



**Maryland
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 the lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you can ask your healthcare provider if a lower-tier medication can work 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 preventive medications .
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 lower overall value , which includes non-preferred brand name medications and non-preferred generic medications .
5	\$\$\$\$	Highest cost-share Medications that provide the lowest overall value , which includes most specialty 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 Specialty medications are for rare and complex conditions. Not all specialty medications may be available at a retail pharmacy.
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.

7D

7 day limit if you have not filled an opioid prescription recently

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.

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	Drug name	Tier	Notes
TRUE FOLIC ACID ORAL TABLET 400 MCG	1		FRESKARO MAGNESIUM CITRATE	1	QL
VINATE ONE ORAL TABLET 60-1 MG	2		ft clearlax	1	QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (500000 ut), 50000 unit	2		ft laxative	1	QL
VITATELY WITH GINGER	2		ft magnesium citrate	1	QL
WESNATAL DHA COMPLETE	2		gavilax oral powder	1	QL
WESTAB PLUS	2		gavilyte-c	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
Gastrointestinal agents			gavilyte-g	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
Antispasmodics, gastrointestinal			gavilyte-n with flavor pack	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
dicyclomine hcl oral capsule	2		generlac	2	
dicyclomine hcl oral solution	3		gentle laxative oral tablet delayed release	1	QL
dicyclomine hcl oral tablet	2		gentrelax	1	QL
glycopyrrrolate oral tablet 1 mg, 2 mg	2		glycolax	1	QL
methscopolamine bromide oral	3		KRISTALOSE	4	
Gastrointestinal agents, other			lactulose encephalopathy oral solution 10 gm/15ml	2	
alvimopan	4		lactulose oral packet	4	
amoxicill-clarithro-lansopraz	4	QL	lactulose oral solution	2	
cromolyn sodium oral	4		magnesium citrate oral solution	1	QL
diphenoxylate-atropine oral liquid	3		mm clearlax	1	QL
diphenoxylate-atropine oral tablet	2		na sulfate-k sulfate-mg sulf	4	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
loperamide hcl oral capsule	2		ONELAX MAGNESIUM CITRATE	1	QL
opium	4	QL	peg 3350-kcl-na bicarb-nacl	2	QL; \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
RELISTOR SUBCUTANEOUS	4	PA; QL			
SYMPROIC	3	PA; QL			
ursodiol oral capsule 300 mg	2				
ursodiol oral tablet	2				
Histamine2 (H2) receptor antagonists					
cimetidine hcl	2				
cimetidine oral	2				
famotidine oral suspension reconstituted	3				
famotidine oral tablet 20 mg, 40 mg	2				
nizatidine	3				
Irritable bowel syndrome agents					
alosetron hcl	4	PA; QL			
LINZESS	3	PA; QL			
lubiprostone	4	QL			
VIBERZI	4	PA; QL; SP			
Laxatives					
bisacodyl ec	1	QL			
bisacodyl oral	1	QL			
citroma	1	QL			
clearlax	1	QL			
CLENPIQ	4	\$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.			
constulose	2				
enulose	2				

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
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
clocortolone pivalate	4	ST; QL
CORDRAN	4	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	
diflorasone diacetate external cream	4	QL
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
flurandrenolide external lotion	4	ST; QL
fluticasone propionate external cream	2	
fluticasone propionate external ointment	2	
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	
hydrocortisone external ointment 1 %, 2.5 %	2	
hydrocortisone oral	2	
hydrocortisone valerate	3	QL
methylprednisolone oral	2	
mometasone furoate external	2	
PANDEL	4	

Drug name	Tier	Notes
prednisolone oral solution	2	
prednisolone oral tablet	3	
prednisolone sodium phosphate oral solution	2	
prednisolone sodium phosphate oral tablet dispersible	4	
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 refrigerated	3	
desmopressin acetate injection	4	
desmopressin acetate oral	2	
desmopressin acetate pf	4	
desmopressin acetate spray	3	
FOLLISTIM AQ	5	PA; SP
INCRELEX	5	PA; QL; SP
MENOPUR	5	PA; SP
OMNITROPE	4	PA; QL; SP
PREGNYL	4	PA
Selective estrogen receptor modifying agents		
CLOMID	3	PA
Hormonal agents, stimulant/replacement/modifying (prostaglandins)		
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	

KEY: **7D** 7 day limit

MME Morphine milligram equivalent

PA Prior authorization required

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SP Specialty medication

ST Step therapy

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-ethinyl estradiol	1	
dolishale	1	
dotti	3	QL
drospirenen-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	1	
elinest	1	
eluryng	1	
enilloring	1	
enpresse-28	1	
enskyce	1	
estarrylla	1	
estradiol oral	2	
estradiol transdermal patch twice weekly	3	QL
estradiol transdermal patch weekly	2	QL
estradiol vaginal cream	3	
estradiol vaginal tablet	3	QL
estradiol valerate intramuscular	2	
estradiol-norethindrone acet	3	
ESTRING	3	QL
ethynodiol diac-eth estradiol	1	
etonogestrel-ethinyl estradiol	1	

Drug name	Tier	Notes
falmina	1	
finzala	1	
fyavolv	3	
gemmafly	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	
lyllana	3	QL
marlissa	1	

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
merzee	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin 24 fe oral tablet 1-20 mg-mcg	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
milii	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	
pimtreia	1	
portia-28	1	
PREMARIN VAGINAL	4	
reclipsen	1	
rivilsa	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	

Drug name	Tier	Notes
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	
tri-sprintec	1	
trivora (28)	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
TWIRLA	1	
TYBLUME	1	
tydemy	1	
velivet	1	
vestura	1	
vienna	1	
viorele	1	
volnea	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xulane	1	
yuvafem	3	QL
zafemy	1	
zovia 1/35 (28)	1	
zumandimine	1	
Progestins		
aftera	1	
camila	1	
curae	1	
deblitane	1	
DEPO-SUBQ PROVERA 104	1	QL; Available under pharmacy or medical benefit
econtra one-step	1	
ELLA	1	QL
emzahh	1	
errin	1	
heather	1	
her style	1	
incassia	1	
jencycla	1	
KYLEENA	1	Available under pharmacy or medical benefit
levonorgestrel	1	
LILETTA (52 MG)	1	Available under pharmacy or medical benefit
lyeq	1	
lyza	1	

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
medroxyprogesterone acetate intramuscular suspension	1	QL; Available under pharmacy or medical benefit
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	Available under pharmacy or medical benefit
medroxyprogesterone acetate oral	2	
megestrol acetate oral suspension 40 mg/ml	2	
megestrol acetate oral suspension 625 mg/5ml	4	
megestrol acetate oral tablet	2	
MIRENA (52 MG)	1	Available under pharmacy or medical benefit
my choice	1	
my way	1	
new day	1	
NEXPLANON	1	QL; Available under pharmacy or medical benefit
nora-be	1	
norethindrone acetate oral	2	
norethindrone oral	1	
norlyroc	1	
opcicon one-step	1	
OPILL	1	
option 2	1	
PLAN B ONE-STEP	1	
progesterone intramuscular	2	
progesterone oral	2	
react	1	
sharobel	1	
SKYLA	1	Available under pharmacy or medical benefit
take action	1	
Selective estrogen receptor modifying agents		
OSPHENA	4	PA; QL
raloxifene hcl	2	QL; \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
Hormonal agents, stimulant/replacement/modifying (thyroid)		
ARMOUR THYROID	4	
euthyrox	2	
levo-t	2	
levothyroxine sodium oral tablet	2	
levoxyl	2	

KEY: **7D** 7 day limit

MME Morphine milligram equivalent

PA Prior authorization required

Drug name	Tier	Notes
liothyronine sodium oral	2	
NIVA THYROID	4	
np thyroid	4	
SYNTHROID	3	
THYQUIDITY	4	PA
thyroid oral	4	
TIROSINT-SOL	4	PA
unithroid	2	
Hormonal agents, suppressant (adrenal)		
LYSODREN	4	
Hormonal agents, suppressant (pituitary)		
ELIGARD	5	PA; SP
fyremadel	5	PA; SP
ganirelix acetate	5	PA; SP
leuprolide acetate injection	5	PA; SP
octreotide acetate	4	PA; SP
ORILISSA	4	PA; QL
SIGNIFOR	5	PA; QL; SP
SOMAVERT	5	PA; QL; 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 STRT)	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	
genraf	3	

QL Quantity limit

SP Specialty medication

ST Step therapy

Drug name	Tier	Notes
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 suspension reconstituted	4	
mycophenolate mofetil oral tablet	3	
mycophenolate sodium	4	
mycophenolic acid	4	
OLUMIANT	5	PA; QL; SP
SIMPONI	5	PA; QL; SP
sirolimus oral solution	5	
sirolimus oral tablet	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		
ACTEMRA ACTPEN	5	PA; QL; SP
ACTEMRA SUBCUTANEOUS	5	PA; QL; SP
ACTIMMUNE	5	PA; QL; SP
BEYFORTUS	1	QL; \$0 copay for members 19 months of age or younger.
leflunomide oral	2	
OTEZLA	5	PA; QL; 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.

KEY: **7D**7 day limit
MMEMorphine milligram equivalent
PA.....Prior authorization required

Drug name	Tier	Notes
AFLURIA PRESERVATIVE FREE	1	QL; \$0 copay for members 6 months of age or older.
AREXVY	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
CAPVAXIVE	1	QL; \$0 copay for members 19 years of age or older.
COMIRNATY	1	QL; \$0 copay for members 12 years of age or older.
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML	1	QL; \$0 copay for members 12 years of age or older.
DAPTACEL	1	QL
DENGVAXIA	1	QL; \$0 copay for members between ages of 9 to 16 years.
ENGERIX-B	1	QL
FLUAD	1	QL; \$0 copay for members 65 years of age or older.
FLUARIX	1	QL; \$0 copay for members 6 months of age or older.
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; \$0 copay for members 6 months of age or older.
FLULAVAL	1	QL; \$0 copay for members 6 months of age or older.
FLUMIST	1	QL; \$0 copay for members between ages of 2 to 49 years.
FLUMIST QUADRIVALENT NASAL SUSPENSION	1	QL; \$0 copay for members between ages of 2 to 49 years.
FLUZONE HIGH-DOSE	1	QL; \$0 copay for members 65 years of age or older.

QLQuantity limit
SPSpecialty medication
STStep therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	QL; \$0 copay for members 6 months of age or older.	ROTARIX	1	QL; \$0 copay for members 8 months of age or younger.
GARDASIL 9	1	QL; \$0 copay for members between ages of 9 to 45 years.	ROTATEQ	1	QL; \$0 copay for members 8 months of age or younger.
HAVRIX	1	QL	SHINGRIX	1	QL; \$0 Copay for members 19 years of age or older.
HEPLISAV-B	1	QL; \$0 copay for members 18 years of age or older.	SPIKEVAX	1	QL; \$0 copay for members 12 years of age or older.
HIBERIX	1	QL	TDVAX	1	QL
INFANRIX	1	QL	TENIVAC	1	QL
IPOP	1	QL	TETANUS-DIPHTHERIA TOXOIDS TD	1	QL
MENQUADFI	1	QL	TRUMENBA	1	QL; \$0 copay for members 10 years of age or older.
MENVEO	1	QL	TWINRIX	1	QL
M-M-R II	1	QL	VAQTA	1	QL
PEDIARIX	1	QL; \$0 copay for members 6 years of age or younger.	VARIVAX	1	QL
PEDVAX HIB	1	QL	VAXELIS	1	QL; \$0 copay for members 4 years of age or younger.
PENBRAYA	1	QL; \$0 copay for members between ages of 10 to 25 years.	VAXNEUVANCE	1	QL; \$0 copay for members 1 month of age or older.
PENTACEL	1	QL; \$0 copay for members 4 years of age or younger.	Inflammatory bowel disease agents		
PFIZER COVID-19 VAC-TRIS 5-11Y	1	QL; \$0 copay for members between ages of 5 to 11 years.	Aminosalicylates		
PFIZER COVID-19 VAC-TRIS 6M-4Y	1	QL; \$0 copay for members between ages of 6 months to 4 years.	balsalazide disodium	3	
PNEUMOVAX 23	1	QL	DIPENTUM	4	
PREHEVBRIOD	1	QL; \$0 copay for members 18 years of age or older.	mesalamine er oral capsule 0.375 gm	3	QL
PREVNAR 20	1	QL; \$0 copay for members 1 month of age or older.	mesalamine oral tablet delayed release 1.2 gm	3	QL
PRIORIX	1	QL	mesalamine rectal	4	QL
PROQUAD	1	QL; \$0 copay for members between ages of 1 to 12 years.	mesalamine-cleanser	4	QL
QUADRACEL INTRAMUSCULAR SUSPENSION	1	QL	Glucocorticoids		
RECOMBIVAX HB	1	QL	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	

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PAPrior authorization required

QLQuantity limit
SPSpecialty medication
STStep therapy

Drug name	Tier	Notes	Drug name	Tier	Notes
proctozone-hc	2		DROPSAFE SAFETY SYRINGE/ NEEDLE	1	
Sulfonamides			DUREX EXTRA SENSITIVE THIN	1	QL
sulfasalazine oral	2		DUREX TROPICAL	1	QL
Metabolic bone disease agents			EASIVENT	2	QL
alendronate sodium oral solution	3		EASY COMFORT SHARPS CONTAINER	3	
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	2	QL	EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	1	
calcitonin (salmon) nasal	2	QL	ergoloid mesylates oral	4	
calcitriol oral capsule	2		FC2 FEMALE CONDOM	1	QL
calcitriol oral solution	3		FEMCAP	1	
cinacalcet hcl	3	PA; QL	FLEXICHAMBER	2	QL
ibandronate sodium oral	2	QL	FLEXICHAMBER ADULT MASK/ SMALL	2	QL
paricalcitol oral	3		FLEXICHAMBER CHILD MASK/ LARGE	2	QL
risedronate sodium oral tablet	3	QL	FLEXICHAMBER CHILD MASK/ SMALL	2	QL
TYMLOS	5	PA; QL; SP	INSPIREASE RESERVOIR BAGS	2	QL
Miscellaneous therapeutic agents			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	1	
ADVOCATE INSULIN PEN NEEDLE	1		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" 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	1	
AEROCHAMBER HOLDING CHAMBER	2	QL	methergine	4	QL
AEROCHAMBER PLS FLOVU MTHPIECE	2	QL	methylergonovine maleate oral	4	QL
AEROCHAMBER PLUS FLO-VU INTERM	2	QL	NOVOFINE PEN NEEDLE	1	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	QL	NOVOFINE PLUS PEN NEEDLE	1	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	QL	OMNIPOD 5 G6 INTRO (GEN 5)	4	PA; QL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	QL	OMNIPOD 5 G6 PODS (GEN 5)	4	PA; QL
ALCOHOL PREP PADS PAD , 70 %	3		Available under pharmacy or medical benefit		
AQ INSULIN SYRINGE	1		PARAGARD INTRAUTERINE COPPER	1	
AQINJECT PEN NEEDLE	1		PARI VORTEX ADULT MASK	2	QL
ASSURE ID DUO PRO PEN NEEDLES	1		PHEXXI	1	QL
ASSURE ID PRO PEN NEEDLES	1		PURE COMFORT SAFETY PEN NEEDLE	1	
AUM ALCOHOL PREP PADS	3		RADIOGARDASE	5	
AUM INSULIN SAFETY PEN NEEDLE	1		RAYA SURE PEN NEEDLE	1	
AUM MINI INSULIN PEN NEEDLE	1		SAFETY PEN NEEDLES	1	
AUM PEN NEEDLE	1		SHARPS COLLECTOR	3	
AUM READYGARD DUO PEN NEEDLE	1		SHARPS CONTAINER	3	
AUM SAFETY PEN NEEDLE	1				
BD AUTOSHIELD DUO PEN NEEDLES	1				
BD SHARPS COLLECTOR	3				
BD ULTRA-FINE INSULIN SYRINGES	1				
BD ULTRA-FINE PEN NEEDLES	1				
BREATHE COMFORT CHAMBER/ ADULT	2	QL			
BREATHE COMFORT CHAMBER/ CHILD	2	QL			
CAYA	1				
COMFORT EZ PRO PEN NEEDLES	1				
CONDOMS	1	QL			
DROPSAFE ALCOHOL PREP	3				

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	Drug name	Tier	Notes			
TRUE COVER	1	QL	erythromycin ophthalmic	2	\$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.			
UNIFINE PROTECT PEN NEEDLE	1							
VERIFINE INSULIN PEN NEEDLE	1							
VERIFINE INSULIN SYRINGE	1							
VERIFINE PLUS PEN NEEDLE	1							
VERIFINE SHARPS CONTAINER	3							
VORTEX VALVED HOLDING CHAMBER	2	QL						
WIDE-SEAL DIAPHRAGM 60	1							
WIDE-SEAL DIAPHRAGM 65	1							
WIDE-SEAL DIAPHRAGM 70	1							
WIDE-SEAL DIAPHRAGM 75	1							
WIDE-SEAL DIAPHRAGM 80	1							
WIDE-SEAL DIAPHRAGM 85	1							
WIDE-SEAL DIAPHRAGM 90	1							
WIDE-SEAL DIAPHRAGM 95	1							
Ophthalmic agents								
Aminoglycosides								
gentamicin sulfate ophthalmic	2		AKTEN	4				
neomycin-polymyxin-gramicidin	2		ALTACAINE	2				
TOBRADEX	4		atropine sulfate ophthalmic solution 1 %	2				
tobramycin ophthalmic	2		cyclopentolate hcl ophthalmic	2				
tobramycin-dexamethasone	3		cyclosporine ophthalmic	4	PA; QL			
TOBREX	4		CYSTARAN	5	PA; QL; SP			
Antibacterials, other								
bacitracin ophthalmic	3		MITOSOL	4				
bacitracin-polymyxin b	2		proparacaine hcl ophthalmic	2				
bacitra-neomycin-polymyxin-hc	3		sulfacetamide-prednisolone	2				
BETADINE OPHTHALMIC PREP	4		tetracaine hcl ophthalmic	2				
neomycin-bacitracin zn-polymyx	2		ZYLET	4				
neomycin-polymyxin-dexameth ophthalmic ointment	2		Ophthalmic anti-allergy agents					
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	2		ALOCRIL	4				
neomycin-polymyxin-hc ophthalmic	3		ALOMIDE	4				
neo-polycin	2		altafrin	2				
neo-polycin hc	3		azelastine hcl ophthalmic	2				
polycin	2		bepotastine besilate	4	QL			
polymyxin b-trimethoprim	2		cromolyn sodium ophthalmic	2				
Anti-cytomegalovirus (CMV) agents			CYCLOMYDRIL	4				
ZIRGAN	4		epinastine hcl	2	ST; QL			
Antifungals			olopatadine hcl ophthalmic solution 0.1 %	2	QL			
NATACYN	4		phenylephrine hcl ophthalmic	2				
Antiherpetic agents			Ophthalmic antiglaucoma agents					
trifluridine	3		apraclonidine hcl	2				
Macrolides			betaxolol hcl ophthalmic	2				
AZASITE	4		BETIMOL	3	QL			
			BETOPTIC-S	4				
			brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %	2	QL			
			brimonidine tartrate-timolol	3	QL			
			brinzolamide	3	QL			
			carteolol hcl	2				
			dorzolamide hcl ophthalmic	2				
			dorzolamide hcl-timolol mal	2	QL			
			dorzolamide hcl-timolol mal pf	3	QL			
			IOPIDINE	4				
			levobunolol hcl	2				
			PHOSPHOLINE IODIDE	3				
			pilocarpine hcl ophthalmic	2				
			SIMBRINZA	4	QL			
			timolol maleate (once-daily)	2				
			timolol maleate ophthalmic gel forming solution	3				

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Drug name	Tier	Notes	Drug name	Tier	Notes			
timolol maleate ophthalmic solution	2		azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	QL			
timolol maleate pf	3		carbinoxamine maleate oral solution	2				
Ophthalmic anti-inflammatories								
bromfenac sodium (once-daily)	3	QL	carbinoxamine maleate oral tablet 4 mg	2				
dexamethasone sodium phosphate ophthalmic	2		clemastine fumarate oral tablet	2				
diclofenac sodium ophthalmic	2		ciproheptadine hcl oral	2				
difluprednate	4		desloratadine oral tablet	3				
fluorometholone	2		diphenhydramine hcl oral elixir	2				
flurbiprofen sodium	2		levocetirizine dihydrochloride oral solution	3				
INVELTYS	4	QL	levocetirizine dihydrochloride oral tablet	2	QL			
ketorolac tromethamine ophthalmic	2		olopatadine hcl nasal	3	QL			
LOTEMAX OPHTHALMIC OINTMENT	4		promethazine vc	2				
LOTEMAX SM	4	QL	promethazine-phenylephrine	2				
loteprednol etabonate ophthalmic suspension 0.5 %	4	QL	Anti-inflammatories, inhaled corticosteroids					
prednisolone acetate ophthalmic	2		ALVESCO	4	ST; QL			
prednisolone sodium phosphate ophthalmic	2		ARNUITY ELLIPTA	3	QL			
Ophthalmic prostaglandin and prostamide analogs								
latanoprost ophthalmic	2		ASMANEX (120 METERED DOSES)	3	QL			
LUMIGAN	3	QL	ASMANEX (14 METERED DOSES)	3	QL			
tafluprost (pf)	4	ST; QL	ASMANEX (30 METERED DOSES)	3	QL			
travoprost (bak free)	3	QL	ASMANEX (60 METERED DOSES)	3	QL			
XELPROS	4	QL	ASMANEX HFA	3	QL			
Quinolones								
BESIVANCE	4		BEVESPI AEROSPHERE	3	QL			
CILOXAN	4		breyna	4	QL			
ciprofloxacin hcl ophthalmic	2		budesonide inhalation	3	QL			
gatifloxacin ophthalmic	3		budesonide-formoterol fumarate	4	QL			
levofloxacin ophthalmic	2		flunisolide nasal	3				
moxifloxacin hcl (2x day)	2		fluticasone propionate nasal	2	QL			
moxifloxacin hcl ophthalmic	2		fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL			
ofloxacin ophthalmic	2		FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL			
Sulfonamides								
sulfacetamide sodium ophthalmic	2		QVAR REDIHALER	3	QL			
Otic agents								
acetic acid otic	2		wixela inhuh	3	QL			
ciprofloxacin hcl otic	3		Antileukotrienes					
ciprofloxacin-dexamethasone	4	ST	montelukast sodium oral	2	QL			
CIPROFLOXACIN-FLUOCINOLONE PF	4		zafirlukast	3	QL			
CORTISPORIN-TC	4		zileuton er	4	ST			
flac	3		Bronchodilators, anticholinergic					
fluocinolone acetonide otic	3		ATROVENT HFA	4	QL			
hydrocortisone-acetic acid	3		INCRUSE ELLIPTA	3	QL			
neomycin-polymyxin-hc otic	2		ipratropium bromide inhalation	2				
ofloxacin otic	2		ipratropium bromide nasal	2				
OTOVEL	4		SPIRIVA HANDIHALER	3	QL			
Respiratory tract/pulmonary agents								
Antihistamines								
KEY: 7D 7 day limit			SP Specialty medication					
MME Morphine milligram equivalent			ST Step therapy					
PA Prior authorization required			QL Quantity limit					

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Drug name	Tier	Notes
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
levalbuterol hcl inhalation	3	QL
STRIVERDI RESPIMAT	3	QL
terbutaline sulfate oral	4	
VENTOLIN HFA	1	
Cystic fibrosis agents		
ORKAMBI	5	PA; QL; SP
PULMOZYME	5	PA; QL; SP
tobramycin nebulization solution 300 mg/5ml inhalation	5	PA; QL; SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	5	PA; QL; SP
Mast cell stabilizers		
cromolyn sodium inhalation	3	
Phosphodiesterase inhibitors, airways disease		
elizophyllin	3	
roflumilast	4	PA; QL
THEO-24	4	
theophylline er	2	
theophylline oral	3	
Pulmonary antihypertensives		
ADEMPAS	5	PA; QL; SP
alyq	5	PA; QL; SP
ambrisentan	5	PA; QL; SP
bosentan	5	PA; QL; SP
OPSUMIT	5	PA; QL; SP
ORENITRAM	5	PA; QL; SP
ORENITRAM MONTH 1	5	PA; QL; SP
ORENITRAM MONTH 2	5	PA; QL; SP
ORENITRAM MONTH 3	5	PA; QL; SP
sildenafil citrate oral suspension reconstituted	5	PA; QL; SP
sildenafil citrate oral tablet 20 mg	4	PA; QL; SP
tadalafil (pah)	5	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

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Drug name	Tier	Notes
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
hydrocod poli-chlorphe poli er	4	PA; QL
hydrocodone bit-homatrop mbr	2	PA; QL
hydromet	2	PA; QL
HYPERSAL	3	
ipratropium-albuterol	2	
maxi-tuss ac	2	PA; QL
mometasone furoate nasal	3	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
TUXARIN ER	4	PA; QL
Skeletal muscle relaxants		
baclofen oral tablet 10 mg, 20 mg, 5 mg	2	
carisoprodol oral tablet 350 mg	2	QL
chlorzoxazone oral tablet 500 mg	3	
cyclobenzaprine hcl oral	2	
dantrolene sodium oral	3	
metaxalone	3	
methocarbamol oral tablet 500 mg, 750 mg	2	
orphenadrine citrate er	2	
orphenadrine-aspirin-caffeine	5	
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
zaleplon	2	QL
zolpidem tartrate er	3	QL
zolpidem tartrate oral tablet	2	QL
Sleep disorders, other		
BELSOMRA	4	ST; QL
doxepin hcl oral tablet	2	QL
ramelteon	4	ST; QL
tasimelteon	5	PA; QL; SP

QL Quantity limit
SP Specialty medication
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Drug name	Tier	Notes
Wakefulness promoting agents		
armodafinil	3	PA; QL
modafinil oral	2	PA; QL
SODIUM OXYBATE	5	PA; QL; SP
SUNOSI	4	PA; QL

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ofloxacin otic.....	33	oxcarbazepine oral suspension.....	phenytek	12
olanzapine-fluoxetine hcl	12	oxcarbazepine oral tablet	phenytoin infatabs	12
olanzapine oral tablet	15	oxybutynin chloride er.....	phenytoin oral	12
olanzapine oral tablet dispersible	15	oxybutynin chloride oral solution ..	phenytoin sodium extended	12
olmesartan medoxomil-hctz	20	oxybutynin chloride oral tablet 5 mg ..	PHEXXI	31
olmesartan medoxomil oral	19	oxycodone-acetaminophen oral	philith	27
olopatadine hcl nasal	33	tablet 10-325 mg, 2.5-325 mg, 5-325	PHOSPHOLINE IODIDE	32
olopatadine hcl ophthalmic solution		mg, 7.5-325 mg	phytonadione oral	22
0.1 %	32	oxycodone hcl oral capsule	pilocarpine hcl ophthalmic	32
OLUMIANT	29	oxycodone hcl oral concentrate ..	pilocarpine hcl oral	21
omega-3-acid ethyl esters.....	21	oxycodone hcl oral solution	pimecrolimus	22
omeprazole oral capsule delayed		oxycodone hcl oral tablet	pimozide	15
release 10 mg	24	oxymorphone hcl	pimtrea.....	27
omeprazole oral capsule delayed		oxymorphone hcl er	pindolol	19
release 20 mg, 40 mg.....	24	OZEMPIC.....18	pioglitazone hcl.....	18
OMNIPOD 5 G6 INTRO (GEN 5)	31	paliperidone er	PIQRAY	14
OMNIPOD 5 G6 PODS (GEN 5)	31	PANDEL	pirfenidone	34
OMNITROPE	25	pantoprazole sodium oral tablet	piroxicam oral.....	9
ondansetron hcl oral	13	delayed release	PLAN B ONE-STEP	28
ondansetron odt oral tablet		PARAGARD INTRAUTERINE COPPER ..31	PLENU	24
dispersible 4 mg, 8 mg.....	13	paricalcitol oral		
ONELAX MAGNESIUM CITRATE.....	23	PARI VORTEX ADULT MASK.....31		

plerixafor	18	proctosol hc	30	RECOETHROM SPRAY KIT	19
PNEUMOVAX 23	30	protozone-hc	31	REGRANEX	22
pnv prenatal plus multivit+dha	22	progesterone intramuscular	28	RELENZA DISKHALER	16
podofilox external gel	22	progesterone oral	28	RELISTOR SUBCUTANEOUS	23
podofilox external solution	22	PROMACTA	18	repaglinide	18
polycin	32	promethazine-codeine oral solution	34	REPATHA	21
Polyethylene glycol 3350 oral powder	24	promethazine-dm	34	REPATHA PUSHTRONEX SYSTEM	21
polymyxin b-trimethoprim	32	promethazine hcl oral	13	REPATHA SURECLICK	21
POMALYST	14	promethazine hcl rectal	13	RETACRIT	18
portia-28	27	promethazine-phenylephrine	33	REYATAZ ORAL PACKET	16
posaconazole oral tablet delayed release	13	promethazine vc	33	REZVOGLAR KWIKPEN	18
potassium chloride crys er	22	promethegan	13	ribavirin oral	16
potassium chloride er	22	propafenone hcl	19	rifabutin	14
potassium chloride oral packet	22	propafenone hcl er	19	rifampin oral	14
potassium chloride oral solution	22	proparacaine hcl ophthalmic	32	riluzole	21
potassium citrate er	22	propranolol hcl er	19	rimantadine hcl	17
pramipexole dihydrochloride	15	propranolol hcl oral	19	RINVOQ	29
prasugrel hcl	19	propylthiouracil oral	28	RINVOQ LQ	29
pravastatin sodium	20	PROQUAD	30	risedronate sodium oral tablet	31
praziquantel oral	15	protriptyline hcl	13	risperidone oral solution	16
prazosin hcl oral	19	pseudoephedrine-bromphen-dm	34	risperidone oral tablet	16
prednisolone acetate ophthalmic	33	PULMOSAL	34	risperidone oral tablet dispersible	16
prednisolone oral solution	25	PULMOZYME	34	ritonavir	16
prednisolone oral tablet	25	PURE COMFORT SAFETY PEN NEEDLE	31	rivastigmine	12
prednisolone sodium phosphate ophthalmic	33	pyrazinamide oral	14	rivastigmine tartrate	12
prednisolone sodium phosphate oral solution	25	pyridostigmine bromide er	14	rivelsa	27
prednisolone sodium phosphate oral tablet dispersible	25	pyridostigmine bromide oral solution	14	rizatriptan benzoate	13
prednisone intensol	25	pyridostigmine bromide oral tablet 60 mg	14	roflumilast	34
prednisone oral solution	25	pyrimethamine oral	15	ropinirole hcl	15
prednisone oral tablet	25	QUADRACEL INTRAMUSCULAR SUSPENSION	30	rosuvastatin calcium oral tablet 10 mg, 5 mg	20
prednisone oral tablet therapy pack	25	quazepam	17	rosuvastatin calcium oral tablet 20 mg, 40 mg	20
pregabalin oral capsule	21	quetiapine fumarate	15	ROTARIX	30
PREGNYL	25	quetiapine fumarate er	16	ROTATEQ	30
PREHEVBARIO	30	quinapril hcl	19	roweepra	11
PREMARIN VAGINAL	27	quinapril-hydrochlorothiazide	20	ROZLYTREK	14
prenatal oral tablet 27-1 mg	22	quinidine gluconate er	19	rufinamide	12
prenatal plus vitamin/mineral	22	quinidine sulfate	19	RYBELSUS	18
PRENATRIX	22	quinine sulfate	15	SAFETY PEN NEEDLES	31
PRENATRYL	22	QVAR REDIHALER	33	sajazir	28
PREPIDIL	25	rabeprazole sodium oral tablet delayed release	24	salsalate oral	9
prevalite	21	RADIOGARDASE	31	sapropterin dihydrochloride	24
PREVNAR 20	30	raloxifene hcl	28	SAVELLA	21
PREZISTA ORAL SUSPENSION	16	ramelteon	34	SAVELLA TITRATION PACK	21
PRIFTIN	14	ramipril	19	saxagliptin hcl	18
primaquine phosphate	15	ranolazine er	20	scopolamine	13
primidone oral	12	rasagiline mesylate oral	15	selegiline hcl oral	15
PRIORIX	30	RAYA SURE PEN NEEDLE	31	selenium sulfide external lotion	22
probenecid	13	react	28	SELZENTRY ORAL SOLUTION	16
prochlorperazine	13	reclipsen	27	sertraline hcl oral concentrate	12
prochlorperazine maleate oral	13	RECOMBIVAX HB	30	sertraline hcl oral tablet	12
PROCTOFOAM HC	30	RECOETHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT	19	setlakin	27
procto-med hc	30			sevelamer carbonate oral packet	22
				sevelamer carbonate oral tablet	22

sharobel	28	sucralfate oral suspension	24	TENCON	.10
SHARPS COLLECTOR	31	sucralfate oral tablet	24	TENIVAC	30
SHARPS CONTAINER	31	SULCONAZOLE NITRATE	.13	tenofovir disoproxil fumarate	.16
SHINGRIX	30	sulfacetamide-prednisolone	32	terazosin hcl	.24
SIGNIFOR	28	sulfacetamide sodium (acne)	.22	terbinafine hcl oral	.13
sildenafil citrate oral suspension reconstituted	34	sulfacetamide sodium ophthalmic	.33	terbutaline sulfate oral	.34
sildenafil citrate oral tablet 20 mg	34	sulfadiazine oral	.11	terconazole vaginal cream	.13
silodosin	24	sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	.11	terconazole vaginal suppository	.13
silver sulfadiazine external	11	sulfamethoxazole-trimethoprim oral tablet	.11	teriflunomide	.21
SIMBRINZA	32	SULFAMYLON	.11	testosterone cypionate intramuscular	.25
simliya	27	sulfasalazine oral	.31	testosterone enanthate intramuscular	.25
simpesse	27	sulfatrim pediatric	.11	testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%), 50 mg/5gm (1%)	.25
SIMPONI	29	sulindac oral	.9	TETANUS-DIPHTHERIA TOXOIDS TD	.30
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	20	sumatriptan-naproxen sodium	.14	tetraabenazine	.21
simvastatin oral tablet 80 mg	20	sumatriptan nasal	.13	tetracaine hcl ophthalmic	.32
sirolimus oral solution	29	sumatriptan succinate oral	.13	tetracycline hcl oral capsule	.11
sirolimus oral tablet	29	sumatriptan succinate refill subcutaneous solution cartridge	.13	TEXACORT	.25
SKYLA	28	sumatriptan succinate subcutaneous	.14	THALOMID	.14
SKYRIZI PEN	29	sunitinib malate	.15	THEO-24	.34
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	22	SUNOSI	.35	theophylline er	.34
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	29	syeda	.27	theophylline oral	.34
sm lansoprazole	24	SYMPROIC	.23	thioridazine hcl oral	.15
sodium chloride inhalation	34	SYNAREL	.28	thiothixene	.15
sodium fluoride oral	22	SYNJARDY	.18	THROMBIN-JMI EPISTAXIS	.19
SODIUM OXYBATE	35	SYNJARDY XR	.18	THROMBIN-JMI EXTERNAL KIT	.19
sodium polystyrene sulfonate	22	SYNTHROID	.28	THYQUIDITY	.28
SOFOSBUVIR-VELPATASVIR	.16	TABLOID	.14	thyroid oral	.28
solifenacin succinate	24	tacrolimus external	.22	tiadylt er	.19
SOLIQUA	.18	tacrolimus oral	.29	tiagabine hcl	.12
SOMAVERT	.28	tadalafil oral tablet 2.5 mg, 5 mg	.24	tilia fe	.27
sorafenib tosylate	.15	tadalafil (pah)	.34	timolol maleate (once-daily)	.32
sotalol hcl (af)	.19	tafluprost (pf)	.33	timolol maleate ophthalmic gel forming solution	.32
sotalol hcl oral	.19	take action	.28	timolol maleate ophthalmic solution	.33
SOTYLIZE	.19	TALTZ	.29	timolol maleate oral	.19
SPIKEVAX	.30	TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 1 MG	.14	timolol maleate pf	.33
spinosad	.15	TALZENNA ORAL CAPSULE 0.75 MG	.14	tinidazole oral	.11
SPIRIVA HANDIHALER	.33	tamoxifen citrate oral tablet 10 mg	.14	tiotropium bromide monohydrate	.33
SPIRIVA RESPIMAT	.33	tamoxifen citrate oral tablet 20 mg	.14	TIROSINT-SOL	.28
spironolactone-hctz	.20	tamsulosin hcl	.24	TIVICAY	.16
spironolactone oral tablet	.20	tarina 24 fe	.27	tizanidine hcl oral capsule	.34
sprintec 28	.27	tarina fe 1/20 eq	.27	tizanidine hcl oral tablet	.34
SPS	.22	tasimelteon	.34	TOBRADEX	.32
sronyx	.27	taysofy	.27	tobramycin-dexamethasone	.32
ssd	.11	tazarotene external cream 0.1 %	.22	tobramycin nebulization solution 300 mg/5ml inhalation	.34
STELARA SUBCUTANEOUS	.22	tazarotene external gel	.22	TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	.34
STIOLTO RESPIMAT	.34	TDVAX	.30	tobramycin ophthalmic	.32
STIVARGA	.15	TECHLITE LANCETS 26G	.17	TOBREX	.32
ST JOSEPH LOW DOSE	.9	telmisartan	.19	tolcapone	.15
STRIBILD	.16	telmisartan-hctz	.20	tolmetin sodium	.9
STRIVERDI RESPIMAT	.34	temazepam	.34	tolterodine tartrate	.24
subvenite	.12	temozolomide	.14	tolterodine tartrate er	.24

topiramate oral capsule sprinkle	12	trospium chloride er	24	VENTAVIS	34
topiramate oral tablet	12	TRUE COVER	32	VENTOLIN HFA	34
toremifene citrate	14	TRUE FOLIC ACID ORAL TABLET 1 MG	22	verapamil hcl er oral capsule extended release 24 hour	19
torsemide	20	TRUE FOLIC ACID ORAL TABLET 400 MCG	23	verapamil hcl er oral tablet extended release	19
TRADJENTA	18	TRUE LAXATIVE	24	verapamil hcl oral	19
tramadol-acetaminophen	10	TRULICITY	18	VERIFINE INSULIN PEN NEEDLE	32
tramadol hcl er	10	TRUMENBA	30	VERIFINE INSULIN SYRINGE	32
tramadol hcl (er biphasic) oral tablet extended release 24 hour	10	turqoz	27	VERIFINE PLUS PEN NEEDLE	32
tramadol hcl oral tablet 50 mg	10	TUXARIN ER	34	VERIFINE SAFE LANCET MINI 21G	17
trandolapril	19	TWINRIX	30	VERIFINE SAFE LANCET MINI 23G	17
tranexamic acid oral	19	TWIRLA	27	VERIFINE SAFE LANCET MINI 28G	17
tranylcypromine sulfate	12	TYBLUME	27	VERIFINE SAFE LANCET MINI 30G	17
travoprost (bak free)	33	tydemy	27	VERIFINE SHARPS CONTAINER	32
trazodone hcl oral	12	TYMLOS	31	VERZENIO	14
TRECATOR	14	TYVASO	34	vestura	27
TRELEGY ELLIPTA	34	TYVASO DPI INSTITUTIONAL KIT	34	VIBERZI	23
TRESIBA	18	TYVASO DPI MAINTENANCE KIT	34	vienva	27
TRESIBA FLEXTOUCH	18	TYVASO DPI TITRATION KIT	34	vigabatrin	12
tretinoin external cream	22	TYVASO REFILL KIT	34	vigadrone	12
tretinoin oral	15	TYVASO STARTER KIT	34	vigpoder	12
triamicinolone acetonide external cream	25	UBRELVY	13	vilazodone hcl	12
triamicinolone acetonide external lotion	25	UNIFINE PROTECT PEN NEEDLE	32	VINATE ONE ORAL TABLET 60-1 MG	23
triamicinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	25	unithroid	28	viorele	27
triamicinolone acetonide mouth/ throat	21	ursodiol oral capsule 300 mg	23	VIRACEPT	16
triamterene-hctz	20	ursodiol oral tablet	23	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	23
triazolam	34	valacyclovir hcl oral	16	VITATELY WITH GINGER	23
triderm	25	valganciclovir hcl oral solution reconstituted	16	VITRAKVI	15
trientine hcl oral capsule 250 mg	22	valganciclovir hcl oral tablet	16	VIVAGUARD LANCEETS 30G	17
tri-estarryla	27	valproic acid oral capsule	12	VIVAGUARD LANCING DEVICE	18
trifluoperazine hcl	15	valproic acid oral solution 250 mg/5ml	12	VIVAGUARD SAFETY LANCEETS 28G	18
trifluridine	32	valsartan-hydrochlorothiazide	20	volnea	27
trihexyphenidyl hcl	15	valsartan oral tablet	19	voriconazole oral suspension reconstituted	13
tri-legest fe	27	vancomycin hcl oral capsule	11	voriconazole oral tablet	13
tri-linyah	27	vancomycin hcl oral solution reconstituted	11	VORTEX VALVED HOLDING CHAMBER	32
tri-lo-estarryla	27	VANDAZOLE	11	VRAYLAR	16
tri-lo-marzia	27	VAQTA	30	vyfemla	27
tri-lo-mili	27	varenicline tartrate	10	vylibra	27
tri-lo-sprintec	27	varenicline tartrate(continue)	10	warfarin sodium oral	18
trimethobenzamide hcl oral	13	varenicline tartrate (starter)	10	wera	27
trimethoprim oral	11	VARIVAX	30	WESNATAL DHA COMPLETE	23
tri-mili	27	VARUBI (180 MG DOSE)	13	WESTAB PLUS	23
trimipramine maleate oral	13	VAXELIS	30	WIDE-SEAL DIAPHRAGM 60	32
TRINATE	22	VAXNEUVANCE	30	WIDE-SEAL DIAPHRAGM 65	32
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	27	VCF VAGINAL CONTRACEPTIVE	24	WIDE-SEAL DIAPHRAGM 70	32
tri-sprintec	27	velivet	27	WIDE-SEAL DIAPHRAGM 75	32
TRIUMEQ	16	VELPHORO	22	WIDE-SEAL DIAPHRAGM 80	32
trivora (28)	27	VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	22	WIDE-SEAL DIAPHRAGM 85	32
tri-vylibra	27	VENCLEXTA	15	WIDE-SEAL DIAPHRAGM 90	32
tri-vylibra lo	27	VENCLEXTA STARTING PACK	15	WIDE-SEAL DIAPHRAGM 95	32
trospium chloride	24	venlafaxine hcl	12	wixela inhub	33
		venlafaxine hcl er oral capsule extended release 24 hour	12	wymzya fe	27

XARELTO	18
XARELTO STARTER PACK	18
XELJANZ	29
XELJANZ XR.....	29
XELPROS.....	33
XIFAXAN.....	11
XIGDUO XR.....	18
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	29
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML.....	29
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML...	29
XOSPATA	15
XTAMPZA ER	10
xulane	27
YOSPRALA	19
yuvafem.....	27
zafemny	27
zaflurkast.....	33
zaleplon	34
ZARXIO	18
ZEGALOGUE	18
ZELBORAF	15
zenatane	22
ZENPEP	24
zidovudine	16
zileuton er.....	33
ziprasidone hcl.....	16
ZIRGAN.....	32
ZOLINZA	14
zolmitriptan nasal.....	14
zolmitriptan oral	14
zolpidem tartrate er	34
zolpidem tartrate oral tablet	34
zonisamide oral	11
zovia 1/35 (28)	27
ZUBSOLV.....	10
zumandimine	27
ZYKADIA	15
ZYLET	32

Language Assistance Services

1-877-265-9199, TTY 711

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Spanish: Hay servicios de traducción e interpretación disponibles sin costo para usted. Si necesita ayuda, llame al número anterior o al número de Servicios para Miembros que figura en la tarjeta de identificación de su plan de salud.

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 ከፈለጋ:: እባክዎን ከለይ ባለው ቅጥር ወይም በጠና እቅድ: መታወቂያ ከርድዎ ለይ ባለው የአባላት አገልግሎት ቅጥር ይደውለ::

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

The company complies with applicable federal civil rights laws and does not treat members differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. If you think you were treated unfairly because of your race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can send a complaint to our Civil Rights Coordinator.

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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