxin oral tablet 62.5 mcg	4	
EDARBYCLOR	4	QL
enalapril-hydrochlorothiazide	2	QL
ENTRESTO	4	PA; QL
irbesartan-hydrochlorothiazide	2	QL
isosorb dinitrate-hydralazine	3	QL
lisinopril-hydrochlorothiazide	2	QL
losartan potassium-hctz	2	QL
olmesartan medoxomil-hctz	2	QL
pentoxifylline er	2	
spironolactone-hctz	2	

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MME Morphine milligram equivalent
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Drug name	Tier	Notes
telmisartan-hctz	3	QL
triamterene-hctz	2	
valsartan-hydrochlorothiazide	2	QL
Diuretics, carbonic anhydrase inhibitors		
acetazolamide er	3	
acetazolamide oral	3	
methazolamide oral	4	
Diuretics, loop		
bumetanide oral	2	
furosemide oral	2	
torsemide	2	
Diuretics, potassium-sparing		
amiloride hcl oral	2	
epplerenone	3	
spironolactone oral tablet	2	
Diuretics, thiazide		
chlorthalidone	2	
hydrochlorothiazide oral	2	
indapamide	2	
metolazone	2	
Dyslipidemics, fibric acid derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
gemfibrozil oral	2	
Dyslipidemics, HMG COA reductase inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg	2	QL; \$0 Copay for members between ages 40 to 75 years.
atorvastatin calcium oral tablet 40 mg, 80 mg	2	QL
fluvastatin sodium	3	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
lovastatin oral	2	QL; \$0 Copay for members between ages 40 to 75 years.
pravastatin sodium	2	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
rosuvastatin calcium oral tablet 10 mg, 5 mg	2	QL; \$0 Copay for members between ages 40 to 75 years once your healthcare provider confirms risk of cardiovascular disease.
rosuvastatin calcium oral tablet 20 mg, 40 mg	2	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	2	QL; \$0 Copay for members between ages 40 to 75 years.
simvastatin oral tablet 80 mg	2	QL
Dyslipidemics, other		
cholestyramine light	3	
cholestyramine oral	3	
colesevelam hcl	3	
colestipol hcl oral tablet	2	
ezetimibe	2	QL
prevalite	3	
REPATHA	4	PA; QL
REPATHA PUSHTRONEX SYSTEM	4	PA; QL
REPATHA SURECLICK	4	PA; QL
Vasodilators, direct-acting arterial/venous		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	
isosorbide mononitrate	2	
isosorbide mononitrate er	2	
NITRO-BID	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	
nitroglycerin sublingual	2	
nitroglycerin transdermal	2	
Vasodilators, direct-acting arterial		
hydralazine hcl oral	2	
minoxidil oral	2	
Central nervous system agents		
Attention deficit hyperactivity disorder agents, amphetamines		
amphetamine-dextroamphetamine	2	PA; QL
amphetamine-dextroamphetamine er	3	PA; QL
dextroamphetamine sulfate er	3	PA; QL
dextroamphetamine sulfate oral solution	3	PA
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	PA; QL
Attention deficit hyperactivity disorder agents, non-amphetamines		
atomoxetine hcl	3	QL
clonidine hcl er oral tablet extended release 12 hour	3	
dexmethylphenidate hcl	2	PA; QL

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Drug name	Tier	Notes
methylphenidate hcl er oral tablet extended release	3	PA; QL
methylphenidate hcl oral tablet	2	PA; QL
Central nervous system, other		
caffeine citrate oral	2	
DAYBUE	5	PA; QL; SP
riluzole	4	SP
tetrabenazine	5	PA; QL; SP
Fibromyalgia agents		
pregabalin oral capsule	2	QL
Multiple sclerosis agents		
AVONEX PEN	5	PA; QL; SP
AVONEX PREFILLED	5	PA; QL; SP
BETASERON	5	PA; QL; SP
dalfampridine er	4	PA; QL; SP
dimethyl fumarate oral	4	PA; QL; SP
dimethyl fumarate starter pack	4	PA; QL; SP
fingolimod hcl	5	PA; QL; SP
glatiramer acetate	4	PA; QL; SP
glatopa	4	PA; QL; SP
teriflunomide	5	PA; QL; SP
Dental and oral agents		
chlorhexidine gluconate mouth/throat	2	
kourzeq	2	
oralone	2	
periogard	2	
triamcinolone acetonide mouth/throat	2	
Dermatological agents		
accutane	4	
acitretin	4	
adapalene external cream	4	PA; QL
adapalene external gel	4	PA; QL
ammonium lactate external cream	2	
amnesteem	4	
azelaic acid external	4	QL
benzoyl peroxide-erythromycin	3	QL
calcipotriene external cream	4	QL
calcipotriene external ointment	4	QL
calcipotriene external solution	3	QL
calcitriol external	4	QL
claravis	4	
CLINDACIN ETZ EXTERNAL KIT	2	QL
clindacin etz external swab	2	QL
clindacin-p	2	QL
clindamycin phos-benzoyl peroxygel 1.2-5 %	3	QL
clindamycin phosphate external gel	3	QL
clindamycin phosphate external lotion	3	QL
clindamycin phosphate external solution	2	QL

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
clindamycin phosphate external swab	2	QL
DUPIXENT	5	PA; QL; SP
ery pad 2%	2	
erythromycin external	3	
ESKATA	3	
imiquimod external cream 5 %	2	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	4	
ivermectin external cream	4	QL
metronidazole external cream	3	
metronidazole external gel 0.75 %	3	
metronidazole external lotion	3	
podofilox external solution	2	
REGRANEX	3	PA; QL
selenium sulfide external lotion	2	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	5	PA; QL; SP
STELARA SUBCUTANEOUS	5	PA; QL; SP
sulfacetamide sodium (acne)	4	
tacrolimus external	4	ST; QL
tazarotene external cream 0.1 %	4	PA; QL
tazarotene external gel	4	PA; QL
tretinoin external cream	3	PA; QL
zenatane	4	
Electrolytes/minerals/metals/vitamins		
Electrolyte/mineral replacement		
EFFER-K ORAL TABLET	3	
EFFERVESCENT 10 MEQ, 20 MEQ		
effer-k oral tablet effervescent 25 meq	2	
GALZIN	4	
klor-con 10	2	
klor-con m10	2	
klor-con m15	2	
klor-con m20	2	
klor-con oral packet	4	
klor-con oral tablet extended release	2	
klor-con/ef	2	
k-prime	2	
levocarnitine oral solution	3	
levocarnitine oral tablet	2	
levocarnitine sf	3	
potassium chloride crys er	2	
potassium chloride er	2	
potassium chloride oral packet	4	
potassium chloride oral solution	2	
potassium citrate er	3	
sodium fluoride oral	1	\$0 Copay for members ages 0 to 16 years.
Electrolyte/mineral/metal modifiers		
CHEMET	3	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

Drug name	Tier	Notes
deferasirox oral tablet	4	PA; SP
deferasirox oral tablet soluble	4	PA; SP
sodium polystyrene sulfonate	2	
SPS	3	
Phosphate binders		
AURYXIA	4	SP
calcium acetate (phos binder)	2	
calcium acetate oral tablet 667 mg	2	
sevelamer carbonate oral packet	4	
sevelamer carbonate oral tablet	3	
Vitamins		
ATABEX OB	2	
cyanocobalamin injection solution 1000 mcg/ml	2	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	2	
DODEX	3	
ergocaliferol oral capsule	2	
folic acid oral tablet 1 mg	2	
folic acid oral tablet 400 mcg, 800 mcg	1	
ft folic acid	1	
M-NATAL PLUS	2	
NEONATAL COMPLETE	2	
NEONATAL PLUS	2	
ONE VITE WOMENS PLUS	2	
phytonadione oral	4	QL
pnv prenatal plus multivit+dha	2	
prenatal oral tablet 27-1 mg	2	
prenatal plus vitamin/mineral	2	
PRENATRIX	2	
PRENATRYL	2	
TRINATE	2	
TRUE FOLIC ACID ORAL TABLET 1 MG	2	
TRUE FOLIC ACID ORAL TABLET 400 MCG	1	
VINATE ONE ORAL TABLET 60-1 MG	2	
vitamin d (ergocaliferol) oral capsule 1.25 mg (50000 ut), 50000 unit	2	
VITATHELY WITH GINGER	2	
WESNATAL DHA COMPLETE	2	
WESTAB PLUS	2	
Gastrointestinal agents		
Antispasmodics, gastrointestinal		
dicyclomine hcl oral capsule	2	
dicyclomine hcl oral solution	3	
dicyclomine hcl oral tablet	2	
glycopyrrolate oral tablet 1 mg, 2 mg	2	
Gastrointestinal agents, other		
alvimopan	4	
cromolyn sodium oral	4	

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
diphenoxylate-atropine oral tablet	2				QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
loperamide hcl oral capsule	2		gavilyte-n with flavor pack	2	
opium	4	QL	generlac	2	
SYMPROIC	3	PA; QL	gentle laxative oral tablet delayed release	1	QL
ursodiol oral capsule 300 mg	2		gentrelax	1	QL
ursodiol oral tablet	2		glycolax	1	QL
Histamine2 (H2) receptor antagonists			lactulose encephalopathy oral solution 10 gm/15ml	2	
cimetidine hcl	2		lactulose oral solution	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	2		magnesium citrate oral solution	1	QL
famotidine oral suspension reconstituted	3		mm clearlax	1	QL
famotidine oral tablet 20 mg, 40 mg	2				QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
Irritable bowel syndrome agents			na sulfate-k sulfate-mg sulf	4	
LINZESS	3	PA; QL	ONELAX MAGNESIUM CITRATE	1	QL
lubiprostone	4	QL	peg 3350-kcl-na bicarb-nacl	2	
Laxatives			peg-3350/electrolytes	2	
bisacodyl ec	1	QL			QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
bisacodyl oral	1	QL	peg-3350/electrolytes/ascorbat	4	
citroma	1	QL			QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
clearlax	1	QL	peg-kcl-nacl-nasulf-na asc-c	4	
		\$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
CLENPIQ	4				
constulose	2				
enulose	2				
FRESKARO MAGNESIUM CITRATE	1	QL			
ft clearlax	1	QL			
ft laxative	1	QL			
ft magnesium citrate	1	QL			
gavilax oral powder	1	QL			
		QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-c	2				
		QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
gavilyte-g	2				
		QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.

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QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
PLENUV	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
polyethylene glycol 3350 oral powder	1	QL
TRUE LAXATIVE	1	QL
Protectants		
misoprostol oral	2	
sucralfate oral suspension	4	PA
sucralfate oral tablet	2	
Proton pump inhibitors		
esomeprazole magnesium oral capsule delayed release	2	QL
ft acid reducer oral capsule delayed release 15 mg	2	QL
lansoprazole oral capsule delayed release	2	QL
omeprazole oral capsule delayed release 10 mg	2	QL
omeprazole oral capsule delayed release 20 mg, 40 mg	2	
pantoprazole sodium oral tablet delayed release	2	QL
rabeprazole sodium oral tablet delayed release	3	QL
sm lansoprazole	2	QL
Genetic or enzyme disorder: replacement, modifiers, treatment		
betaine	5	SP
CYSTAGON	5	SP
sapropterin dihydrochloride	5	PA; QL; SP
ZENPEP	3	
Genitourinary agents		
Antispasmodics, urinary		
oxybutynin chloride er	2	QL
oxybutynin chloride oral solution	2	
oxybutynin chloride oral tablet 5 mg	2	
solifenacine succinate	2	QL
tolterodine tartrate	3	
Benign prostatic hypertrophy agents		
alfuzosin hcl er	2	
finasteride oral tablet 5 mg	2	
tamsulosin hcl	2	
terazosin hcl	2	
Genitourinary agents, other		
bethanechol chloride oral	2	
ELMIRON	3	
ENCARE	1	QL
OPTIONS GYNOL II CONTRACEPTIVE	1	

Drug name	Tier	Notes
penicillamine oral	5	SP
phenazo oral tablet 200 mg	2	
phenazopyridine hcl oral tablet 100 mg, 200 mg	2	
VCF VAGINAL CONTRACEPTIVE	1	
Hormonal agents, stimulant/replacement/modifying (adrenal)		
ALA SCALP	4	
alclometasone dipropionate	2	
betamethasone dipropionate aug	3	
betamethasone dipropionate external	3	
betamethasone valerate external cream	3	
betamethasone valerate external lotion	3	
betamethasone valerate external ointment	3	
clobetasol propionate e	4	QL
clobetasol propionate external cream	3	QL
clobetasol propionate external gel	3	QL
clobetasol propionate external ointment	3	QL
clobetasol propionate external solution	2	QL
desonide external cream	3	QL
desonide external lotion	3	QL
desonide external ointment	3	QL
desoximetasone external	3	QL
dexamethasone intensol	2	
dexamethasone oral elixir	2	
dexamethasone oral solution	2	
dexamethasone oral tablet	2	
fludrocortisone acetate oral	2	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external	3	QL
fluocinolone acetonide scalp	3	QL
fluocinonide emulsified base	3	QL
fluocinonide external cream 0.05 %	3	QL
fluocinonide external gel	3	QL
fluocinonide external ointment	3	QL
fluocinonide external solution	3	QL
halobetasol propionate external cream	3	QL
halobetasol propionate external ointment	3	QL
hydrocortisone butyrate external cream	4	QL
hydrocortisone butyrate external ointment	4	
hydrocortisone butyrate external solution	4	
hydrocortisone external cream 2.5 %	2	
hydrocortisone external lotion 2.5 %	2	

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ST Step therapy

Drug name	Tier	Notes
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone oral	2	
hydrocortisone valerate	3	QL
methylprednisolone oral	2	
mometasone furoate external	2	
prednisolone oral solution	2	
prednisolone sodium phosphate oral solution	2	
prednisone intensol	3	
prednisone oral solution	3	
prednisone oral tablet	2	
prednisone oral tablet therapy pack	2	
TEXACORT	3	
triamcinolone acetonide external cream	2	QL
triamcinolone acetonide external lotion	2	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	2	
triderm	2	QL
Hormonal agents, stimulant/replacement/modifying (pituitary)		
cabergoline	2	
desmopressin ace spray refrig	3	
desmopressin acetate injection	4	
desmopressin acetate oral	2	
desmopressin acetate pf	4	
desmopressin acetate spray	3	
INCRELEX	5	PA; QL; SP
OMNITROPE	4	PA; QL; SP
Hormonal agents, stimulant/replacement/modifying (prostaglandins)		
MIFEPREX	3	
mifepristone oral tablet 200 mg	2	
PREPIDIL	4	
Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers)		
Androgens		
ANDRODERM	3	PA; QL
danazol oral	3	
methyltestosterone oral	4	
testosterone cypionate intramuscular	2	PA
testosterone enanthate intramuscular	2	PA
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 50 mg/5gm (1%)	3	PA; QL
Estrogens		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	

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MMEMorphine milligram equivalent
PAPrior authorization required

Drug name	Tier	Notes
amethyst	1	
ANNOVERA	1	QL
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1.5/30	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	
balziva	1	
BIJUVA ORAL CAPSULE 0.5-100 MG	4	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camrese	1	
camrese lo	1	
charlotte 24 fe	1	
chateal eq	1	
CLIMARA PRO	4	QL
cryselle-28	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
delyla	1	
desogestrel-ethynodiol estradiol	1	
dolishale	1	
drospirene-eth estrad-levomefol	1	
drospirenone-ethynodiol estradiol	1	
elinest	1	
eluryng	1	
enilloring	1	
enpresse-28	1	
enskyce	1	
estarrylla	1	
estradiol oral	2	
estradiol transdermal patch weekly	2	QL
estradiol vaginal cream	3	
estradiol vaginal tablet	3	QL
estradiol valerate intramuscular	2	
estradiol-norethindrone acet	3	
ethynodiol diac-eth estradiol	1	
etonogestrel-ethynodiol estradiol	1	
falmina	1	
finzala	1	
fyavolv	3	

QLQuantity limit
SPSpecialty medication
STStep therapy

Drug name	Tier	Notes
gemmily	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1.5/30	1	
hailey fe 1/20	1	
haloette	1	
iclevia	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel	1	
jinteli	3	
jolessa	1	
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kalliga	1	
kariva	1	
kelnor 1/35	1	
kelnor 1/50	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
layolis fe	1	
leena	1	
lessina	1	
levonest	1	
levonorgest-eth est & eth est	1	
levonorgest-eth estrad 91-day	1	
levonorgest-eth estradiol-iron	1	
levonorgestrel-ethinyl estrad	1	
levonorg-eth estrad triphasic	1	
levora 0.15/30 (28)	1	
LO LOESTRIN FE	1	
lojaimiess	1	
loryna	1	
low-ogestrel	1	
lo-zumandimine	1	
lutera	1	
marlissa	1	
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	

Drug name	Tier	Notes
microgestin 24 fe oral tablet 1-20 mg-mcg	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
mimvey	3	
mono-linyah	1	
NATAZIA	1	
necon 0.5/35 (28)	1	
NEXTSTELLIS	1	
nikki	1	
norelgestromin-eth estradiol	1	
norethin ace-eth estrad-fe	1	
norethindrone acet-ethinyl est	1	
norethindrone-eth estradiol	3	
norethindron-ethinyl estrad-fe	1	
norethin-eth estradiol-fe	1	
norgestimate-eth estradiol	1	
norgestimate-ethinyl estradiol triphasic	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	
nymyo oral tablet 0.25-35 mg-mcg	1	
ocella	1	
philith	1	
pimtrea	1	
portia-28	1	
reclipsen	1	
rivelsa	1	
setlakin	1	
simliya	1	
simpesse	1	
sprintec 28	1	
sronyx	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
taysofy	1	
tilia fe	1	
tri-estarrylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarrylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	

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QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes			
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1		medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	Available under pharmacy or medical benefit			
tri-sprintec	1		medroxyprogesterone acetate oral	2				
trivora (28)	1		megestrol acetate oral suspension 40 mg/ml	2				
tri-vylibra	1		megestrol acetate oral suspension 625 mg/5ml	4				
tri-vylibra lo	1		megestrol acetate oral tablet	2				
turqoz	1		MIRENA (52 MG)	1	Available under pharmacy or medical benefit			
TWIRLA	1		my choice	1				
TYBLUME	1		my way	1				
tydemy	1		new day	1				
velivet	1		NEXPLANON	1	QL; Available under pharmacy or medical benefit			
vestura	1		nora-be	1				
vienna	1		norethindrone acetate oral	2				
viorele	1		norethindrone oral	1				
volnea	1		norlyroc	1				
vyfemla	1		opcicon one-step	1				
vylibra	1		OPILL	1				
wera	1		option 2	1				
wymzya fe	1		PLAN B ONE-STEP	1				
xulane	1		progesterone intramuscular	2				
yuvafem	3	QL	progesterone oral	2				
zafemy	1		react	1				
zovia 1/35 (28)	1		sharobel	1				
zumandimine	1		SKYLA	1	Available under pharmacy or medical benefit			
Progestins								
aftera	1		take action	1				
camila	1		Selective estrogen receptor modifying agents					
curae	1		OSPHENA	4	PA; QL			
deblitane	1		raloxifene hcl	2	QL; \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.			
DEPO-SUBQ PROVERA 104	1	QL; Available under pharmacy or medical benefit	Hormonal agents, stimulant/replacement/modifying (thyroid)					
econtra one-step	1		ARMOUR THYROID	4				
ELLA	1	QL	euthyrox	2				
emzahh	1		levo-t	2				
errin	1		levothyroxine sodium oral tablet	2				
heather	1		levoxyl	2				
her style	1		liothyronine sodium oral	2				
incassia	1		NIVA THYROID	4				
jencycla	1		np thyroid	4				
KYLEENA	1	Available under pharmacy or medical benefit						
levonorgestrel	1							
LILETTA (52 MG)	1	Available under pharmacy or medical benefit						
lyeq	1							
lyza	1							
medroxyprogesterone acetate intramuscular suspension	1	QL; Available under pharmacy or medical benefit						

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ST Step therapy

Drug name	Tier	Notes
thyroid oral	4	
unithroid	2	
Hormonal agents, suppressant (adrenal)		
LYSODREN	4	
Hormonal agents, suppressant (pituitary)		
leuprolide acetate injection	4	PA; SP
octreotide acetate	4	PA; SP
SYNAREL	3	
Hormonal agents, suppressant (thyroid)		
Antithyroid agents		
methimazole oral	2	
propylthiouracil oral	2	
Immunological agents		
Angioedema agents		
HAEGARDA	5	PA; QL; SP
icatibant acetate	4	PA; QL; SP
sajazir	4	PA; QL; SP
Immune suppressants		
ADALIMUMAB-ADAZ	5	PA; QL; SP
ADALIMUMAB-ADBM (2 PEN)	5	PA; QL; SP
ADALIMUMAB-ADBM (2 SYRINGE)	5	PA; QL; SP
ADALIMUMAB-ADBM(CD/UC/HS STARTER)	5	PA; SP
ADALIMUMAB-ADBM(PS/UV STARTER)	5	PA; SP
AMJEVITA FOR NUVAILA	5	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	5	PA; QL; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL; SP
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	5	PA; QL; SP
azathioprine oral tablet 50 mg	2	
CIMZIA	5	PA; QL; SP
CIMZIA (2 SYRINGE)	5	PA; QL; SP
CIMZIA STARTER KIT	5	PA; QL; SP
cyclosporine modified	2	
cyclosporine oral	3	
gengraf	3	
HADLIMA	5	PA; QL; SP
HADLIMA PUSHTOUCH	5	PA; QL; SP
HUMIRA (2 PEN)	5	PA; QL; SP
HUMIRA (2 SYRINGE)	5	PA; QL; SP
HUMIRA-CD/UC/HS STARTER	5	PA; SP
HUMIRA-PSORIASIS/UVEIT STARTER	5	PA; QL; SP
methotrexate sodium	2	
methotrexate sodium (pf)	2	
mycophenolate mofetil oral capsule	3	
mycophenolate mofetil oral tablet	3	
mycophenolate sodium	4	

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Drug name	Tier	Notes
mycophenolic acid	4	
SIMPONI	5	PA; QL; SP
sirolimus oral	4	
SKYRIZI PEN	5	PA; QL; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	5	PA; QL; SP
tacrolimus oral	2	
TALTZ	5	PA; SP
XELJANZ	5	PA; QL; SP
XELJANZ XR	5	PA; QL; SP
Immunomodulators		
ACTIMMUNE	4	PA; QL; SP
ARCALYST	4	QL; SP
BENLYSTA SUBCUTANEOUS	4	PA; QL; SP
BEYFORTUS	1	QL; \$0 copay for members 19 months of age or younger.
leflunomide oral	2	
OTEZLA	5	PA; QL; SP
RIDAURA	4	SP
RINVOQ	5	PA; QL; SP
RINVOQ LQ	5	PA; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	5	PA; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML	5	PA; QL; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	5	PA; QL
Vaccines		
ABRYSVO	1	QL
ACTHIB	1	QL
ADACEL	1	QL
AFLURIA	1	QL; \$0 copay for members 6 months of age or older.
AFLURIA PRESERVATIVE FREE	1	QL; \$0 copay for members 6 months of age or older.
AREXVVY	1	QL; \$0 Copay for members 60 years of age or older.
BEXSERO	1	QL; \$0 copay for members 10 years of age or older.
BOOSTRIX	1	QL
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	1	QL

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
CAPVAXIVE	1	QL; \$0 copay for members 19 years of age or older.	IPOL	1	QL
COMIRNATY	1	QL; \$0 copay for members 12 years of age or older.	MENQUADFI	1	QL
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	1	QL; \$0 copay for members 12 years of age or older.	MENVEO	1	QL
DAPTACEL	1	QL	M-M-R II	1	QL
DENGVAXIA	1	QL; \$0 copay for members between ages of 9 to 16 years.	PEDIARIX	1	QL; \$0 copay for members 6 years of age or younger.
ENGERIX-B	1	QL	PEDVAX HIB	1	QL
FLUAD	1	QL; \$0 copay for members 65 years of age or older.	PENBRAYA	1	QL; \$0 copay for members between ages of 10 to 25 years.
FLUARIX	1	QL; \$0 copay for members 6 months of age or older.	PENTACEL	1	QL; \$0 copay for members 4 years of age or younger.
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; \$0 copay for members 6 months of age or older.	PFIZER COVID-19 VAC-TRIS 5-11Y	1	QL; \$0 copay for members between ages of 5 to 11 years.
FLULAVAL	1	QL; \$0 copay for members 6 months of age or older.	PFIZER COVID-19 VAC-TRIS 6M-4Y	1	QL; \$0 copay for members between ages of 6 months to 4 years.
FLUMIST	1	QL; \$0 copay for members between ages of 2 to 49 years.	PNEUMOVAX 23	1	QL
FLUMIST QUADRIVALENT NASAL SUSPENSION	1	QL; \$0 copay for members between ages of 2 to 49 years.	PREHEVBRIOD	1	QL; \$0 copay for members 18 years of age or older.
FLUZONE HIGH-DOSE	1	QL; \$0 copay for members 65 years of age or older.	PREVNAR 20	1	QL; \$0 copay for members 1 month of age or older.
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; \$0 copay for members 6 months of age or older.	PRIORIX	1	QL
GARDASIL 9	1	QL; \$0 copay for members between ages of 9 to 45 years.	PROQUAD	1	QL; \$0 copay for members between ages of 1 to 12 years.
HAVRIX	1	QL	QUADRACEL INTRAMUSCULAR SUSPENSION	1	QL
HEPLISAV-B	1	QL; \$0 copay for members 18 years of age or older.	RECOMBIVAX HB	1	QL
HIBERIX	1	QL	ROTARIX	1	QL; \$0 copay for members 8 months of age or younger.
INFANRIX	1	QL	ROTATEQ	1	QL; \$0 copay for members 8 months of age or younger.
			SHINGRIX	1	QL; \$0 Copay for members 19 years of age or older.
			SPIKEVAX	1	QL; \$0 copay for members 12 years of age or older.
			TDVAX	1	QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
TENIVAC	1	QL
TETANUS-DIPHTHERIA TOXOIDS TD	1	QL
TRUMENBA	1	QL; \$0 copay for members 10 years of age or older.
TWINRIX	1	QL
VAQTA	1	QL
VARIVAX	1	QL
VAXELIS	1	QL; \$0 copay for members 4 years of age or younger.
VAXNEUVANCE	1	QL; \$0 copay for members 1 month of age or older.
Inflammatory bowel disease agents		
Aminosalicylates		
balsalazide disodium	3	
mesalamine er oral capsule 0.375 gm	3	QL
mesalamine oral tablet delayed release 1.2 gm	3	QL
mesalamine rectal	4	QL
mesalamine-cleanser	4	QL
Glucocorticoids		
ANALPRAM-HC EXTERNAL LOTION	4	
budesonide oral	4	
budesonide rectal	3	
CORTIFOAM	3	
hydrocortisone (perianal) external cream 2.5 %	2	
hydrocortisone ace-pramoxine external cream 1-1 %	3	
hydrocortisone rectal	3	
PROCTOFOAM HC	3	
procto-med hc	2	
proctosol hc	2	
proctozone-hc	2	
Sulfonamides		
AZULFIDINE EN-TABS	4	
sulfasalazine oral	2	
Metabolic bone disease agents		
alendronate sodium oral solution	3	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	2	QL
calcitonin (salmon) nasal	2	QL
calcitriol oral capsule	2	
cinacalcet hcl	3	PA; QL
TYMLOS	5	PA; QL; SP
Miscellaneous therapeutic agents		
ADVOCATE INSULIN PEN NEEDLE	3	
AEROCHAMBER HOLDING CHAMBER	2	QL

KEY: **7D**7 day limit
MMEMorphine milligram equivalent
PAPrior authorization required

Drug name	Tier	Notes
AEROCHAMBER PLS FLOU MTHPIECE	2	QL
AEROCHAMBER PLUS FLO-VU INTERM	2	QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	QL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	QL
ALCOHOL PREP PADS PAD , 70 %	3	
AQ INSULIN SYRINGE	3	
AQINJECT PEN NEEDLE	3	
ASSURE ID DUO PRO PEN NEEDLES	3	
ASSURE ID PRO PEN NEEDLES	3	
AUM ALCOHOL PREP PADS	3	
AUM INSULIN SAFETY PEN NEEDLE	3	
AUM MINI INSULIN PEN NEEDLE	3	
AUM PEN NEEDLE	3	
AUM READYGARD DUO PEN NEEDLE	3	
AUM SAFETY PEN NEEDLE	3	
BD AUTOSHIELD DUO PEN NEEDLES	3	
BD SHARPS COLLECTOR	3	
BD ULTRA-FINE INSULIN SYRINGES	3	
BD ULTRA-FINE PEN NEEDLES	3	
BREATHE COMFORT CHAMBER/ ADULT	2	QL
BREATHE COMFORT CHAMBER/ CHILD	2	QL
CAYA	1	
COMFORT EZ PRO PEN NEEDLES	3	
CONDOMS	1	QL
DROPSAFE ALCOHOL PREP	3	
DROPSAFE SAFETY SYRINGE/ NEEDLE	3	
DUREX EXTRA SENSITIVE THIN	1	QL
DUREX TROPICAL	1	QL
EASIVENT	2	QL
EASY COMFORT SHARPS CONTAINER	3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	3	
ergoloid mesylates oral	4	
FC2 FEMALE CONDOM	1	QL
FEMCAP	1	
FLEXICHAMBER	2	QL
FLEXICHAMBER ADULT MASK/ SMALL	2	QL
FLEXICHAMBER CHILD MASK/ LARGE	2	QL
FLEXICHAMBER CHILD MASK/ SMALL	2	QL
INSPIREASE RESERVOIR BAGS	2	QL

QLQuantity limit
SPSpecialty medication
STStep therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	3		tobramycin-dexamethasone	3	
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" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	3		Antibacterials, other		
methergine	4	QL	bacitracin ophthalmic	3	
methylergonovine maleate oral	4	QL	bacitracin-polymyxin b	2	
NOVOFINE PEN NEEDLE	3		bacitra-neomycin-polymyxin-hc	3	
NOVOFINE PLUS PEN NEEDLE	3		BETADINE OPHTHALMIC PREP	4	
OMNIPOD 5 G6 INTRO (GEN 5)	4	PA; QL	neomycin-bacitracin zn-polymyx	2	
OMNIPOD 5 G6 PODS (GEN 5)	4	PA; QL	neomycin-polymyxin-dexameth ophthalmic ointment	2	
PARAGARD INTRAUTERINE COPPER	1	Available under pharmacy or medical benefit	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2	
PARI VORTEX ADULT MASK	2	QL	neomycin-polymyxin-hc ophthalmic	3	
PHEXXI	1	QL	neo-polycin	2	
PURE COMFORT SAFETY PEN NEEDLE	3		neo-polycin hc	3	
RAYA SURE PEN NEEDLE	3		polycin	2	
SAFETY PEN NEEDLES	3		polymyxin b-trimethoprim	2	
SHARPS COLLECTOR	3		Antiherpetic agents		
SHARPS CONTAINER	3		trifluridine	3	
TRUE COVER	1	QL	Macrolides		
UNIFINE PROTECT PEN NEEDLE	3		erythromycin ophthalmic	2	\$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
VERIFINE INSULIN PEN NEEDLE	3		Ophthalmic agents, other		
VERIFINE INSULIN SYRINGE	3		AKTEN	4	
VERIFINE PLUS PEN NEEDLE	3		ALTACAINE	2	
VERIFINE SHARPS CONTAINER	3		atropine sulfate ophthalmic solution 1 %	2	
VORTEX VALVED HOLDING CHAMBER	2	QL	cyclopentolate hcl ophthalmic	2	
WIDE-SEAL DIAPHRAGM 60	1		cyclosporine ophthalmic	4	PA; QL
WIDE-SEAL DIAPHRAGM 65	1		MITOSOL	4	
WIDE-SEAL DIAPHRAGM 70	1		proparacaine hcl ophthalmic	2	
WIDE-SEAL DIAPHRAGM 75	1		sulfacetamide-prednisolone	2	
WIDE-SEAL DIAPHRAGM 80	1		tetracaine hcl ophthalmic	2	
WIDE-SEAL DIAPHRAGM 85	1		ZYLET	4	
WIDE-SEAL DIAPHRAGM 90	1		Ophthalmic anti-allergy agents		
WIDE-SEAL DIAPHRAGM 95	1		altafrin	2	
Ophthalmic agents			azelastatine hcl ophthalmic	2	
Aminoglycosides			cromolyn sodium ophthalmic	2	
gentamicin sulfate ophthalmic	2		CYCLOMYDRIL	4	
neomycin-polymyxin-gramicidin	2		phenylephrine hcl ophthalmic	2	
tobramycin ophthalmic	2		Ophthalmic antiglaucoma agents		
KEY: 7D 7 day limit			betaxolol hcl ophthalmic	2	
MME Morphine milligram equivalent			brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	2	QL
PA Prior authorization required			brimonidine tartrate-timolol	3	QL
			carteolol hcl	2	
			dorzolamide hcl ophthalmic	2	
			dorzolamide hcl-timolol mal	2	QL

KEY: 7D 7 day limit
 MME Morphine milligram equivalent
 PA Prior authorization required

QL Quantity limit
 SP Specialty medication
 ST Step therapy

Drug name	Tier	Notes
levobunolol hcl	2	
pilocarpine hcl ophthalmic	2	
SIMBRINZA	4	QL
timolol maleate (once-daily)	2	
timolol maleate ophthalmic gel forming solution	3	
timolol maleate ophthalmic solution	2	
timolol maleate pf	3	
Ophthalmic anti-inflammatories		
diclofenac sodium ophthalmic	2	
fluorometholone	2	
flurbiprofen sodium	2	
ketorolac tromethamine ophthalmic	2	
LOTEMAX OPHTHALMIC OINTMENT	4	
LOTEMAX SM	4	QL
loteprednol etabonate ophthalmic suspension 0.5 %	4	QL
prednisolone acetate ophthalmic	2	
Ophthalmic prostaglandin and prostamide analogs		
latanoprost ophthalmic	2	
Quinolones		
ciprofloxacin hcl ophthalmic	2	
levofloxacin ophthalmic	2	
moxifloxacin hcl (2x day)	2	
moxifloxacin hcl ophthalmic	2	
ofloxacin ophthalmic	2	
Sulfonamides		
sulfacetamide sodium ophthalmic	2	
Otic agents		
acetic acid otic	2	
ciprofloxacin hcl otic	3	
CORTISPORIN-TC	4	
flac	3	
fluocinolone acetonide otic	3	
hydrocortisone-acetic acid	3	
neomycin-polymyxin-hc otic	2	
ofloxacin otic	2	
Respiratory tract/pulmonary agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	QL
clemastine fumarate oral tablet	2	
cyproheptadine hcl oral	2	
levocetirizine dihydrochloride oral tablet	2	QL
promethazine vc	2	
promethazine-phenylephrine	2	
Anti-inflammatories, inhaled corticosteroids		
ALVESCO	4	ST; QL
ARNUITY ELLIPTA	3	QL
ASMANEX (120 METERED DOSES)	3	QL
ASMANEX (14 METERED DOSES)	3	QL

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

Drug name	Tier	Notes
ASMANEX (30 METERED DOSES)	3	QL
ASMANEX (60 METERED DOSES)	3	QL
ASMANEX HFA	3	QL
BEVESPI AEROSPHERE	3	QL
breyna	4	QL
budesonide inhalation	3	QL
budesonide-formoterol fumarate	4	QL
flunisolide nasal	3	
fluticasone propionate nasal	2	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
QVAR REDIHALER	3	QL
wixela inhuh	3	QL
Antileukotrienes		
montelukast sodium oral	2	QL
Bronchodilators, anticholinergic		
ATROVENT HFA	4	QL
INCRUSE ELLIPTA	3	QL
ipratropium bromide inhalation	2	
ipratropium bromide nasal	2	
SPIRIVA HANDIHALER	3	QL
SPIRIVA RESPIMAT	3	QL
tiotropium bromide monohydrate	3	QL
Bronchodilators, sympathomimetic		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	1	
albuterol sulfate inhalation	1	
albuterol sulfate oral	3	
arformoterol tartrate	4	QL
epinephrine injection solution auto-injector	1	QL
formoterol fumarate inhalation	4	QL
STRIVERDI RESPIMAT	3	QL
terbutaline sulfate oral	4	
VENTOLIN HFA	1	
Cystic fibrosis agents		
ORKAMBI ORAL PACKET	4	PA; QL; SP
ORKAMBI ORAL TABLET	5	PA; QL; SP
PULMOZYME	5	PA; QL; SP
tobramycin nebulization solution 300 mg/5ml inhalation	4	PA; QL; SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	4	PA; QL; SP

QL Quantity limit
SP Specialty medication
ST Step therapy

Drug name	Tier	Notes
Mast cell stabilizers		
cromolyn sodium inhalation	3	
Phosphodiesterase inhibitors, airways disease		
elipophyllin	3	
theophylline er	2	
theophylline oral	3	
Pulmonary antihypertensives		
ADEMPAS	5	PA; QL; SP
alyq	4	PA; QL; SP
ambrisentan	4	PA; QL; SP
bosentan	4	PA; QL; SP
ORENITRAM	4	PA; QL; SP
ORENITRAM MONTH 1	4	PA; QL; SP
ORENITRAM MONTH 2	4	PA; QL; SP
ORENITRAM MONTH 3	4	PA; QL; SP
sildenafil citrate oral suspension reconstituted	5	PA; QL; SP
sildenafil citrate oral tablet 20 mg	4	PA; QL; SP
tadalafil (pah)	4	PA; QL; SP
TYVASO	5	PA; QL; SP
TYVASO DPI INSTITUTIONAL KIT	5	PA; QL; SP
TYVASO DPI MAINTENANCE KIT	5	PA; QL; SP
TYVASO DPI TITRATION KIT	5	PA; QL; SP
TYVASO REFILL KIT	5	PA; QL; SP
TYVASO STARTER KIT	5	PA; QL; SP
VENTAVIS	5	PA; QL; SP
Pulmonary fibrosis agents		
pirfenidone	4	PA; QL; SP
Respiratory tract agents, other		
acetylcysteine inhalation	2	
benzonatate oral capsule 100 mg, 200 mg	2	
BREZTRI AEROSPHERE	3	QL
guaifenesin-codeine	2	PA; QL
hydrocodone bit-homatrop mbr	2	PA; QL
hydromet	2	PA; QL
HYPERSAL	3	
ipratropium-albuterol	2	
maxi-tuss ac	2	PA; QL
NEBUSAL	3	
promethazine-codeine oral solution	2	PA; QL
promethazine-dm	2	
pseudoephedrine-bromphen-dm	2	
PULMOSAL	3	
sodium chloride inhalation	2	
STIOLTO RESPIMAT	3	QL
TRELEGY ELLIPTA	3	QL
Skeletal muscle relaxants		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
carisoprodol oral tablet 350 mg	2	QL
cyclobenzaprine hcl oral	2	

KEY: **7D** 7 day limit
MME Morphine milligram equivalent
PA Prior authorization required

Drug name	Tier	Notes
dantrolene sodium oral	3	
metaxalone oral tablet 400 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	2	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	2	
Sleep disorder agents		
GABA receptor modulators		
eszopiclone	2	QL
flurazepam hcl	2	QL
temazepam	2	QL
triazolam	2	QL
zolpidem tartrate er	3	QL
zolpidem tartrate oral tablet	2	QL
Sleep disorders, other		
doxepin hcl oral tablet	2	QL
Wakefulness promoting agents		
armodafinil	3	PA; QL
modafinil oral	2	PA; QL

QL Quantity limit
SP Specialty medication
ST Step therapy

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balziva	23	bromocriptine mesylate oral tablet	14
BAQSIMI ONE PACK	17	budesonide-formoterol fumarate ..	30
BAQSIMI TWO PACK	17	budesonide inhalation	30
BASAGLAR KWIKPEN	17	budesonide oral	28
BD AUTOSHIELD DUO PEN NEEDLES ..	28	budesonide rectal	28
BD SHARPS COLLECTOR	28	bumetanide oral	18
BD ULTRA-FINE INSULIN SYRINGES ..	28	buprenorphine hcl-naloxone hcl sublingual film	10
BD ULTRA-FINE PEN NEEDLES ..	28	buprenorphine hcl-naloxone hcl sublingual tablet sublingual	10
benazepril hcl oral	17	buprenorphine hcl sublingual	10
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charlotte 24 fe	23	clobetasol propionate e	22	CYSTAGON	22
chateal eq.....	23	clobetasol propionate external cream	22	dalfampridine er	19
CHEMET.....	20	clobetasol propionate external gel.....	22	danazol oral	23
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chlordiazepoxide hcl.....	15	clonidine hcl oral.....	17	dasetta 1/35.....	23
chlorhexidine gluconate mouth/throat.....	19	clopidogrel bisulfate oral	17	dasetta 7/7/7.....	23
chloroquine phosphate oral.....	14	clotrimazole-betamethasone external cream	12	DAYBUE	19
chlorpromazine hcl oral tablet	14	clotrimazole-betamethasone external lotion	12	daysee.....	23
chlorthalidone	18	clotrimazole mouth/throat.....	12	deblitane	25
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CHOSEN LANCING DEVICE	16	colchicine oral tablet	12	DENGVAXIA	27
CHOSEN SAFETY LANCETS 28G	16	colesevelam hcl.....	19	DEPO-SUBQ PROVERA 104.....	25
cilostazol	17	colestipol hcl oral tablet	19	desipramine hcl oral	12
cimetidine hcl.....	21	COMETRIQ	14	desmopressin ace spray refrigerated	23
cimetidine oral tablet 300 mg, 400 mg, 800 mg	21	COMFORT EZ PRO PEN NEEDLES	28	desmopressin acetate injection	23
CIMZIA	26	COMFORT TOUCH TWIST LANCET 30G	16	desmopressin acetate oral	23
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CIMZIA STARTER KIT	26	COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	27	desmopressin acetate spray	23
cinacalcet hcl	28	COMPLERA	15	desogestrel-ethynodiol	23
ciprofloxacin hcl ophthalmic	30	CONDOMS	28	desonide external cream	22
ciprofloxacin hcl oral	11	constulose	21	desonide external lotion	22
ciprofloxacin hcl otic	30	CONTOUR CONTROL IN VITRO LIQUID LOW , NORMAL	16	desonide external ointment	22
citalopram hydrobromide oral solution	12	CORTIFOAM	28	desoximetasone external	22
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claravis	19	cromolyn sodium ophthalmic	29	dexamethasone oral solution	22
clarithromycin er.....	11	cromolyn sodium oral	20	dexamethasone oral tablet	22
clarithromycin oral suspension reconstituted	11	cryselle-28	23	DEXCOM G6 RECEIVER	16
clarithromycin oral tablet	11	curae	25	DEXCOM G6 SENSOR	16
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CLENPIQ	21	CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	20	DEXCOM G7 SENSOR	16
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CLINDACIN ETZ EXTERNAL KIT	19	cyclopentolate hcl ophthalmic	29	dextroamphetamine sulfate oral solution	19
clindacin etz external swab	19	cyclophosphamide oral capsule	13	dextroamphetamine sulfate oral tablet 10 mg, 5 mg	19
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clindamycin palmitate hcl	10	cyclosporine ophthalmic	29	diazepam oral concentrate	15
clindamycin phos-benzoyl perox external gel 1.2-5 %	19	cyclosporine oral	26	diazepam oral solution	15
clindamycin phosphate external gel	19	cyproheptadine hcl oral	30	diazepam oral tablet	15
clindamycin phosphate external lotion	19			diazepam rectal	11
clindamycin phosphate external solution	19			diazoxide oral	17
clindamycin phosphate external swab	20			diclofenac-misoprostol	9

dicyclomine hcl oral capsule	20	DUREX EXTRA SENSITIVE THIN.....	28
dicyclomine hcl oral solution.....	20	DUREX TROPICAL	28
dicyclomine hcl oral tablet	20	EASIVENT	28
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digoxin oral tablet 125 mcg, 250 mcg ..	18	EDARBYCLOR	18
dihydroergotamine mesylate injection	13	EDURANT	15
DILANTIN ORAL CAPSULE 30 MG	11	efavirenz	15
diltiazem hcl er beads	18	efavirenz-emtricitab-tenofo df	15
diltiazem hcl er coated beads	18	efavirenz-lamivudine-tenofovir	15
diltiazem hcl er oral capsule extended release 12 hour.....	18	EFFER-K ORAL TABLET	
diltiazem hcl er oral capsule extended release 24 hour.....	18	EFFERVESCENT 10 MEQ, 20 MEQ	20
diltiazem hcl er oral tablet extended release 24 hour.....	18	effer-k oral tablet effervescent 25 meq	20
diltiazem hcl oral.....	18	elinest	23
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divalproex sodium oral	15	EMEND ORAL SUSPENSION RECONSTITUTED	12
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dolishale.....	23	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167- 250 mg	15
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doxepin hcl oral concentrate.....	12	enilloring	23
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doxycycline hyolate oral capsule	11	enskyce.....	23
doxycycline hyolate oral tablet 100 mg, 20 mg.....	11	entacapone	14
doxycycline monohydrate oral capsule 100 mg, 50 mg	11	entecavir	14
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drospirenone-ethinyl estradiol	23	ergoloid mesylates oral.....	28
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		errin	25
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		erythromycin base oral capsule delayed release particles	11
		erythromycin base oral tablet.....	11
		erythromycin base oral tablet delayed release	11
		erythromycin ethylsuccinate oral	11
		erythromycin external	20
		erythromycin ophthalmic	29
		erythromycin oral.....	11
		escitalopram oxalate oral solution	12
		escitalopram oxalate oral tablet	12
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		esomeprazole magnesium oral capsule delayed release	22
		estarylla	23
		estradiol-norethindrone acet	23
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		estradiol transdermal patch weekly ..	23
		estradiol vaginal cream.....	23
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		eszopiclone	31
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		everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	14
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		famciclovir oral	15
		famotidine oral suspension reconstituted	21
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		FC2 FEMALE CONDOM	28
		febuxostat	12
		felbamate	11
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		FEMCAP	28
		fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	18
		fenofibrate oral capsule 134 mg, 200 mg, 67 mg	18
		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	18
		fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	9

finasteride oral tablet 5 mg.....	22	FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	27
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FLEXICHAMBER ADULT MASK/SMALL	28	fosamprenavir calcium	15
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fludrocortisone acetate oral	22	FRESKARO MAGNESIUM CITRATE	21
FLULALVAL	27	ft acid reducer oral capsule delayed release 15 mg	22
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fluocinolone acetonide body.....	22	ft folic acid	20
fluocinolone acetonide external	22	ft laxative.....	21
fluocinolone acetonide otic.....	30	ft magnesium citrate	21
fluocinolone acetonide scalp	22	ft nicotine	10
fluocinonide emulsified base	22	ft nicotine mini.....	10
fluocinonide external cream 0.05 %.....	22	furosemide oral	18
fluocinonide external gel.....	22	fyavolv.....	23
fluocinonide external ointment.....	22	gabapentin oral capsule	11
fluocinonide external solution	22	gabapentin oral solution 250 mg/5ml	11
fluorometholone.....	30	gabapentin oral tablet 600 mg, 800 mg	11
fluorouracil external cream.....	13	galantamine hydrobromide er	11
fluorouracil external solution.....	13	galantamine hydrobromide oral solution	11
fluoxetine hcl oral capsule.....	12	galantamine hydrobromide oral tablet	11
fluoxetine hcl oral capsule delayed release.....	12	GALZIN.....	20
fluoxetine hcl oral solution	12	GARDASIL 9.....	27
fluoxetine hcl oral tablet 10 mg, 20 mg	12	gavilax oral powder	21
fluoxetine hcl (pmdd)	12	gavilyte-c.....	21
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flurazepam hcl	31	gavilyte-n with flavor pack	21
flurbiprofen sodium	30	gefitinib	14
fluticasone propionate nasal	30	gemfibrozil oral	18
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	30	gemmily	24
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	30	generlac	21
fluvastatin sodium	18	gengraf	26
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		gentle laxative	21
		gentle laxative oral tablet delayed release.....	21
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		glatiramer acetate.....	19
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		glimepiride oral tablet 1 mg, 2 mg, 4 mg.....	16
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		glipizide-metformin hcl	16
		glipizide xl	16
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		glyburide oral	16
		glycolax	21
		glycyrrolate oral tablet 1 mg, 2 mg	20
		glydo	10
		goodsense aspirin low dose	9
		goodsense nicotine mouth/throat gum 2 mg	10
		goodsense nicotine mouth/throat lozenge 4 mg.....	10
		granisetron hcl oral	12
		griseofulvin microsize oral	12
		griseofulvin ultramicrosize	12
		guaifenesin-codeine	31
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		GVOKE HYPOEN 1-PACK	17
		GVOKE HYPOEN 2-PACK	17
		GVOKE KIT	17
		GVOKE PFS	17
		habitrol	10
		HADLIMA	26
		HADLIMA PUSHTOUCH	26
		HAEGARDA	26
		hailey 1/5/30	24
		hailey 24 fe	24
		hailey fe 1/5/30	24
		hailey fe 1/20	24
		halobetasol propionate external cream	22
		halobetasol propionate external ointment	22
		haloette	24
		haloperidol lactate oral concentrate 2 mg/ml	14
		haloperidol oral	14
		HAVRIX	27
		heather	25
		heparin sodium (porcine)	17
		heparin sodium (porcine) pf	17
		HEPLISAV-B	27
		her style	25
		HIBERIX	27
		HUMALOG	17
		HUMALOG KWIKPEN	17
		HUMALOG MIX 50/50 KWIKPEN	17
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HUMALOG MIX 75/25 VIAL.....	17	imipramine pamoate	12	jencycla	25
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HUMULIN 70/30 KWIKPEN.....	17	INFANRIX	27	JULUCA	15
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hydralazine hcl oral	19	INSULIN LISPRO JUNIOR KWIKPEN ..	17	kalliga	24
hydrochlorothiazide oral	18	INSULIN LISPRO PROT & LISPRO	17	kariva	24
hydrocodone-acetaminophen oral solution 75-325 mg/15ml.....	9	INSULIN PEN NEEDLES 29G X 12.7MM ,29G X 12MM ,29G X 5MM ,29G X 8MM ,30G X 5 MM ,30G X 8 MM ,31G X 4 MM ,31G X 5 MM ,31G X 6 MM ,31G X 8 MM ,32G X 4 MM , 32G X 5 MM ,32G X 6 MM ,32G X 8 MM ,33G X 4 MM ,33G X 5 MM ,33G X 6 MM	29	kelnor 1/35	24
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 75-325 mg9		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" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	29	kelnor 1/50	24
hydrocodone bitartrate er oral capsule extended release 12 hour.....	9	INTELENCE ORAL TABLET 25 MG.....	15	ketoconazole external cream	12
hydrocodone bit-homatrop mbr.....	31	introvale	24	ketoconazole external shampoo	12
hydrocortisone ace-pramoxine external cream 1-1 %.....	28	IPOL	27	ketoconazole oral	12
hydrocortisone-acetic acid.....	30	ipratropium-albuterol	31	KETO-DIASTIX	16
hydrocortisone butyrate external cream	22	ipratropium bromide inhalation.....	30	KETONE TEST	16
hydrocortisone butyrate external ointment	22	ipratropium bromide nasal	30	ketorolac tromethamine ophthalmic .	30
hydrocortisone butyrate external solution.....	22	irbesartan	17	ketorolac tromethamine oral.....	9
hydrocortisone external cream 2.5 % ..	22	irbesartan-hydrochlorothiazide.....	18	KETOSTIX	16
hydrocortisone external lotion 2.5 % ..	22	isibloom	24	klayesta	12
hydrocortisone external ointment 1 %, 2.5 %	23	isoniazid oral syrup	13	klor-con 10	20
hydrocortisone oral	23	isoniazid oral tablet	13	klor-con ef	20
hydrocortisone (perianal) external cream 2.5%.....	28	isosorb dinitrate-hydralazine.....	18	klor-con m10	20
hydrocortisone rectal.....	28	isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	19	klor-con m15	20
hydrocortisone valerate	23	isosorbide mononitrate.....	19	klor-con m20	20
hydromet.....	31	isosorbide mononitrate er.....	19	klor-con oral packet	20
hydromorphone hcl oral liquid	9	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg.....	20	klor-con oral tablet extended release.	20
hydromorphone hcl oral tablet.....	9	ivermectin external cream	20	kourzeq	19
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg	14	ivermectin oral	14	k-prime	20
hydroxyurea oral	13	jaimies	24	kurvelo	24
hydroxyzine hcl oral.....	15	jantoven	17	KYLEENA	25
hydroxyzine pamoate oral.....	15	JARDIANC	16	labetalol hcl oral	18
HYPERSAL.....	31			lacosamide oral	11
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	9			lactulose encephalopathy oral solution 10 gm/15ml	21
icatibant acetate.....	26			lactulose oral solution	21
iclevia.....	24			LAGEVRIO	14
imatinib mesylate.....	14			lamivudine oral solution	15
IMBRUVICA	14			lamivudine oral tablet 100 mg	14

lapatinib ditosylate	14	lisinopril-hydrochlorothiazide	18
larin 1.5/30	24	lisinopril oral	17
larin 1/20	24	lithium	15
larin 24 fe	24	lithium carbonate er	16
larin fe 1.5/30	24	lithium carbonate oral	16
larin fe 1/20	24	lojaimiess	24
latanoprost ophthalmic	30	LO LOESTRIN FE	24
layolis fe	24	loperamide hcl oral capsule	21
leena	24	lopinavir-ritonavir	15
leflunomide oral	26	lorazepam intensol	15
lenalidomide	13	lorazepam oral concentrate 2 mg/ml ..	15
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	14	lorazepam oral tablet	15
lessina	24	loryna	24
letrozole oral	13	losartan potassium-hctz	18
leucovorin calcium oral	13	losartan potassium oral	17
LEUKERAN	13	LOTEMAX OPHTHALMIC OINTMENT ..	30
leuprolide acetate injection	26	LOTEMAX SM	30
LEVEMIR FLEXPEN	17	loteprednol etabonate ophthalmic suspension 0.5%	30
LEVEMIR U-100 VIAL	17	lovastatin oral	18
levetiracetam er	11	low-ogestrel	24
levetiracetam oral	11	loxapine succinate	14
levobunolol hcl	30	lo-zumandimine	24
levocarnitine oral solution	20	lubiprostone	21
levocarnitine oral tablet	20	lurasidone hcl	14
levocarnitine sf	20	lutera	24
levocetirizine dihydrochloride oral tablet	30	lyleq	25
levofloxacin ophthalmic	30	LYSODREN	26
levofloxacin oral solution	11	lyza	25
levofloxacin oral tablet	11	magnesium citrate oral solution	21
levonest	24	maraviroc	15
levonorgest-eth est & eth est	24	marlissa	24
levonorgest-eth estrad 91-day	24	MARPLAN	12
levonorgest-eth estradiol-iron	24	MATULANE	13
levonorgestrel	25	matzim la	18
levonorgestrel-ethinyl estrad	24	MAVYRET	14
levonorg-eth estrad triphasic	24	maxi-tuss ac	31
levora 0.15/30 (28)	24	meclizine hcl oral tablet 50 mg	12
levo-t	25	medroxyprogesterone acetate intramuscular suspension	25
levothyroxine sodium oral tablet	25	medroxyprogesterone acetate intramuscular suspension prefilled syringe	25
levoxyl	25	medroxyprogesterone acetate oral ..	25
lidocaine external patch 5 %	10	mefloquine hcl	14
lidocaine hcl external solution	10	megestrol acetate oral suspension 40 mg/ml	25
lidocaine hcl mouth/throat	10	megestrol acetate oral suspension 625 mg/5ml	25
lidocaine hcl urethral/mucosal	10	megestrol acetate oral tablet	25
lidocaine-prilocaine external cream ..	10	meloxicam oral tablet	9
lidocaine viscous hcl	10	memantine hcl oral solution	11
LILETTA (52 MG)	25	memantine hcl oral tablet	11
linezolid oral suspension reconstituted ..	10	MENQUADFI	27
linezolid oral tablet	10	MENVEO	27
LINZESS	21	mercaptopurine oral	13
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		methadone hcl oral concentrate	9
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Chinese: 翻译服务和口译员免费供您使用。如果您需要帮助，请拨打上述号码或拨打您健康计划 ID 卡上的会员服务号码。

Vietnamese: Dịch vụ dịch thuật và thông dịch viên được cung cấp miễn phí cho quý vị. Nếu quý vị cần trợ giúp, vui lòng gọi số ở trên hoặc số bộ phận Dịch vụ Thành viên trên thẻ ID chương trình sức khỏe của quý vị.

Korean: 번역 서비스와 통역사는 비용 부담 없이 이용하실 수 있습니다. 도움이 필요하신 경우, 전술한 번호 또는 의료 플랜 ID 카드에 기재된 가입자 서비스 번호로 전화하십시오.

Arabic: تتوفر خدمات الترجمة والمتורגمون الفوريون لك مجاناً. إذا كنت بحاجة إلى المساعدة، فيرجى الاتصال بالرقم أعلاه أو رقم خدمات الأعضاء الموجود على بطاقة معرف الخطبة الصحية الخاصة بك.

French Creole: Sèvis tradiksyon ak entèprèt disponib pou ou gratis. Si w bezwen èd, tanpri rele nimewo ki anwo a oswa nimewo Sèvis Manm ki sou kat idantite (ID) plan sante w la.

Tagalog: Ang mga serbisyo sa pagsasalin at mga tagapagsalin ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas o ang numero ng mga Serbisyo sa Miyembro na nasa iyong ID kard ng planong pangkalusugan.

French: Les services de traduction et d'interprétation vous sont fournis gratuitement. Si vous avez besoin d'aide, veuillez appeler le numéro ci-dessus ou le numéro de services aux membres figurant sur votre carte d'assurance maladie.

Russian: Вам доступны бесплатные услуги перевода и устные переводчики. Если вам нужна помощь, позвоните по указанному выше номеру или по номеру отдела обслуживания участников, указанному на вашей идентификационной карте программы страхования здоровья.

Polish: Mogą Państwo bezpłatnie skorzystać z usługi tłumaczenia pisemnego lub ustnego. Jeśli potrzebują Państwo pomocy, należy zadzwonić pod numer podany powyżej lub numer usług dla członków podany na karcie identyfikacyjnej członka planu ubezpieczenia zdrowotnego.



German: Übersetzungsdiene und Dolmetscher stehen Ihnen kostenlos zur Verfügung. Wenn Sie Hilfe benötigen, rufen Sie bitte die oben genannte Nummer oder die Nummer des Mitgliederservices auf Ihrer Versichertenkarte an.

Gujarati: અનુવાદ સેવાઓ અને દુભાષિયા તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને ઉપરના નંબર પર અથવા તમારા હેલ્થ પ્લાન આઇડી કાર્ડ પરના સભ્ય સેવાઓ નંબર પર કોલ કરો.

Urdu: آپ کے لیے بغیر کسی فیس یا اخراجات کے ترجمہ کی خدمات اور ترجمان دستیاب ہیں۔ اگر آپ کو مدد کی ضرورت ہو، تو برائے مہربانی اوپر دیئے گئے نمبر یا اپنے بیلٹھ پلان آئی ڈی کارڈ پر موجود Member Services کے نمبر پر کال کریں۔

Portuguese: Você tem à disposição serviços gratuitos de tradução e intérpretes. Caso precise de ajuda, ligue para o número acima ou para o número de Atendimento a Membros exibido em seu cartão de identificação do plano de saúde.

Japanese: 翻訳サービスと通訳サービスを利用できます。サポートが必要な場合は、上記の電話番号か、保険プラン ID カードのメンバーサービス番号に電話してください。

Hindi: અનુવાદ સેવાએ ઔર દુભાષિએ આપકે લિએ નિઃશુલ્ક ઉપલબ્ધ હોયાં। યदિ આપકો સહાયતા કી આવશ્યકતા હૈ, તો કૃપા અપને સ્વાસ્થ્ય યોજના આઇડી કાર્ડ પર ઊપર દિએ ગए નંબર યા સદસ્ય સેવા નંબર પર કોલ કરો।

Persian: خدمات ترجمه کتبی و شفاهی به صورت رایگان برای شما فراهم است. اگر به کمک نیاز دارید، با شماره تلفن بالا یا شماره تلفن خدمات مشتری درج شده روی کارت شناسایی برنامه درمانی خود تماس بگیرید.

Amharic: የትርጉም አገልግሎቶች እና አስተርማሚያዎች ለእርስዥ የለ የሚገም ወጪ ይገኘለ:: እርዳታ ከፈላጊ:: እባክዎን ከለይ ባለው ቅጥር ወይም በጠና እቅድ: መታወቂያ ከርድዎ ለይ ባለው የአባላት አገልግሎት ቅጥር ይደውሉ::

Italian: Sono disponibili gratuitamente servizi di traduzione e interpreti. Se hai bisogno di aiuto, chiama il numero sopra oppure il numero di assistenza presente sulla tua tessera sanitaria.





Notice of non-discrimination

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

Email: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of the incident. We will send you a decision within 30 days. If you disagree with the decision, you have 15 days to appeal.

If you need help with your complaint, please call **toll-free 1-877-265-9199** or the toll-free number on your health plan ID card (TTY/RTT 711). We are available Monday through Friday, 8 a.m. to 6 p.m., E.T.

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

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

Phone: Toll-free **1-800-368-1019, 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



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