



Your 2026 Prescription Drug List

Flex Base 3-Tier

Effective September 1, 2026



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of September 1, 2026 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our UnitedHealthcare medical plans when sold in your market with a pharmacy benefit subject to the Flex Base 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

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

When does the PDL change?

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

Why are some medications excluded from coverage?

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

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

Who decides which medications are covered?

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

About this PDL

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

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



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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



Reading your PDL (continued)

Drug list information

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

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

Coverage details

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

- **Central nervous system: sedatives/hypnotics**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: blood glucose monitoring, insulin, non-insulin**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: continuous glucose monitors, sensors**
Coverage is set by your prescription drug benefit plan. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.
- **Endocrine: growth hormone**
Coverage is set by your prescription drug benefit plan.

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



Reading your PDL (continued)

- **Infertility**

Coverage is set by your prescription drug plan. Please review your plan documents for coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required where a state mandates infertility drug coverage.

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan.

- **Termination of pregnancy**

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

Questions

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



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



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

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

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

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

Drug name	Drug tier	Requirements & limits
Analgesics - Drugs for pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	1	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	
BELBUCA	3	PA, QL
buprenorphine	1	PA, QL
butalbital-acetaminophen oral tablet	1	
butalbital-apap-caff-cod	1	QL
butalbital-apap-cafeine	1	
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-cafeine	1	
butorphanol tartrate nasal	1	QL
endocet	1	QL
fentanyl	1	PA, QL
glydo	1	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	1	QL
hydrocodone-acetaminophen oral tablet	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	3	
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
NUCYNTA	3	QL
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL

Drug name	Drug tier	Requirements & limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
premium lidocaine external ointment 5 %	1	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	(generic for Ryzolt), QL
tramadol hcl er tablet extended release	1	(generic for Ultram ER), QL
tramadol hcl oral tablet	1	QL
tramadol-acetaminophen	1	QL
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA
Analgesics - Drugs for pain and inflammation		
aspirin 81 oral tablet delayed release	E	H
BAYER LOW DOSE ORAL TABLET CHEWABLE	E	H
CAMBIA	3	
celecoxib oral	1	
diclofenac potassium oral tablet	1	
diclofenac potassium(migraine)	1	
diclofenac sodium er	1	
diclofenac sodium oral	1	
diclofenac-misoprostol	1	
ec-naproxen	1	
etodolac	1	
etodolac er	1	
flurbiprofen oral	1	
hydrocodone-ibuprofen	1	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	1	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	
mefenamic acid oral	1	
meloxicam oral tablet	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
morphine sulfate oral solution	1	QL
nabumetone oral	1	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
oxaprozin oral tablet	1	
piroxicam oral	1	
sulindac oral	1	
Anti-addiction / Substance abuse treatment agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
bupropion hcl er (smoking det)	1	H
disulfiram oral	1	
eq nicotine step 3	1	H
ft naloxone hcl	1	QL
gnp naloxone hcl	1	QL
habitrol	1	H
KLOXXADO	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	QL
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	3	H
NICORETTE MOUTH/THROAT GUM	3	H
NICORETTE STARTER KIT	3	H
nicotine	1	H
nicotine mini	1	H
nicotine mouth/throat gum	1	H
nicotine polacrilex	1	H
nicotine polacrilex mini	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H

Drug name	Drug tier	Requirements & limits
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
REXTOVY	1	QL
THRIVE	3	H
varenicline	1	H
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	2	QL
ZUBSOLV	1	QL
Antibacterials - Drugs for infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
azithromycin oral	1	
BLUJEPA	3	
cefadroxil	1	
cefdinir	1	
cefixime oral capsule	1	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clarithromycin oral	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	1	
clindamycin phosphate vaginal	1	
CLINDESSE	2	
dicloxacillin sodium	1	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG	3	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
doxycycline monohydrate oral	1	
erythromycin base oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted	1	
fidaxomicin	1	
fosfomycin tromethamine	1	
gentamicin sulfate external	1	
levofloxacin oral tablet	1	
LIKMEZ	3	
linezolid oral tablet	1	
methenamine hippurate	1	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral	1	
moxifloxacin hcl oral	1	
mupirocin cream	1	
mupirocin ointment	1	
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	1	
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium	1	
SEYSARA	3	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
tetracycline hcl oral capsule	1	
tinidazole oral	1	

Drug name	Drug tier	Requirements & limits
trimethoprim oral	1	
vancomycin hcl oral capsule	1	
VANDAZOLE	3	
XACIATO	2	
XEPI EXTERNAL CREAM 1 %	3	
XIFAXAN	3	PA
Anticoagulants - Drugs to treat or prevent blood clots		
dabigatran etexilate mesylate	1	
ELIQUIS	2	
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
rivaroxaban oral tablet	1	
warfarin sodium oral	1	
XARELTO	2	
Anticonvulsants - Drugs for seizures		
APTOM	3	PA
BRIVIACT	3	PA
carbamazepine er	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet	1	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
diazepam rectal	1	
DILANTIN	3	
divalproex sodium er	1	
divalproex sodium oral	1	
EPIDIOLEX	3	PA, SP
epitol oral tablet 200 mg	1	
eslicarbazepine acetate	1	PA
ethosuximide oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
felbamate oral tablet	1	
FYCOMPA	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	
KEPPRA XR	3	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet	1	
LAMICTAL ORAL TABLET	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	
levetiracetam er	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 15 MG, 5 MG, 7.5 MG	3	PA
MOTPOLY XR	3	PA
NAYZILAM	3	PA
ONFI	3	
oxcarbazepine	1	
oxcarbazepine er	1	
OXTELLAR XR	3	
perampanel oral tablet	1	PA
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet	1	
phenytec	1	
phenytoin sodium extended	1	
primidone oral	1	
roweepra	1	

Drug name	Drug tier	Requirements & limits
rufinamide oral suspension 40 mg/ml	1	
rufinamide oral tablet	1	
subvenite oral tablet	1	
SYMPAZAN	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate er	1	
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	3	
TROKENDI XR	3	
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZONEGRAN	3	PA
ZONISADE	3	PA
zonisamide oral	1	
Antidementia agents - Drugs for Alzheimer's disease and dementia		
donepezil hcl oral tablet	1	
memantine hcl er	1	
memantine hcl oral tablet	1	
rivastigmine	1	
rivastigmine tartrate	1	
Antidepressants - Drugs for depression		
amitriptyline hcl oral	1	
APLENZIN	3	
AUVELITY	3	ST
bupropion hcl er (sr)	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
bupropion hcl oral	1	
citalopram hydrobromide oral solution 10 mg/5ml	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	1	
desipramine hcl oral	1	
DESVENLAFAXINE ER	3	
desvenlafaxine succinate er	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral	1	
escitalopram oxalate oral solution	1	
escitalopram oxalate oral tablet	1	
FETZIMA	3	ST
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
fluvoxamine maleate er	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	
imipramine hcl oral	1	
LYBALVI	3	PA
mirtazapine oral	1	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
RALDESY	3	PA
sertraline hcl oral capsule	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST
venlafaxine hcl	1	
venlafaxine hcl er	1	

Drug name	Drug tier	Requirements & limits
vilazodone hcl	1	
ZURZUVAE	2	PA, SP
Antiemetics - Drugs for nausea and vomiting		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	
doxylamine-pyridoxine	1	
dronabinol	1	
GIMOTI	3	
granisetron hcl oral	1	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
scopolamine	1	
Antifungals - Drugs for fungal infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external cream	1	
fluconazole oral	1	
griseofulvin microsize oral	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	
JUBLIA	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
ketoconazole oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
klayesta	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	1	
nystop	1	
posaconazole oral tablet delayed release	1	
terbinafine hcl oral	1	
terconazole	1	
VIVJOA	3	PA
voriconazole oral tablet	1	
Antigout agents - Drugs for gout		
allopurinol oral	1	
colchicine oral	1	
colchicine-probenecid	1	
febuxostat	1	
MITIGARE	2	
probenecid	1	
Antimigraine agents - Drugs for migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST
almotriptan malate	1	
eletriptan hydrobromide	1	
EMGALITY	2	PA, ST
frovatriptan succinate	1	
naratriptan hcl	1	
NURTEC	2	PA, ST
QULIPTA	2	PA, ST
REYVOW	3	PA, ST
rizatriptan benzoate oral tablet dispersible	1	
sumatriptan nasal	1	
sumatriptan succinate oral	1	
sumatriptan succinate subcutaneous	1	

Drug name	Drug tier	Requirements & limits
TOSYMRA	3	
UBRELVY	2	PA, ST
ZAVZPRET	3	PA, ST
ZEMBRACE SYMTOUCH	3	
zolmitriptan oral	1	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
Antimyasthenic agents - Drugs to treat myasthenia gravis		
pyridostigmine bromide er oral tablet extended release	1	
pyridostigmine bromide oral tablet	1	
Antimycobacterials - Drugs to treat infections		
dapsone oral	1	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for cancer		
ALECENSA	2	PA, SP
ALUNBRIG	2	PA, SP
anastrozole oral	1	H-PA
AUGTYRO	2	PA, SP
BESREMI	3	PA, SP
bicalutamide	1	
CABOMETYX	2	PA, SP
CALQUENCE	2	PA, SP
COTELLIC	2	PA, SP
cyclophosphamide oral capsule	1	
ENSACOVE	2	PA, SP
ERIVEDGE	2	PA, SP
ERLEADA	2	PA, SP
exemestane	1	H-PA
GAVRETO	3	PA, SP
hydroxyurea oral	1	
ICLUSIG	3	PA, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
IDHIFA	2	PA, SP
IMKELDI	3	PA, SP
KISQALI	2	PA, SP
KOSELUGO ORAL CAPSULE	3	PA, SP
lederle leucovorin	1	
LENVIMA	2	PA, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	3	PA, SP
LYNPARZA	2	PA, SP
mercaptopurine oral tablet	1	
NUBEQA	2	PA, SP
ODOMZO	2	PA, SP
ORGOVYX	3	PA, SP
PIQRAY	2	PA, SP
RETEVMO	3	PA, SP
ROZLYTREK	2	PA, SP
RYDAPT	2	PA, SP
SCEMBLIX	3	PA, SP
STIVARGA	2	PA, SP
TABRECTA	3	PA, SP
TAGRISSO	3	PA, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TEPMETKO	3	PA, SP
TRUQAP	2	PA, SP
VERZENIO	2	PA, SP
VITRAKVI	2	PA, SP
XTANDI	2	PA, SP
ZEJULA	2	PA, SP
ZELBORAF	2	PA, SP
Antiparasitics - Drugs for parasitic infections		
albendazole oral	1	
ARAKODA	3	
atovaquone	1	

Drug name	Drug tier	Requirements & limits
atovaquone-proguanil hcl	1	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	
mefloquine hcl	1	
nitazoxanide oral	1	
permethrin external	1	
spinosad	1	
Antiparkinson agents - Drugs for Parkinson's disease		
amantadine hcl oral capsule	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
CARBIDOPA-LEVODOPA ER ORAL CAPSULE EXTENDED RELEASE	3	ST
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
entacapone	1	
INBRIJA	3	PA, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	1	
ropinirole hcl	1	
ropinirole hcl er	1	
RYTARY	3	ST
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for heart attack and stroke prevention		
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	1	
ticagrelor	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
Antipsychotics - Drugs for mood disorders		
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
asenapine maleate	1	
CAPLYTA	3	PA, ST
chlorpromazine hcl oral tablet	1	
clozapine oral tablet	1	
FANAPT	3	
fluphenazine hcl oral tablet	1	
haloperidol oral	1	
lurasidone hcl	1	
olanzapine oral	1	
paliperidone er	1	
quetiapine fumarate	1	
quetiapine fumarate er	1	
REXULTI	3	
risperidone	1	
VRAYLAR	3	
ziprasidone hcl	1	
Antivirals - Drugs for viral infections		
acyclovir external	1	
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	3	
CIMDUO	2	
darunavir	1	
DELSTRIGO	2	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	H
DOVATO	2	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir df oral tablet 200-300 mg	1	H

Drug name	Drug tier	Requirements & limits
entecavir	1	
EPCLUSA	2	PA, SP
famciclovir oral	1	
GENVOYA	3	
HARVONI	2	PA, ST, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	
LAGEVRIO	2	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, SP
MAVYRET	2	PA, SP
ODEFSEY	3	
oseltamivir phosphate oral	1	
PAXLOVID	2	
PIFELTRO	3	
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
ritonavir	1	
SOFOSBUVIR-VELPATASVIR	2	PA, SP
SYMFI	2	
SYMTUZA	3	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	
valacyclovir hcl oral	1	
valganciclovir hcl oral tablet	1	
VEMLIDY	3	PA
VOSEVI	2	PA, SP
XOFLUZA	3	
Anxiolytics - Drugs for anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	
estazolam	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
Bipolar agents - Drugs for mood disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
Cardiovascular agents - Drugs for heart and circulation conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
aliskiren fumarate	1	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-atorvastatin	1	
amlodipine-olmesartan	1	
amlodipine-valsartan-hctz	1	
ARB LI	3	PA
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	PA

Drug name	Drug tier	Requirements & limits
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
candesartan cilexetil	1	
candesartan cilexetil-hctz	1	
captopril oral	1	
cartia xt	1	
carvedilol	1	
carvedilol phosphate er	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch weekly	1	
colesevelam hcl oral tablet	1	
colestipol hcl oral tablet	1	
CORLANOR ORAL TABLET	3	PA
digoxin oral tablet	1	
diltiazem hcl er	1	
diltiazem hcl er beads	1	
diltiazem hcl er coated beads	1	
diltiazem hcl oral	1	
dilt-xr	1	
dofetilide	1	
doxazosin mesylate oral	1	
EDARBI	3	
EDARBYCLOR	3	
enalapril maleate oral solution	1	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
eplerenone	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
ezetimibe	1		lovastatin oral	1	H
ezetimibe-simvastatin	1		matzim la	1	
felodipine er	1		metolazone	1	
fenofibrate micronized	1		metoprolol succinate er	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1		metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
fenofibrate oral tablet	1		metoprolol-hydrochlorothiazide	1	
fenofibric acid oral capsule delayed release	1		mexiletine hcl oral	1	
flecainide acetate	1		midodrine hcl	1	
fluvastatin sodium	1		minoxidil oral	1	
fosinopril sodium	1		MULTAQ	3	PA
furosemide oral	1		nadolol oral	1	
gemfibrozil oral	1		nebivolol hcl	1	
guanfacine hcl	1		NEXLETOL	2	PA, ST
HEMANGEOL	3		NEXLIZET	2	PA, ST
hydralazine hcl oral	1		niacin er (antihyperlipidemic)	1	
hydrochlorothiazide oral	1		nifedipine er	1	
icosapent ethyl	1		nifedipine er osmotic release	1	
indapamide	1		nifedipine oral	1	
INZIRQO	3	PA	NITRO-BID	2	
irbesartan	1		nitroglycerin rectal	1	
irbesartan-hydrochlorothiazide	1		nitroglycerin sublingual	1	
isosorb dinitrate-hydralazine	1		nitroglycerin transdermal	1	
isosorbide dinitrate	1		NORLIQVA	3	PA
isosorbide mononitrate er	1		olmesartan medoxomil oral	1	
ivabradine hcl	1	PA	olmesartan medoxomil-hctz	1	
KAPSPARGO SPRINKLE	3		olmesartan-amlodipine-hctz	1	
KERENDIA	3		omega-3-acid ethyl esters	1	
labetalol hcl oral	1		pentoxifylline er	1	
lisinopril oral	1		perindopril erbumine	1	
lisinopril-hydrochlorothiazide	1		pindolol	1	
LIVALO	3	ST	pitavastatin calcium	1	ST
LODOCO	3		pravastatin sodium	1	
LOPRESSOR ORAL SOLUTION	3	PA	prazosin hcl oral	1	
losartan potassium oral	1		prevalite	1	
losartan potassium-hctz	1		propafenone hcl	1	

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Drug name	Drug tier	Requirements & limits
propafenone hcl er	1	
propranolol hcl er	1	
propranolol hcl oral	1	
ramipril	1	
ranolazine er	1	
REPATHA	2	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	
REPATHA SURECLICK	2	
rosuvastatin calcium oral	1	
sacubitril-valsartan	1	PA
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral suspension	1	PA
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKTURNA	3	
telmisartan	1	
telmisartan-amlodipine	1	
telmisartan-hctz	1	
tiadylt er	1	
torsemide	1	
trandolapril	1	
triamterene oral	1	
triamterene-hctz	1	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE 0.5 GM	3	
verapamil hcl er	1	
verapamil hcl oral	1	
VERQUVO	3	PA

Drug name	Drug tier	Requirements & limits
VYNDAQEL	2	PA, SP
Central nervous system agents - Drugs for attention deficit disorder		
ADZENYS XR-ODT	3	
amphetamine sulfate	1	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	1	
amphet-dextroamphet 3-bead er	1	
APTENSIO XR	3	
atomoxetine hcl	1	
AZSTARYS	2	ST
clonidine hcl er	1	
COTEMPLA XR-ODT	3	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	
dextroamphetamine sulfate er	1	
dextroamphetamine sulfate oral solution	1	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	3	
FOCALIN	3	
guanfacine hcl er	1	
JORNAY PM	2	ST
lisdexamfetamine dimesylate	1	
methylphenidate	1	
methylphenidate hcl er (cd)	1	
methylphenidate hcl er (la)	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	1	
methylphenidate hcl er (xr)	1	
methylphenidate hcl er oral tablet extended release	1	
methylphenidate hcl oral	1	
MYDAYIS	3	
ONYDA XR	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
QELBREE	3	
QUILLICHEW ER	3	
QUILLIVANT XR	3	
XELSTRYM	3	PA
Central nervous system agents - Drugs for multiple sclerosis		
AVONEX	2	PA, SP
BAFIERTAM	2	PA, SP
BETASERON	2	PA, SP
KESIMPTA	2	PA, SP
MAVENCLAD	3	PA, ST, SP
MAYZENT	3	PA, SP
PLEGRIDY	3	PA, SP
PLEGRIDY INTRAMUSCULAR	3	PA, SP
Central nervous system agents - Miscellaneous		
AUSTEDO	2	PA, SP
AUSTEDO XR	2	PA, SP
gabapentin (once-daily)	1	
GRALISE	3	
HORIZANT	3	
INGREZZA	2	PA, SP
INGREZZA SPRINKLE	2	PA, SP
LYRICA ORAL CAPSULE	3	
NUEDEXTA	2	
pregabalin oral capsule	1	
RADICAVA ORS	3	PA, SP
RADICAVA ORS STARTER KIT	3	PA, SP
SAVELLA	3	
TEGLUTIK	3	PA, SP
TIGLUTIK	3	PA, SP
VEOZAH	3	PA
ZEPOSIA	3	PA, ST, SP
Dental and oral agents - Drugs for mouth and throat conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	

Drug name	Drug tier	Requirements & limits
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	3	
JUST RIGHT 5000	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	
triamcinolone acetone mouth/throat	1	
Dermatological agents - Drugs for skin conditions		
acutane	1	
acitretin	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	1	
ADBRY	2	PA, SP
AKLIEF	3	PA

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
alclometasone dipropionate external cream	1		clindamycin phos (twice-daily) gel 1 % external	1	(generic for Cleocin-T)
amnestem	1		clindamycin phosphate external	1	
AMZEEQ	3		clindamycin phosphate-benzoyl peroxide	1	
ANZUPGO	3	PA, SP	clobetasol prop emollient base	1	
ARAZLO	3	PA	clobetasol propionate e	1	
AVAR CLEANSER	3		clobetasol propionate external cream 0.05 %	1	
AVAR LS CLEANSER	3		clobetasol propionate external foam	1	
azelaic acid external	1		clobetasol propionate external gel	1	
AZELEX	3		clobetasol propionate external liquid	1	
benzoyl peroxide-erythromycin	1		clobetasol propionate external ointment	1	
betamethasone dipropionate aug external cream	1		clobetasol propionate external shampoo	1	
betamethasone dipropionate aug external lotion	1		clobetasol propionate external solution	1	
betamethasone dipropionate aug external ointment	1		clodan	1	
betamethasone dipropionate external	1		clotrimazole-betamethasone	1	
betamethasone valerate external cream	1		dapsone external	1	
betamethasone valerate external lotion	1		DERMA-SMOOTH/FS BODY	3	
betamethasone valerate external ointment	1		DERMA-SMOOTH/FS SCALP	3	
brimonidine tartrate external	1	PA	desonide external cream	1	
CABTREO	3		desonide external lotion	1	
calcipotriene external cream	1		desonide external ointment	1	
calcipotriene external ointment	1		desoximetasone external cream	1	
calcipotriene external solution	1		desoximetasone external ointment	1	
CIBINQO	2	PA, SP	diclofenac sodium external gel 3 %	1	
ciclopirox olamine external suspension	1		doxycycline capsule delayed release 40 mg oral	1	
claravis	1		doxycycline capsule delayed release 40 mg oral	3	
clindacin	1		DRYSOL	2	
clindacin etz external swab	1		DUPIXENT	2	PA, SP
clindacin-p	1				
clindamycin phos (once-daily) gel 1 % external	1	(generic for Clindagel)			

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
EBGLYSS	2	PA, SP
ENSTILAR	3	
erythromycin external	1	
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	2	
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide external	1	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	
halobetasol propionate external cream	1	
halobetasol propionate external ointment	1	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	1	
imiquimod external	1	
imiquimod pump	1	
isotretinoin oral	1	
KLISYRI	3	ST
metronidazole external	1	
MIRVASO	2	PA
mometasone furoate external	1	
NEMLUVIO	2	PA, SP
neuac	1	
OPZELURA	3	PA, SP
PANRETIN	3	
pimecrolimus	1	
PLEXION CLEANSER	3	

Drug name	Drug tier	Requirements & limits
podofilox external solution	1	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	PA
RHOFADE	3	PA
SANTYL	3	
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	1	
STARJEMZA SUBCUTANEOUS	2	PA, SP
STEQEYMA SUBCUTANEOUS	2	PA, SP
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
TACLONEX	1	
tacrolimus external	1	
TREMFYA	2	PA, SP
tretinoin external cream	1	
tretinoin external gel 0.01 %, 0.025 %	1	
tretinoin external gel 0.05 %	1	PA
tretinoin microsphere	1	PA
tretinoin microsphere pump	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbase	1	
triderm	1	
urea external cream 20 %, 40 %, 41 %, 45 %, 47 %	1	
VTAMA	3	PA

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
WEZLANA SUBCUTANEOUS	2	PA, SP
WINLEVI	3	
ZELSUVMI	3	
zenatane	1	
ZILXI	3	PA, ST
ZORYVE	3	PA
Diabetes - Glucose monitoring and supplies		
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE	2	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE TEST STRIPS	2	
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
AQ INSULIN SYRINGE	2	
AQINJECT PEN NEEDLE	2	
BD AUTOSHIELD DUO PEN NEEDLES	2	QL
BD BLUNT FILL NEEDLE	2	
BD BLUNT FILL NEEDLE W/ FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2", 23G X 1", 25G X 5/8", 27G X 1/2"	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD PEN NEEDLE ULTRAFINE	2	
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	2	

Drug name	Drug tier	Requirements & limits
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT PRECISION POLY HUB	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	
CONTOUR NEXT GEN TEST STRIPS	1	
CONTOUR NEXT MONITOR KIT W/DEVICE	1	
CONTOUR NEXT ONE KIT	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	
DEXCOM G6 RECEIVER	3	PA
DEXCOM G6 SENSOR	3	PA
DEXCOM G6 TRANSMITTER	3	PA
DEXCOM G7 RECEIVER	3	PA
DEXCOM G7 SENSOR	3	PA
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	
DROPSAFE SICURA	2	
EMBECTA INSULIN SYRINGE	2	
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
FREESTYLE LIBRE 3 READER	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
GVOKE HYPOPEN	2	
GVOKE KIT	2	
GVOKE PFS	2	
INPEN	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM, 31G X 8 MM , 32G X 4 MM	2	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	
LANCETS	1	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA
OMNIPOD 5 DEXCOM PODS	2	PA
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA
OMNIPOD 5 G7 PODS (GEN 5)	2	PA
OMNIPOD 5 LIBRE PODS	2	PA
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	2	PA
RELION GLUCOSE TEST STRIPS	3	
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES	2	QL
TECHLITE PLUS PEN NEEDLES	2	QL
TWIIST REFILL KIT/INFUSION SET	2	PA
TWIIST STARTER KIT	2	PA
VERISAFE SAFETY STERILE NEEDLE	2	

Drug name	Drug tier	Requirements & limits
Diabetes - Insulin		
AFREZZA	3	
HUMALOG CARTRIDGE	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG TEMPO PEN	3	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMALOG VIAL	3	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	
HUMULIN R VIAL	1	
INSULIN LISPRO	1	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen)
INSULIN LISPRO JUNIOR KWIKPEN	2	
INSULIN LISPRO PROT & LISPRO	2	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	3	
LYUMJEV VIAL	1	
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	ST

See page 5-7 for coverage details.



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

Drug name	Drug tier	Requirements & limits
MOUNJARO	2	PA
nateglinide	1	
OZEMPIC	2	PA
pioglitazone hcl	1	
pioglitazone hcl-metformin hcl	1	
repaglinide	1	
RYBELSUS	2	PA
saxagliptin hcl	1	
saxagliptin-metformin er	1	
SOLIQUA	2	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	3	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	3	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA
ZEGALOGUE	2	
Drugs for blood disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP
ALPROLIX	3	SP
ALTUVIIIO	3	SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML	2	SP
BENEFIX	2	SP
DOPTelet	3	PA, SP
ELOCTATE	3	SP
FABHALTA	2	PA, SP
heparin sodium (porcine) +rfid	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HYMPAVZI	2	PA, SP
IDELVION	3	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT	2	SP
RECOMBINATE	2	SP
RETACRIT	2	SP
TAVALISSE	3	PA, SP
tranexamic acid oral	1	
UDENYCA	2	SP
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for sexual dysfunction		
ADDYI	3	PA
IMVEXXY	2	
INTRAROSA	3	PA
OSPHERA	2	PA
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
tadalafil oral	1	QL
vardeafil hcl oral tablet	1	QL
VYLEESI	3	PA
Electrolytes / Vitamins		
ACCRUFER	3	
CO-NATAL FA	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal	1	
DENTA 5000 PLUS SENSITIVE	3	

Drug name	Drug tier	Requirements & limits
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ergocalciferol oral capsule	1	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	E	H
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA
MATRONEX	3	
M-NATAL PLUS	3	
multivitamin w/fluoride	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
ONE VITE WOMENS PLUS	3	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
pnv-dha	1	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution	1	
potassium citrate er	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
potassium citrate-citric acid	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PRENATE ENHANCE	3	
PRENATE MINI	3	
PRENATE RESTORE	3	
PRENATOL-M	3	
PRENATRIX	3	
PRENATRYL	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
SE-NATAL 19 ORAL TABLET	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	H
sodium fluoride oral tablet chewable	1	H
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
VELTASSA	3	PA
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAMEDMD ONE RX/ QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
WESCAP-PN DHA	3	

Drug name	Drug tier	Requirements & limits
Gastrointestinal agents - Drugs for acid reflux and ulcer		
bis subcit-metronid-tetracyc	1	
bismuth/metronidaz/tetracyclin	1	
cimetidine oral	1	
dexlansoprazole	1	
esomeprazole magnesium oral packet	1	PA
famotidine oral suspension reconstituted	1	
lansoprazole oral tablet delayed release dispersible	1	PA
misoprostol oral	1	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PYLERA	3	
rabeprazole sodium oral tablet delayed release	1	
sucralfate oral	1	
VOQUEZNA	3	PA
VOQUEZNA DUAL PAK	3	ST
VOQUEZNA TRIPLE PAK	3	ST
Gastrointestinal agents - Drugs for bowel, intestine and stomach conditions		
bisacodyl oral tablet delayed release 5 mg	E	H
BYLVAY	3	PA, SP
BYLVAY (PELLETS)	3	PA, SP
chlordiazepoxide-clidinium	1	
clearlax	E	H
CLENPIQ	2	
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilax oral powder	E	H
gavilyte-c	1	H
gavilyte-g	1	H
gavilyte-n with flavor pack	1	H
generlac	1	
gentlelax oral powder 17 gm/ scoop	E	H
glycolax	E	H
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	3	ST
IQIRVO	3	PA, ST, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral packet 20 gm	1	
lactulose oral solution	1	
LEVSIN/SL	3	
LINZESS	2	PA
LIVDELZI	3	PA, ST, SP
lubiprostone	1	
magnesium citrate oral solution	E	H
MOVIPREP	3	
na sulfate-k sulfate-mg sulf	1	
OSCIMIN SUBLINGUAL	3	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	

Drug name	Drug tier	Requirements & limits
PLENVU	2	
polyethylene glycol 3350 oral powder	E	H
prucalopride succinate	1	PA
RELTONE	3	
REZDIFFRA	3	PA
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	2	
SYMPROIC	2	PA
TRULANCE	3	ST
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA
Genetic or enzyme disorder - Drugs for replacement, modification, treatment		
ATTRUBY	2	PA, SP
CREON	2	
EVRYSDI	2	PA, SP
levocarnitine oral tablet	1	
ORFADIN ORAL CAPSULE	1	PA, SP
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, SP
VYNDAMAX	2	PA, SP
XPHOZAH	3	PA
ZENPEP	2	
Genitourinary agents - Drugs for bladder, genital and kidney conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
EDEX (2 CARTRIDGE)	3	QL
EDEX (6 CARTRIDGE)	3	QL

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
ELMIRON	3	
GEMTESA	3	
me/naphos/mb/hyo1	1	
mirabegron er	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
sevelamer carbonate oral tablet	1	
solifenacin succinate	1	
tolterodine tartrate	1	
tolterodine tartrate er	1	
tropium chloride	1	
tropium chloride er	1	
UROGESIC-BLUE	2	
VANRAFIA	3	PA, SP
VELPHORO	3	
Genitourinary agents - Drugs for prostate conditions		
alfuzosin hcl er	1	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
silodosin	1	
tamsulosin hcl	1	
terazosin hcl	1	
TEZRULY	3	PA
Hormonal agents - Hormone replacement and birth control		
abigale	1	
abigale lo	1	
afirmelle	1	H
aftera	1	H
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H

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

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
delyla	1	H
DEPO-ESTRADIOL	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
DEPO-SUBQ PROVERA 104	1	H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dolishale	1	H
dotti	1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	1	
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	
econtra one-step	1	H
ELESTRIN	3	
elinest	1	H
ELLA	1	H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
estradiol oral	1	
estradiol patch twice weekly	1	
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara)
estradiol vaginal	1	
estradiol valerate intramuscular	1	
estradiol-norethindrone acet	1	

Drug name	Drug tier	Requirements & limits
estratest f.s. oral tablet 1.25-2.5 mg	1	
ESTRING	2	
estrogens conjugated	1	
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	
finzala	1	H
fyavolv	1	
galbriela	1	H
gallifrey	1	
gemmily	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
heather	1	H
her style	1	H
iclevia	1	H
incassia	1	H
introvale	1	H
isibloom	1	H
jaimiess	1	H
jasmiel	1	H
jencycla	1	H
jinteli	1	
jolessa	1	H
joyeaux	1	H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kaitlib fe	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	1	H
leena oral tablet 0.5/1/ 0.5-35 mg-mcg	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	H
levonorgest-eth estrad 91-day	1	H
levonorgest-eth estradiol-iron	1	H
levonorgestrel	1	H
levonorgestrel-ethinyl estrad	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
lojaimiess	1	H
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
luizza 1.5/30	1	H
luizza 1/20	1	H
luteria	1	H
lyleq	1	H
lyllana	1	

Drug name	Drug tier	Requirements & limits
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	
merzee oral capsule 1-20 mg-mcg(24)	1	
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
minzoya	1	H
mono-lynyah	1	H
my choice	1	H
my way	1	H
MYFEMBREE	2	PA
NATAZIA	1	
necon 0.5/35 (28)	1	H
new day	1	H
NEXTSTELLIS	3	
nikki	1	H
nora-be	1	H
norelgestromin-eth estradiol	1	H
norethin ace-eth estrad-fe oral capsule	1	
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
norethin-eth estradiol-fe	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
nylia 1/35	1	H
nylia 7/7/7	1	H
ocella oral tablet 3-0.03 mg	1	H
opcicon one-step	1	H
OPILL	1	H
option 2	1	H
orquidea	1	H
PHEXX	3	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	3	
philith	1	H
pimtrea	1	H
PLAN B ONE-STEP	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
react oral tablet 1.5 mg	1	H
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H

Drug name	Drug tier	Requirements & limits
setlakin	1	H
sharobel	1	H
shewise	1	H
simliya	1	H
simpesse	1	H
SLYND	3	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	1	H
take action	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
taysofy	1	
TAYTULLA	3	
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	1	H
tri-lynyah	1	H
tri-lo-estarylla	1	H
tri-lo-marzia	1	H
tri-lo-mili	1	H
tri-lo-sprintec	1	H
tri-mili	1	H
tri-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
turqoz	1	H
TWIRLA	3	
TYBLUME	1	H
tydemy	1	H
valtya 1/35	1	H
valtya 1/50	1	H
velivet	1	H
vestura	1	H
vienva	1	H
viorele	1	H

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	1	H
xarah fe	1	H
xelria fe	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvaferm	1	
zafemy	1	H
zovia 1/35 (28)	1	H
zumandimine	1	H
Hormonal agents - Oral steroids		
CORTEF	3	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
Hormonal agents - Other		
cabergoline	1	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
megestrol acetate oral suspension 40 mg/ml	1	

Drug name	Drug tier	Requirements & limits
NGENLA	3	PA, SP
NORDITROPIN FLEXPPO	2	PA, SP
OMNITROPE	2	PA, SP
ORIAHNN	2	PA
ORILISSA	2	PA
SKYTROFA	3	PA, SP
Hormonal agents - Testosterone replacement		
JATENZO	3	
KYZATREX	3	
TESTIM	1	PA
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	1	PA
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	1	PA
TLANDO	3	
XYOSTED	3	
Hormonal agents - Thyroid		
ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
ARMOUR THYROID TABLET 15 MG ORAL	3	
ARMOUR THYROID TABLET 15 MG ORAL	2	
ERMEZA ORAL SOLUTION 150 MCG/5ML	2	PA
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG	3	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
levothyroxine sodium oral tablet	1	
levoxyl	1	
liomny	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
THYQUIDITY	3	PA
thyroid oral	1	
TIROSINT	3	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological agents - Drugs for immune system stimulation or suppression		
ACTEMRA ACTPEN	3	PA, ST, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, SP
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), SP
AMJEVITA	2	PA, SP
AMJEVITA-PED 15KG TO <30KG	2	PA, SP
ANDEMBRY	2	PA, SP
azathioprine oral	1	
BIMZELX	3	PA, ST, SP
CIMZIA	2	PA, SP
COSENTYX	2	PA, SP
cyclosporine modified oral capsule	1	
cyclosporine oral	1	
EMPAVELI	2	PA, SP
ENBREL	2	PA, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), SP
ENVARUSUS XR	3	

Drug name	Drug tier	Requirements & limits
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	
gengraf	1	
HAEGARDA	2	PA, SP
HUMIRA*	E	PA, SP
HYFTOR	3	PA
JYLAMVO	3	PA
leflunomide oral	1	
LITFULO	3	PA, SP
LUPKYNIS	3	PA, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYHIBBIN	1	
OLUMIANT	3	PA, ST, SP
OMVOH SUBCUTANEOUS	2	PA, SP
ORENCIA CLICKJECT	3	PA, ST, SP
OTEZLA	2	PA, SP
PROGRAF ORAL CAPSULE	3	
RASUVO	2	
RINVOQ	2	PA, SP
RUCONEST	3	PA, SP
SIMPONI	2	PA, SP
sirolimus oral tablet	1	
SKYRIZI	2	PA, SP
SOTYKTU	2	PA, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, SP
TREXALL	2	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA, SP
XELJANZ	2	PA, SP
XELJANZ XR	2	PA, SP

See page 5-7 for coverage details.

* Members currently on therapy may be allowed to continue.



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

Drug name	Drug tier	Requirements & limits
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	H
SPIKEVAX	3	H
SPIKEVAX 6M-11Y	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
VARIVAX	3	H
Infertility agents		
CETROTIDE	3	PA, ST, SP
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	1	
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
FYREMADEL	3	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	(manufactured by Merck/ Organon), SP
GONAL-F	3	ST, SP
MENOPUR	3	SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	3	SP
progesterone vaginal	1	
Inflammatory bowel disease agents		
ANUCORT-HC	2	
ANUSOL-HC RECTAL	3	
APRISO	1	
balsalazide disodium	1	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
budesonide oral	1	
budesonide rectal	1	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC	3	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	1	
hydrocort-pramoxine (perianal)	1	
mesalamine oral capsule delayed release 400 mg	1	
mesalamine oral tablet delayed release 1.2 gm	1	
mesalamine rectal	1	
PROCTOCORT RECTAL	3	
PROCTOFOAM HC	2	
procto-med hc	1	
sulfasalazine oral	1	
UCERIS ORAL	1	
Metabolic bone disease agents - Drugs for osteoporosis		
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
calcitonin (salmon)	1	
ibandronate sodium oral	1	
raloxifene hcl	1	H-PA
risedronate sodium oral tablet	1	
TERIPARATIDE	3	PA, SP
TYMLOS	3	PA, SP
Metabolic bone disease agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
YORVIPATH	3	PA, SP
Ophthalmic agents - Drugs for eye allergy, infection and inflammation		
ALREX	3	
AZASITE	3	

Drug name	Drug tier	Requirements & limits
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	1	
bromfenac sodium ophthalmic	1	
BROMSITE	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
FML FORTE	3	
FML LIQUIFILM	3	
gatifloxacin ophthalmic	1	
gentamicin sulfate ophthalmic	1	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	
loteprednol etabonate	1	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PROLENSA	3	
sulfacetamide sodium ophthalmic	1	

See page 5-7 for coverage details.



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

Drug name	Drug tier	Requirements & limits
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC OCUDOSE	3	
travoprost (bak free)	1	
VYZULTA	3	ST
ZIOPTAN	3	ST
Ophthalmic agents - Drugs for miscellaneous eye conditions		
atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
cyclopentolate hcl ophthalmic	1	
difluprednate	1	
MIEBO	3	PA
RESTASIS	1	PA
RESTASIS MULTIDOSE	3	PA
TRYPTIR	3	PA
TYRVAYA	3	PA
VERKAZIA	3	PA
XIIDRA	2	PA
Otic agents - Drugs for ear conditions		
acetic acid otic	1	
CIPRO HC	3	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	1	
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory - Drugs for anaphylaxis		
AUVI-Q	2	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick)

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
NEFFY	3	
Respiratory tract / Pulmonary agents - Drugs for allergies, cough, cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
benzonatate	1	
carbinoxamine maleate oral tablet	1	
ciproheptadine hcl oral	1	
desloratadine oral tablet	1	
flunisolide nasal	1	
fluticasone propionate nasal	1	
g tussin ac	1	
guaifenesin-codeine	1	
hydrocod poli-chlorphe poli er	1	PA
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral	1	
maxi-tuss ac	1	
mometasone furoate nasal	1	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
ODACTRA	3	
olopatadine hcl nasal	1	
PALFORZIA (1 MG DAILY DOSE)	3	PA
PALFORZIA INITIAL DOSE 1-3YRS	3	PA
PALFORZIA INITIAL DOSE 4-17YRS	3	PA
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA

Drug name	Drug tier	Requirements & limits
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RHAPSIDO	2	PA, SP
RYALTRIS	3	
ryvent	1	
sodium chloride inhalation	1	
XHANCE	3	
Respiratory tract / Pulmonary agents - Drugs for asthma and COPD		
acetylcysteine inhalation	1	
ADVAIR HFA	2	RS
AEROCHAMBER HOLDING CHAMBER	2	
AEROCHAMBER PLS FLOVU MTHPIECE	2	
AEROCHAMBER PLUS FLO-VU DEVICE	2	
AEROCHAMBER PLUS FLO-VU INTERM	2	
AEROCHAMBER2GO ANTI-STATIC	2	
AIRSUPRA	3	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for Ventolin HFA)
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic ProAir HFA or Proventil HFA)
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	
ARNUITY ELLIPTA	1	
ATROVENT HFA	2	
BEVESPI AEROSPHERE	2	
BREATHE COMFORT CHAMBER/ ADULT	2	

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
BREATHE COMFORT CHAMBER/CHILD	2		LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT	2	RS	MICROCHAMBER	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT, 50-25 MCG/INH	3	RS	montelukast sodium oral	1	
BREZTRI AEROSPHERE	3	RS	NUCALA	3	PA, SP
budesonide inhalation	1		PERFOROMIST	3	
COMBIVENT RESPIMAT	2		PROCHAMBER VHC	2	
DULERA	3	ST	QNASL	3	
EASIVENT	2		QNASL CHILDRENS	3	
EASIVENT MASK LARGE	2		QVAR REDIHALER	1	
EASIVENT MASK MEDIUM	2		roflumilast	1	
EASIVENT MASK SMALL	2		SEREVENT DISKUS	2	
FASENRA PEN	3	PA, SP	SPIRIVA HANDIHALER	1	
FLEXICHAMBER	2		SPIRIVA RESPIMAT	2	
FLUTICASONE FUROATE-VILANTEROL	3	RS	STIOLTO RESPIMAT	2	
FLUTICASONE PROPIONATE HFA	3		STRIVERDI RESPIMAT	2	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	3	RS	SYMBICORT	1	RS
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1		TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, SP
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2		theophylline er oral tablet extended release 12 hour	1	
GRASTEK	3		TRELEGY ELLIPTA	3	RS
INSPIREASE	2		VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
ipratropium bromide inhalation	1		VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
ipratropium-albuterol	1		VORTEX VALVE CHAMBER-PEDI MASK	2	
levalbuterol hcl inhalation	1		VORTEX VALVED HOLDING CHAMBER	2	
			wixela inhub	1	
			XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
			XOPENEX HFA	3	
			YUPELRI	3	PA
			zafirlukast	1	
			Respiratory tract / Pulmonary agents - Drugs for cystic fibrosis		
			BRONCHITOL	3	PA, ST, SP

See page 5-7 for coverage details.



Drug name	Drug tier	Requirements & limits
PULMOZYME	2	PA, SP
TOBI PODHALER	3	PA, SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary fibrosis		
JASCAYD	3	PA, SP
OFEV	3	PA, SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary hypertension		
ADEMPAS	2	PA, SP
OPSUMIT	2	PA, SP
TADLIQ	3	PA, SP
TYVASO	2	PA, SP
TYVASO DPI	2	PA, SP
Skeletal muscle relaxants - Drugs for muscle pain and spasm		
baclofen oral suspension	1	PA
baclofen oral tablet	1	
carisoprodol oral	1	
chlorzoxazone	1	
cyclobenzaprine hcl oral	1	
dantrolene sodium oral	1	
metaxalone	1	
methocarbamol oral	1	
orphenadrine citrate er	1	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine hcl oral tablet	1	
Sleep disorder agents		
armodafinil	1	
BELSOMRA	3	
doxepin hcl oral tablet	1	
eszopiclone	1	
LUMRYZ	3	PA, SP
modafinil oral	1	
ramelteon	1	
sodium oxybate	1	PA, (Manufactured by Hikma), SP

Drug name	Drug tier	Requirements & limits
SUNOSI	2	PA
temazepam	1	
WAKIX	3	PA, SP
XYWAV	3	PA, SP
zaleplon	1	
zolpidem tartrate er	1	
zolpidem tartrate oral tablet	1	

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ARMOUR THYROID ORAL TABLET 120 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	32	ayuna.....	28	BENEFIX	24
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ondansetron odt.	12	1-3YRS.	37	phospho-trin 250 neutral	25
ONE VITE WOMENS PLUS.	25	PALFORZIA INITIAL DOSE		phosphorous.	25
ONFI	11	4-17YRS	37	PIFELTRO	15
ONYDA XR.	18	PALFORZIA ORAL 0.5 & 1 & 1.5 &		pilocarpine hcl ophthalmic	
opcicon one-step.	31	3 & 6 MG, 2 X 1 MG & 10 MG, 2 X		solution 1 %, 2 %, 4 %	36
OPILL	31	100 MG, 2 X 20 MG, 2 X 20 MG &		pilocarpine hcl oral	19
OPSUMIT.	39	2 X 100 MG, 20 MG, 20 MG & 100		pimecrolimus	21
option 2	31	MG, 3 X 1 MG, 3 X 20 MG & 100		pimtreea.	31
OPVEE.	9	MG, 4 X 20 MG, 6 X 1 MG.	37	pindolol	17
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oxycodone hcl oral capsule	8	PERTZYE	27	potassium chloride crys er	25
oxycodone hcl oral solution.	8	phenazo oral tablet 200 mg.	28	potassium chloride er	25
oxycodone hcl oral tablet.	8	phenazopyridine hcl oral tablet		potassium chloride oral packet	
oxycodone-acetaminophen oral		100 mg, 200 mg	28	20 meq	25
tablet 10-325 mg, 2.5-325 mg,		phenobarbital oral elixir 20		potassium chloride oral solution. .	25
5-325 mg, 7.5-325 mg	8	mg/5ml	11	potassium citrate er	25
OZEMPIC.	24	phenobarbital oral tablet.	11	potassium citrate-citric acid. . . .	26
		phenytek.	11	pramipexole dihydrochloride	14
		phenytoin sodium extended	11	prasugrel hcl	14
		PHEXX.	31	pravastatin sodium	17
		PHEXXI VAGINAL GEL		prazosin hcl oral	17
		1.8-1-0.4 %	31		
		philith	31		

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		sodium fluoride oral solution		sulfacetamide sodium-sulfur	
		1.1 (0.5 f) mg/ml	26	external suspension 10-5 %, 8-4 %	21

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

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

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

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

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

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

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

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

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

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

โปรดทราบ หากคุณพูดภาษาไทย (Thai) ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

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

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

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

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