



Your 2023 Prescription Drug List

Access 3-Tier

Effective May 1, 2023



**United
Healthcare**

This Prescription Drug List (PDL) is accurate as of May 1, 2023 and is subject to change after this date. This PDL applies to members of our UnitedHealthcare, Neighborhood Health Plan, River Valley and Oxford medical plans with a pharmacy benefit subject to the Access 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or benefit plan. This is how much you will pay when you fill a prescription. See page 6 for more information.

When does the PDL change?

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 the member website listed on your member ID card at any time to check your medication coverage and lower-cost options.

Why are some medications excluded from coverage?

We review medications based on their total value, including effectiveness and safety, how much they cost, and the availability of alternative medications to treat the same or similar medical conditions. Certain medications may be excluded from coverage or be subject to prior authorization (sometimes referred to as precertification)¹ if similar alternatives are available at a lower cost. Examples include medications that work the same way, but one is much more expensive than the other, or options that are available without a prescription (also referred to as over-the-counter medications²). There are also some instances where the same product can be made by two or more manufacturers, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

Thousands of medications are already available and more come to the market regularly. Often, several medications are available to treat the same condition. The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, the PDL Management Committee, which includes senior UnitedHealth Group® doctors and business leaders, meets to evaluate overall health care value. They also set coverage and tier status for all medications.

1. Depending on your benefit, you may have notification or medical necessity requirements for select medications.
2. For New York and 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.

About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. This PDL is not a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or health plan to see which medications are covered under your plan.



Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

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

Tier information

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

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

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

Drug list information

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

E	May be excluded from coverage. May be subject to Prior Authorization for fully insured benefit plans governed by state law in Connecticut, New Jersey, and New York. (Referred to as First Start in New Jersey) —Lower-cost options are available and covered.
H	Health Care Reform Preventive —This medication is part of a health care reform preventive benefit and may be available at no additional cost to you.
H-PA	Health Care Reform Preventive with Prior Authorization —May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met.
PA	Prior Authorization (sometimes referred to as precertification) ³ —Requires your doctor to provide information about why you are taking a medication to determine how it may be covered by your plan.
QL	Quantity Limits —Specifies the largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program ⁴ —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 be required to obtain 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.

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

4. Not applicable to Neighborhood Health Plan and Oxford plans.



Reading your PDL (continued)

Coverage details

Some drug classes in this PDL have additional/important coverage details. Review this list to see if drug classes that apply to you are noted.

- **Diabetes: blood glucose monitoring; insulin; non-insulin**

Diabetic supplies and prescription medications may be subject to different cost-share arrangements for Oxford plans. Please see your Summary of Benefits and Coverage (SBC) for specifics.

- **Diabetes: continuous glucose monitors, sensors**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Diabetic self-management items, including continuous glucose monitors, may be covered under the consumer pharmacy and/or medical plan depending on the benefit.

- **Endocrine: growth hormone**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

- **Infertility**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share. Prior authorization (sometimes referred to as precertification) may be required for Oxford plans or where a state mandates infertility drug coverage. This is not a covered benefit for Neighborhood Health Plan.

- **Medications for sexual dysfunction**

Coverage is set by the consumer's prescription drug benefit plan. Please consult plan documents regarding benefit coverage and cost-share.

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by the consumer's medical benefit plan. Please consult plan documents regarding benefit coverage, exclusions and cost-sharing. More information will be available on myuhc.com in early 2023. Additionally, more information is available by calling the number on the back of your ID card.

Questions

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



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



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

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

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

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



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
acetaminophen-codeine oral tablet	1	
apap-caff-dihydrocodeine	1	
bac	1	QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral tablet	1	QL
DILAUDID ORAL TABLET	E	
endocet	1	
ESGIC ORAL TABLET	3	QL
GEN7T EXTERNAL PATCH	E	
hydrocodone-acetaminophen oral tablet	1	
hydromorphone hcl oral tablet	1	
lidocaine external patch 5 %	1	PA, QL
LIDODERM	E	PA, QL
morphine sulfate er oral tablet extended release	1	PA, QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	2	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	1	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	E	QL
PERCOCET	E	
PROLATE ORAL TABLET	E	
ROXICODONE	E	
tramadol hcl oral tablet	1	
TREZIX	1	

Drug Name	Drug Tier	Requirements & Limits
XTAMPZA ER	3	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for Pain and Inflammation		
CELEBREX	E	QL
celecoxib oral	1	QL
diclofenac sodium oral	1	
DUROLANE	E	
EUFLEXXA	E	
GELSYN-3	E	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	E	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	
indomethacin oral capsule 25 mg, 50 mg	1	
ketorolac tromethamine oral	1	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPROSYN ORAL TABLET	E	
naproxen oral tablet	1	
RELAFEN DS	E	
RELAFEN ORAL TABLET 500 MG, 750 MG	E	
SUPARTZ FX	E	
SYNOJOYNT	E	
TRILURON	E	
Anti-Addiction / Substance Abuse Treatment Agents		
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	1	QL
KLOXXADO	2	
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal	1	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE	E	QL
ZIMHI	2	
ZUBSOLV	1	QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
Antibacterials - Drugs for Infections		
ACTICLATE	E	
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate oral suspension reconstituted	1	
amoxicillin-potassium clavulanate oral tablet	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
BACTRIM	3	
BACTRIM DS	3	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	3	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
DIFICID ORAL TABLET	3	QL
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	
doxycycline hyclate oral tablet 50 mg	E	
doxycycline monohydrate oral capsule	1	

Drug Name	Drug Tier	Requirements & Limits
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
LYMEPAK	E	
MACROBID	3	
MACRODANTIN	3	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
mondoxyne nl	1	
mupirocin external	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	3	
NUZYRA ORAL	3	
penicillin v potassium oral tablet	1	
sulfamethoxazole-trimethoprim oral tablet	1	
TARGADOX	E	
vandazole	3	
VIBRAMYCIN ORAL CAPSULE	3	
XENLETA ORAL	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	1	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	1	
jantoven	1	
LOVENOX	E	
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL

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Drug Name	Drug Tier	Requirements & Limits
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BRIVIACT ORAL TABLET	3	PA
DEPAKOTE	3	
DEPAKOTE ER	3	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
gabapentin oral capsule	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL TABLET	3	
LAMICTAL ORAL TABLET	3	
lamotrigine oral tablet	1	
levetiracetam oral tablet	1	
NAYZILAM	3	PA
NEURONTIN ORAL CAPSULE	3	
NEURONTIN ORAL TABLET	3	
oxcarbazepine oral tablet	1	
roweepra	1	
subvenite	1	
TOPAMAX	3	
topiramate oral tablet	1	
TRILEPTAL ORAL TABLET	3	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	3	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA
ZONEGRAN	3	
zonisamide oral	1	
Antidepressants - Drugs for Depression		
amitriptyline hcl oral	1	
bupropion hcl er (sr)	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	

Drug Name	Drug Tier	Requirements & Limits
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	3	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide oral tablet	1	
CYMBALTA	E	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	
EFFEXOR XR	E	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet 10 mg	1	QL
fluoxetine hcl oral tablet 20 mg, 60 mg	1	
fluvoxamine maleate	1	
FORFIVO XL	3	QL
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
PAMELOR	E	
paroxetine hcl oral tablet	1	
PAXIL ORAL TABLET	E	
PRISTIQ	E	QL
PROZAC	E	
REMERON	E	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
VIIBRYD	E	QL
VIIBRYD STARTER PACK	2	
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT ORAL TABLET	E	

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
Antiemetics - Drugs for Nausea and Vomiting		
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
REGLAN	3	
scopolamine	1	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external solution	1	
CRESEMBA ORAL	3	
DIFLUCAN ORAL TABLET	E	
fluconazole oral tablet	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
VIVJOA	3	
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
ALLOPURINOL ORAL TABLET 200 MG	E	
COLCHICINE ORAL CAPSULE	E	
MITIGARE	2	
ZYLOPRIM	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, QL
eletriptan hydrobromide	1	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
IMITREX ORAL	E	
MAXALT	E	
NURTEC	2	PA, QL
RELPAK	E	
rizatriptan benzoate	1	
sumatriptan succinate oral	1	
UBRELVY	2	PA, ST, QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	
ZOMIG NASAL SOLUTION 2.5 MG	2	
ZOMIG NASAL SOLUTION 5 MG	1	
Antineoplastics - Drugs for Cancer		
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ARIMIDEX	E	
bexarotene external	E	SP
CALQUENCE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
EXKIVITY	3	PA, QL, SP
FEMARA	E	
GAVRETO	3	PA, QL, SP
IBRANCE ORAL CAPSULE	2	PA, QL, SP
ICLUSIG ORAL TABLET	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMBRUVICA	2	PA, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	1	PA, SP
letrozole oral	1	H-PA
LUMAKRAS	3	PA, QL, SP
LYNPARZA	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
POMALYST	3	PA, SP
REVLIMID	2	PA, SP
STIVARGA	2	PA, SP

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
TABRECTA	3	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN	1	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP

Antiparasitics - Drugs for Parasitic Infections

ARAKODA	3	QL
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	
PLAQUENIL	E	

Antiparkinson Agents - Drugs for Parkinson's Disease

INBRIJA	3	PA, QL, SP
KYNMOBI	3	PA, QL, SP
NEUPRO	3	
NOURIANZ	3	QL
pramipexole dihydrochloride	1	
ropinirole hcl	1	

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	2	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	

Antipsychotics - Drugs for Mood Disorders

ABILIFY	E	
aripiprazole oral tablet	1	
LATUDA	2	QL
olanzapine oral tablet	1	
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine fumarate oral tablet 150 mg	E	
REXULTI	3	ST, QL
RISPERDAL ORAL TABLET	E	
risperidone oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
SAPHRIS	1	QL
SEROQUEL	E	
VRAYLAR ORAL CAPSULE	3	QL
ZYPREXA ORAL	E	

Antivirals - Drugs for Viral Infections

acyclovir oral tablet	1	
BIKTARVY	3	QL
CIMDUO	2	QL
DESCOVY	E	ST, QL
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
EPCLUSA ORAL TABLET	2	PA, QL, SP
HARVONI ORAL TABLET	2	PA, ST, QL, SP
JULUCA	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET ORAL PACKET	2	QL, SP
oseltamivir phosphate oral capsule	1	
PAXLOVID (150/100)	3	
PAXLOVID (300/100)	3	
PREZCOBIX	2	
RUKOBIA	3	PA
SITAVIG	E	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
SYMFI LO	2	QL
TAMIFLU ORAL CAPSULE	E	
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	QL
TRUVADA ORAL TABLET 200-300 MG	E	QL
valacyclovir hcl oral	1	
VALTREX	E	

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Drug Name	Drug Tier	Requirements & Limits
VOSEVI	2	PA, QL, SP
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral tablet	1	
diazepam oral tablet	1	
HALCION	3	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	
triazolam	1	
VALIUM	E	
VISTARIL	3	
XANAX	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral capsule	1	
LITHOBID	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALDACTONE	E	
aliskiren fumarate	1	
ALTACE	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
AVALIDE	E	

Drug Name	Drug Tier	Requirements & Limits
AVAPRO	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
BIDIL	2	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
CALAN SR	3	
CARDIZEM CD	E	
CARDURA	3	
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
COREG	E	
CORLANOR	3	PA, QL
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	2	
EDARBYCLOR	2	
enalapril maleate oral tablet	1	
ENTRESTO	3	PA, QL
ezetimibe	1	
fenofibrate oral tablet	1	
FENOGLIDE	E	
flecainide acetate	1	
furosemide oral tablet	1	
gemfibrozil oral	1	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
INDERAL LA	E	
irbesartan	1	

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Drug Name	Drug Tier	Requirements & Limits
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	1	
isosorbide mononitrate er	1	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTREL	E	
lovastatin oral	1	H
LOVAZA	E	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MINIPRESS	3	
MULTAQ	3	PA
NEXLETOL	2	QL
NEXLIZET	2	QL
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	3	
NORLIQVA	3	
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3	
PACERONE ORAL TABLET 200 MG	3	
pravastatin sodium	1	

Drug Name	Drug Tier	Requirements & Limits
prazosin hcl oral	1	
PROCARDIA XL	E	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
ramipril	1	
REPATHA	2	PA, QL
REPATHA PUSHTRONEX SYSTEM	2	PA, QL
REPATHA SURECLICK	2	PA, QL
rosuvastatin calcium	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
SOAANZ	3	QL
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
THALITONE	3	
TOPROL XL	E	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASOTEC	E	
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA, QL
ZESTORETIC	E	
ZESTRIL	E	
ZETIA	E	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3	
ZIAC ORAL TABLET 5-6.25 MG	3	
ZOCOR	E	

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Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	1	QL
ADHANSIA XR	3	QL
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	3	QL
atomoxetine hcl	1	QL
CONCERTA	1	QL
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	1	QL
FOCALIN	3	
FOCALIN XR	E	QL
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	1	QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	QL
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl er oral tablet extended release	1	QL
methylphenidate hcl oral tablet	1	
MYDAYIS	2	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	2	QL

Drug Name	Drug Tier	Requirements & Limits
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
glatiramer acetate	1	PA, QL, SP
glatopa	1	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	3	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
LYRICA ORAL CAPSULE	3	
pregabalin oral capsule	1	
TIGLUTIK	3	PA
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, SP
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
PERIDEX	3	
perigard	1	

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Drug Name	Drug Tier	Requirements & Limits
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
accutane	1	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
amneesteem	1	
AMZEEQ	3	
AVITA EXTERNAL CREAM	E	PA
CARAC	E	
CIBINQO	2	PA, QL, SP
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	
clindamycin phosphate external gel	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol propionate external cream	1	
clobetasol propionate external ointment	1	
clobetasol propionate external solution	1	
clotrimazole-betamethasone external cream	1	
DAZOMON	E	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EFUDEX	3	

Drug Name	Drug Tier	Requirements & Limits
ENSTILAR	3	
EUCRISA	3	ST
FINACEA EXTERNAL FOAM	2	
FINACEA EXTERNAL GEL	3	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	E	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
IMPOYZ	3	
isotretinoin capsule 10 mg oral	E	
isotretinoin capsule 10 mg oral	1	
isotretinoin capsule 20 mg oral	E	
isotretinoin capsule 20 mg oral	1	
isotretinoin capsule 30 mg oral	E	
isotretinoin capsule 30 mg oral	1	
isotretinoin capsule 40 mg oral	E	
isotretinoin capsule 40 mg oral	1	
isotretinoin oral capsule 25 mg, 35 mg	E	
KLISYRI	3	
METROCREAM	3	
metronidazole external cream	1	
MIRVASO	3	PA
myorisan	1	
NORITATE	E	
OPZELURA	3	PA, QL, SP
PICATO	3	QL
PROTOPIC	E	ST
RETIN-A EXTERNAL CREAM	E	PA
RHOFADE	3	PA
rosadan external cream	1	
SANTYL	3	
SOOLANTRA	1	

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Drug Name	Drug Tier	Requirements & Limits
TACLONEX EXTERNAL OINTMENT	E	
tacrolimus external	1	ST
tretinoin external cream	1	PA
triamcinolone acetonide external cream	1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide external ointment 0.05 %	E	
triamcinolone in absorbbase	E	
TRIANEX	E	
triderm	1	
tritocin	E	
VTAMA	3	PA
XEPI	3	
zenatane	1	
ZILXI	3	PA, ST
Diabetes - Glucose Monitoring and Supplies		
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK FASTCLIX LANCET KIT	1	
ACCU-CHEK FASTCLIX LANCETS	1	
ACCU-CHEK GUIDE KIT W/DEVICE	3	
ACCU-CHEK GUIDE KIT W/DEVICE	3	(Accu-Chek Guide Me)
ACCU-CHEK GUIDE TEST STRIPS	3	QL
ACCU-CHEK MULTICLIX LANCET KIT	1	QL
ACCU-CHEK MULTICLIX LANCETS	1	
ACCU-CHEK SOFT TOUCH LANCETS	1	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK SOFTCLIX LANCETS	1	
ACCUTREND GLUCOSE	E	QL
bd autoshield duo pen needles	2	QL
bd U-500 insulin syringes	2	QL

Drug Name	Drug Tier	Requirements & Limits
bd ultra-fine insulin syringes	2	QL
bd ultra-fine pen needles	2	QL
bd veo ultra-fine insulin syringes	2	QL
BLOOD GLUCOSE TEST STRIPS	E	QL
CARETOUCH MONITOR SYSTEM	E	
CARETOUCH TEST	E	QL
CONTOUR MONITOR KIT W/DEVICE	E	
CONTOUR NEXT EZ KIT W/DEVICE	E	
CONTOUR NEXT GEN MONITOR	E	
CONTOUR NEXT LINK KIT W/DEVICE	3	
CONTOUR NEXT LINK KIT W/DEVICE	E	(Contour Next Link 24)
CONTOUR NEXT MONITOR KIT W/DEVICE	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST STRIPS	2	QL
CONTOUR TEST STRIPS	E	QL
CVS ADVANCED GLUCOSE TEST	E	QL
CVS GLUCOSE METER TEST STRIPS	E	QL
D-CARE BLOOD GLUCOSE	E	QL
D-CARE GLUCOMETER	E	
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	E	
DIABETES MONITOR DIGIT SOLN	E	
EASY TOUCH TEST	E	QL
EASYGLUCO	E	
EASYMAX 15 TEST	E	QL
EASYMAX NG BLOOD GLUCOSE KIT	E	
ENLITE GLUCOSE SENSOR	3	PA
EQ BLOOD GLUCOSE TEST	E	QL
EVERSENSE SENSOR/HOLDER	3	PA
EVERSENSE SMART TRANSMITTER	3	PA

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Drug Name	Drug Tier	Requirements & Limits
FORTISCARE G1 TEST STRIP	E	QL
FORTISCARE TEST	E	QL
FREESTYLE LIBRE 14 DAY READER	3	PA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA
FREESTYLE LIBRE CONTINUOUS BLOOD GLUCOSE MONITOR SYSTEM	3	PA
FREESTYLE LIBRE READER	3	PA, QL
FREESTYLE PRECISION NEO SYSTEM	E	
FREESTYLE PRECISION NEO TEST	E	QL
FREESTYLE TEST	E	QL
GLUCOCARD EXPRESSION TEST	E	QL
GLUCOCARD SHINE TEST	E	QL
GLUCOCARD VITAL TEST	E	QL
GUARDIAN CONNECT TRANSMITTER	3	PA, QL
GUARDIAN LINK 3 TRANSMITTER	3	PA
GUARDIAN REAL-TIME REPLACE PED	3	PA
GUARDIAN SENSOR (3)	3	PA
INSULIN PEN NEEDLES	2	
MICRODOT TEST	E	QL
MINILINK REAL-TIME TRANSMITTER	3	PA
MINIMED 630G GUARDIAN PRESS	3	PA
MM EASY TOUCH GLUCOSE METER	E	
NEUTEK 2TEK TEST	E	QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOTWIST	2	
OMNIPOD 5 G6 INTRO (GEN 5)	2	PA, QL

Drug Name	Drug Tier	Requirements & Limits
OMNIPOD 5 G6 POD (GEN 5)	2	PA
ONETOUCH CLUB LANCETS FINE PT	1	
ONETOUCH DELICA LANCETS 30G	1	
ONETOUCH DELICA LANCETS 33G	1	
ONETOUCH DELICA PLUS LANCET30G	1	(Onetouch Delica Plus Lancets)
ONETOUCH DELICA PLUS LANCET33G	1	(Onetouch Delica Plus Lancets)
ONETOUCH FINEPOINT LANCETS	1	
ONETOUCH SOLUTIONS STARTER KIT	E	
ONETOUCH ULTRA 2 KIT W/DEVICE	1	
ONETOUCH ULTRA MINI KIT W/DEVICE	1	
ONETOUCH ULTRA TEST STRIPS	1	QL
ONETOUCH ULTRASOFT LANCETS	1	(Onetouch Ultrasoft Plus lancets)
ONETOUCH VERIO FLEX SYSTEM	1	
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO KIT W/DEVICE	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
OPTIUMEZ TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA
PRECISION XTRA	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL
PTS PANELS EGLU TEST	E	QL
QUINTET AC BLOOD GLUCOSE TEST	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL

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Drug Name	Drug Tier	Requirements & Limits
RELION TRUE MET AIR GLUC METER	E	
RELION TRUE METRIX TEST STRIPS	E	QL
RELION ULTIMA GLUCOSE SYSTEM	E	
RELION ULTIMA TEST	E	QL
TECHLITE (ARKAY) INSULIN SYRINGES	2	QL
TECHLITE (ARKAY) PEN NEEDLES	2	QL
TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
TRUE METRIX AIR GLUCOSE METER KIT	E	
TRUE METRIX BLOOD GLUCOSE TEST	E	QL
TRUE METRIX GO GLUCOSE METER	E	
TRUE METRIX METER KIT	E	
TRUE METRIX PRO BLOOD GLUCOSE	E	QL
TRUETRACK TEST	E	QL
UNISTRIP1 GENERIC	E	QL
Diabetes - Insulin		
ADMELOG	E	
ADMELOG SOLOSTAR	E	
BASAGLAR KWIKPEN	E	
HUMALOG INJECTION	1	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 50/50 VIAL	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG MIX 75/25 VIAL	1	
HUMALOG SUBCUTANEOUS	2	
HUMALOG U-100 JUNIOR KWIKPEN	2	
HUMULIN 70/30 KWIKPEN	2	
HUMULIN 70/30 VIAL	1	
HUMULIN N KWIKPEN	2	
HUMULIN N VIAL	1	

Drug Name	Drug Tier	Requirements & Limits
HUMULIN R U-500 KWIKPEN	2	
HUMULIN R U-500 VIAL	1	
HUMULIN R VIAL	1	
INSULIN GLARGINE	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN LISPRO	E	
INSULIN LISPRO (1 UNIT DIAL)	E	
INSULIN LISPRO JUNIOR KWIKPEN	E	
INSULIN LISPRO KWIKPEN	E	
INSULIN LISPRO PROT & LISPRO	E	
LANTUS SOLOSTAR	1	
LANTUS U-100 VIAL	1	
LYUMJEV KWIKPEN	2	
LYUMJEV VIAL	1	
NOVOLIN 70/30 FLEXPEN	E	
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	E	
NOVOLIN N FLEXPEN	E	
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	E	
NOVOLIN R FLEXPEN	E	
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	E	
TOUJEO MAX SOLOSTAR	2	
TOUJEO SOLOSTAR	2	
Diabetes - Non-Insulin Agents		
ACTOS	E	QL
ADLYXIN	3	PA, ST, QL
ADLYXIN STARTER PACK	3	PA, ST, QL
ALOGLIPTIN BENZOATE	E	QL
ALOGLIPTIN-METFORMIN HCL	E	QL
ALOGLIPTIN-PIOGLITAZONE	E	QL
AMARYL	E	
BAQSIMI ONE PACK	2	

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Drug Name	Drug Tier	Requirements & Limits
BAQSIMI TWO PACK	2	
BYDUREON BCISE	2	PA, ST, QL
BYDUREON PEN	2	PA, ST, QL
BYETTA 10 MCG PEN	2	PA, ST, QL
BYETTA 5 MCG PEN	2	PA, ST, QL
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glipizide xl	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	
GLUCOTROL XL	3	
GLUMETZA	E	
glyburide oral	1	
GLYXAMBI	2	ST, QL
GVOKE HYPOPEN 1-PACK	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PREFILLED SYRINGE	2	
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA, ST, QL
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML, 8 MG/3ML	2	PA, ST, QL
pioglitazone hcl	1	QL
RYBELSUS	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
SOLIQUA	2	QL
SYMLINPEN 120	3	QL
SYMLINPEN 60	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, ST, QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, ST, (2 Pak), QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, ST, (3 Pak), QL
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	PA, SP
AFSTYLA INTRAVENOUS KIT	3	PA, SP
ALPHANATE	2	SP
ARANESP (ALBUMIN FREE)	2	QL, SP
DOPTELET	3	PA, QL, SP
ELOCTATE	3	PA, SP
HEMLIBRA	2	PA, SP
HEMOFIL M	2	SP
HUMATE-P	2	SP
JIVI	3	PA, SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUVIQ INTRAVENOUS KIT	2	SP
RECOMBINATE	2	SP
RETACRIT INJECTION SOLUTION	2	QL, SP
TAVALISSE	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
WILATE	2	SP
ZARXIO	2	SP
ZIEXTENZO	3	SP
Drugs for Pregnancy Termination		
mifepristone	1	
Drugs for Sexual Dysfunction		
ADDYI	3	QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
OSPHENA	2	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL
STENDRA	2	QL
tadalafil oral	1	QL
VIAGRA	E	QL
VYLEESI	3	QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX	3	
DRISDOL	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	3	
klor-con m20	1	
klor-con oral tablet extended release	1	
K-TAB	3	
LOKELMA	3	QL
multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	

Drug Name	Drug Tier	Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
MULTI-VIT-FLOR	3	
NASCOBAL	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE	3	
potassium chloride crys er oral tablet extended release 10 meq, 20 meq	1	
potassium chloride crys er oral tablet extended release 15 meq	3	
potassium chloride er	1	
potassium citrate er	1	
QUFLORA GUMMIES	E	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	3	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
CARAFATE ORAL TABLET	E	
CYTOTEC	3	
DEXILANT	E	QL
DEXLANSOPRAZOLE	E	QL
famotidine oral suspension reconstituted	1	
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	

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Drug Name	Drug Tier	Requirements & Limits
pantoprazole sodium oral tablet delayed release	1	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	3	QL
rabeprazole sodium oral tablet delayed release	1	QL
sucralfate oral tablet	1	

Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions

CLENPIQ	2	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	
GLYCATE	E	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
LINZESS	2	PA, QL
MOTEGRITY	3	PA, QL
MOVIPREP	2	
na sulfate-k sulfate-mg sulf	1	
peg 3350-kcl-na bicarb-nacl	1	H
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
PLENVU	2	
ROBINUL	E	
ROBINUL-FORTE	E	
sodium sulfate-potassium sulfate-magnesium sulfate	1	
SUTAB	2	
SYMPROIC	2	PA, QL
VIBERZI	3	QL
ZELNORM	3	PA, QL

Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment

CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
ORFADIN ORAL CAPSULE	1	PA, SP

Drug Name	Drug Tier	Requirements & Limits
ORFADIN ORAL SUSPENSION	2	PA, SP
PANCREAZE	3	ST
PERTZYE	3	ST
STRENSIQ	2	PA, QL, SP
TEGSEDI	2	PA, QL, SP
ZENPEP	2	

Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions

DITROPAN XL	E	
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIDIUM	3	
solifenacin succinate	1	
THIOLA	3	SP
THIOLA EC	3	SP
VELPHORO	2	
VESICARE	3	

Genitourinary Agents - Drugs for Prostate Conditions

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

Hormonal Agents - Hormone Replacement and Birth Control

afirmelle	1	H
ALORA	3	QL
altavera	1	H
ANNOVERA	3	QL
apri	1	H
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H

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Drug Name	Drug Tier	Requirements & Limits
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
camila	1	H
chateal	1	H
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	2	QL
cryselle-28	1	H
cyred	1	H
cyred eq	1	H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	QL
DEPO-SUBQ PROVERA 104	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL TRANSDERMAL GEL	2	
dotti	1	QL
drospirenone-ethinyl estradiol	1	H
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
eluryng	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle), QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle), QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Vivelle-Dot), QL
estradiol transdermal gel	1	
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal	1	
ESTRING	2	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
femynor	1	H
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
heather	1	H
incassia	1	H
isibloom	1	H
jasmiel	1	H
jencycla	1	H
juleber	1	H

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Drug Name	Drug Tier	Requirements & Limits
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kalliga	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
lessina	1	H
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
loryna	1	H
low-ogestrel	1	H
lo-zumandimine	1	H
lutera	1	H
lyleq	1	H
lyllana	3	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	QL, H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	1	H
microgestin fe 1.5/30	1	H

Drug Name	Drug Tier	Requirements & Limits
microgestin fe 1/20	1	H
mili	1	H
MINIVELLE	E	QL
mono-linyah	1	H
MYFEMBREE	2	PA, QL
NATAZIA	2	
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral tablet	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norgestimate-eth estradiol	1	H
norgestimate-ethinyl estradiol triphasic	1	H
norlyroc	1	H
NUVARING	E	
nymyo	1	H
ocella	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	3	
PREMPHASE	2	
PREMPRO	2	
progesterone oral	1	
PROMETRIUM	E	
PROVERA	3	
reclipsen	1	H
sharobel	1	H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	1	H
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H

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Drug Name	Drug Tier	Requirements & Limits
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-nymyo	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	1	H
VAGIFEM	E	
vestura	1	H
vienva	1	H
VIVELLE-DOT	E	QL
vylibra	1	H
xulane	1	H
YASMIN 28	3	
YAZ	3	
yuvafem	1	
zafemy	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
CORTEF	3	
DEXABLISS	E	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	
DXEVO 11-DAY	E	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet therapy pack	1	
PEDIAPRED	2	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	

Drug Name	Drug Tier	Requirements & Limits
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
Hormonal Agents - Other		
ELIGARD SUBCUTANEOUS KIT 7.5 MG	3	PA
LANREOTIDE ACETATE	E	SP
leuprolide acetate injection	1	PA
LUPRON DEPOT (1-MONTH)	E	
NOCDURNA	3	QL
NORDITROPIN FLEXPRO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	2	PA, QL, SP
NUTROPIN AQ NUSPIN 20	2	PA, QL, SP
NUTROPIN AQ NUSPIN 5	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORLISSA	2	QL
SOMATULINE DEPOT	3	SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	QL
ANDROGEL	E	QL
ANDROGEL PUMP	E	QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	3	
FORTESTA	E	QL
NATESTO	E	QL
TESTIM	1	QL

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Drug Name	Drug Tier	Requirements & Limits
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
VOGELXO	E	QL
VOGELXO PUMP	E	QL
Hormonal Agents - Thyroid		
ARMOUR THYROID	2	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
np thyroid	1	
SYNTHROID	E	
THYQUIDITY	3	
TIROSINT-SOL	2	
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADBRY	2	PA, SP
AZASAN	3	
azathioprine oral	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
CELLCEPT ORAL TABLET	E	
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
CINRYZE	E	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	3	PA, ST, QL, SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	3	PA, ST, QL, SP

Drug Name	Drug Tier	Requirements & Limits
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
EMPAVELI	2	PA, QL, SP
ENBREL MINI	2	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION	2	PA, ST, QL, SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, ST, QL, SP
ENBREL SURECLICK	2	PA, ST, QL, SP
FIRAZYR	E	PA, QL, SP
HAEGARDA	2	PA, QL, SP
HUMIRA	2	PA, QL, SP
HUMIRA PEDIATRIC CROHNS START	2	PA, QL, SP
HUMIRA PEN	2	PA, QL, SP
HUMIRA PEN-CD/UC/HS STARTER	2	PA, QL, SP
HUMIRA PEN-PEDIATRIC UC START	2	PA, QL, SP
HUMIRA PEN-PS/UV/ADOL HS START	2	PA, QL, SP
HUMIRA PEN-PSOR/UEIT STARTER	2	PA, QL, SP
IMURAN	E	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral tablet	1	
OLUMIANT ORAL TABLET	2	PA, ST, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	3	PA, QL, SP
OTEZLA ORAL TABLET	2	PA, QL, SP
OTREXUP	E	QL
PROGRAF ORAL CAPSULE	3	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits
RUCONEST	3	PA, QL, SP
SIMPONI	2	PA, QL, SP
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO SUBCUTANEOUS SOLUTION	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
Immunological Agents - Drugs for Vaccination		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
COMIRNATY	3	H
FLUARIX QUADRIVALENT	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL QUADRIVALENT	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
MODERNA COVID-19 VAC (BOOSTER)	3	H
MODERNA COVID-19 VACC 6M-5Y	3	H
MODERNA COVID-19 VACCINE	3	H
PFIZER COVID-19 VAC BIVAL 5-11	3	H
PFIZER COVID-19 VAC BIVALENT	3	H

Drug Name	Drug Tier	Requirements & Limits
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
PFIZER-BIONT COVID-19 VAC-TRIS	3	H
PFIZER-BIONTECH COVID-19 VACC	3	H
SHINGRIX	3	H
SPIKEVAX COVID-19 VACCINE	3	H
Infertility Agents		
CHORIONIC GONADOTROPIN INTRAMUSCULAR	1	SP
ENDOMETRIN	2	
FOLLISTIM AQ	2	SP
fyremadel	1	(manufactured by Ferring), QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	1	QL, SP
NOVAREL	3	SP
OVIDREL	3	SP
PREGNYL	1	SP
Inflammatory Bowel Disease Agents		
APRISO	1	
ASACOL HD	E	
CORTIFOAM	2	
DIPENTUM	3	
LIALDA	1	
mesalamine oral tablet delayed release	E	
PROCTOFOAM HC	2	
UCERIS ORAL	1	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet	1	
FORTEO	E	PA, ST, SP
FOSAMAX	3	
TERIPARATIDE (RECOMBINANT)	3	PA, SP
TYMLOS	3	PA, SP

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Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
ROCALTROL ORAL CAPSULE	3	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALREX	3	
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	2	
FLAREX	2	
ILEVRO	3	
INVELTYS	3	
KLARITY-A	E	
LASTACFT	3	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
loteprednol etabonate	1	
MAXITROL OPHTHALMIC SUSPENSION	3	
MOXEZA	3	
moxifloxacin hcl (2x day)	1	
moxifloxacin hcl ophthalmic solution	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
prednisolone acetate p-f	E	
TOBRADEX OPHTHALMIC SUSPENSION	3	
TOBRADEX ST	3	
tobramycin-dexamethasone	1	
VIGAMOX	E	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	
BETIMOL	2	
bimatoprost ophthalmic	1	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	E	
COMBIGAN	2	
COSOPT	3	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	3	
ROCKLATAN	3	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE	3	
XALATAN	E	
ZIOPTAN	3	ST
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CYCLOSPORINE IN KLARITY	E	PA
cyclosporine ophthalmic	E	PA
RESTASIS	1	PA

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Drug Name	Drug Tier	Requirements & Limits
RESTASIS MULTIDOSE	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	1	
ciprofloxacin-dexamethasone	E	
neomycin-polymyxin-hc otic suspension	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/0.15ml injection	1	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for AdrenaClick)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack)
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen)
EPIPEN 2-PAK	E	
EPIPEN JR 2-PAK	E	
SYMJEPI	2	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1	
azelastine hcl nasal solution 0.15 %	E	
benzonatate	1	
cyproheptadine hcl oral tablet	1	
fluticasone propionate nasal	1	

Drug Name	Drug Tier	Requirements & Limits
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
ZETONNA	3	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	1	QL
ADVAIR HFA	2	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(generic for ProAir HFA or Proventil HFA)
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	2	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	2	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	3	QL, RS
COMBIVENT RESPIMAT	2	QL

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



Drug Name	Drug Tier	Requirements & Limits
FASENRA PEN	3	PA, QL
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
FLUTICASONE PROPIONATE HFA	E	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	E	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	1	QL
ipratropium-albuterol	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA, QL, SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	PA, QL, SP
PERFOROMIST	3	QL
PROVENTIL HFA	E	
PULMICORT FLEXHALER	1	QL
PULMICORT SUSPENSION	E	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	2	QL, RS

Drug Name	Drug Tier	Requirements & Limits
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	
wixela inhub	E	QL
XOPENEX HFA	3	
YUPELRI	3	QL

Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis

BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP

Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis

OFEV	3	PA, QL, SP
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Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension

ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
REMODYLIN	E	
REVATIO ORAL TABLET	E	QL
sildenafil citrate oral tablet 20 mg	1	QL
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	
TYVASO	2	PA, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP

Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

baclofen oral tablet	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
FEXMID	E	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	

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Drug Name	Drug Tier	Requirements & Limits
SOMA	E	
tizanidine hcl oral tablet	1	
VANADOM	E	
ZANAFLEX ORAL TABLET	3	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
BELSOMRA	3	QL
DAYVIGO	3	QL
eszopiclone	1	
LUNESTA	E	
modafinil	1	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	3	
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYREM	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zolpidem tartrate er	1	
zolpidem tartrate oral	1	

See page 6, 7 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY (referred to as First Start in New Jersey).



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estradiol patch twice weekly 0.075 mg/24hr transdermal	23	FLOVENT DISKUS	30	FREESTYLE LIBRE 2 READER	18
estradiol patch twice weekly 0.1 mg/24hr transdermal	23	FLOVENT HFA	30	FREESTYLE LIBRE 2 SENSOR	18
estradiol transdermal gel	23	FLUARIX QUADRIVALENT	27	FREESTYLE LIBRE 3 SENSOR	18
estradiol transdermal patch weekly	23	FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	27	FREESTYLE LIBRE CONTINUOUS BLOOD GLUCOSE MONITOR SYSTEM	18
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				GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	20
				GLUCOCARD EXPRESSION TEST	18
				GLUCOCARD SHINE TEST	18
				GLUCOCARD VITAL TEST	18



GLUCOTROL XL	20	HUMIRA	26	IMITREX ORAL	11
GLUMETZA	20	HUMIRA PEDIATRIC CROHNS START	26	IMPOYZ	16
glyburide oral	20	HUMIRA PEN	26	IMURAN	26
GLYCATE	22	HUMIRA PEN-CD/UC/HS STARTER	26	IMVEXXY MAINTENANCE PACK	21
glycopyrrolate oral tablet 1 mg, 2 mg	22	HUMIRA PEN-PEDIATRIC UC START	26	IMVEXXY STARTER PACK	21
GLYCOPYRROLATE ORAL TABLET 1.5 MG	22	HUMIRA PEN-PS/UV/ADOL HS START	26	INBRIJA	12
GLYXAMBI	20	HUMIRA PEN-PSOR/UEIT STARTER	26	incassia	23
guanfacine hcl er	15	HUMULIN 70/30 KWIKPEN	19	INDERAL LA	13
GUARDIAN CONNECT TRANSMITTER	18	HUMULIN 70/30 VIAL	19	INDOMETHACIN ORAL CAPSULE 20 MG	8
GUARDIAN LINK 3 TRANSMITTER	18	HUMULIN N KWIKPEN	19	indomethacin oral capsule 25 mg, 50 mg	8
GUARDIAN REAL-TIME REPLACE PED	18	HUMULIN N VIAL	19	INSULIN GLARGINE	19
GUARDIAN SENSOR (3)	18	HUMULIN R U-500 KWIKPEN	19	INSULIN GLARGINE SOLOSTAR	19
GVOKE HYOPEN 1-PACK	20	HUMULIN R U-500 VIAL	19	INSULIN LISPRO	19
GVOKE HYOPEN 2-PACK	20	HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	8	INSULIN LISPRO (1 UNIT DIAL)	19
GVOKE PREFILLED SYRINGE	20	hydalazine hcl oral	13	INSULIN LISPRO JUNIOR KWIKPEN	19
GYNAZOLE-1	11	hydrochlorothiazide oral	13	INSULIN LISPRO KWIKPEN	19
H					
HAEGARDA	26	hydrocodone-acetaminophen oral tablet	8	INSULIN LISPRO PROT & LISPRO	19
hailey 1.5/30	23	hydrocortisone external cream 1 %	16	INSULIN PEN NEEDLES	18
hailey 24 fe	23	hydrocortisone external cream 2.5 %	16	INTUNIV	15
hailey fe 1/20	23	hydrocortisone external ointment 1 %, 2.5 %	16	INVELTYS	28
hailey fe 1.5/30	23	hydrocortisone oral	25	ipratropium bromide nasal	29
HALCION	13	hydromorphone hcl oral tablet	8	ipratropium-albuterol	30
HARVONI ORAL TABLET	12	hydroxychloroquine sulfate oral	12	irbesartan	13
heather	23	hydroxyzine hcl oral tablet	13	irbesartan-hydrochlorothiazide	14
HEMADY	25	hydroxyzine pamoate oral	13	isibloom	23
HEMLIBRA	20	HYZAAR	13	isosorb dinitrate-hydralazine	14
HEMOFIL M	20	I			
HIDEX 6-DAY	25	IBRANCE ORAL CAPSULE	11	isosorbide mononitrate er	14
HUMALOG INJECTION	19	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	8	isotretinoin capsule 10 mg oral	16
HUMALOG KWIKPEN	19	ICLUSIG ORAL TABLET	11	isotretinoin capsule 20 mg oral	16
HUMALOG MIX 50/50 KWIKPEN	19	IDHIFA	11	isotretinoin capsule 30 mg oral	16
HUMALOG MIX 50/50 VIAL	19	ILEVRO	28	isotretinoin capsule 40 mg oral	16
HUMALOG MIX 75/25 KWIKPEN	19	IMBRUVICA	11	isotretinoin oral capsule 25 mg, 35 mg	16
HUMALOG MIX 75/25 VIAL	19	J			
HUMALOG SUBCUTANEOUS	19	jantoven	9	JARDIANCE	20
HUMALOG U-100 JUNIOR KWIKPEN	19	jasmiel	23	jencycla	23
HUMATE-P	20	JENTADUETO	20		



JENTADUETO XR	20	LANREOTIDE ACETATE	25	LO LOESTRIN FE	24
JIVI	20	LANTUS SOLOSTAR	19	lo-zumandimine	24
JORNAY PM	15	LANTUS U-100 VIAL	19	LOESTRIN 1/20 (21)	24
juleber	23	larin 1/20	24	LOESTRIN 1.5/30 (21)	24
JULUCA	12	larin 1.5/30	24	LOESTRIN FE 1/20	24
junel 1/20	24	larin 24 fe	24	LOESTRIN FE 1.5/30	24
junel 1.5/30	24	larin fe 1/20	24	LOKELMA	21
junel fe 1/20	24	larin fe 1.5/30	24	LOPID	14
junel fe 1.5/30	24	LASIX	14	LOPRESSOR	14
junel fe 24	24	LASTACRAFT	28	lorazepam oral tablet	13
K					
K-TAB	21	latanoprost ophthalmic	28	loryna	24
kalliga	24	LATUDA	12	losartan potassium oral	14
KAZANO	20	LEDIPASVIR-SOFOSBUVIR	12	losartan potassium-hctz	14
KEPPRA ORAL TABLET	10	lenalidomide	11	LOTEMAX OPHTHALMIC GEL	28
KESIMPTA	15	lessina	24	LOTEMAX OPHTHALMIC OINTMENT	28
ketoconazole external cream	11	letrozole oral	11	LOTEMAX OPHTHALMIC SUSPENSION	28
ketoconazole external shampoo	11	leuprolide acetate injection	25	LOTEMAX SM	28
ketorolac tromethamine oral	8	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	30	LOTENSIN	14
KLARITY-A	28	levetiracetam oral tablet	10	loteprednol etabonate	28
KLISYRI	16	levo-t	26	LOTREL	14
KLONOPIN	13	levocetirizine dihydrochloride oral tablet	29	lovastatin oral	14
klor-con 10	21	levofloxacin oral tablet	9	LOVAZA	14
klor-con m10	21	levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	24	LOVENOX	9
klor-con m15	21	levora 0.15/30 (28)	24	low-ogestrel	24
klor-con m20	21	levothyroxine sodium oral tablet	26	LUMAKRAS	11
klor-con oral tablet extended release	21	levoxyl	26	LUMIGAN	28
KLOXXADO	8	LEXAPRO	10	LUNESTA	31
KOATE	20	LIALDA	27	LUPRON DEPOT (1-MONTH)	25
KOATE-DVI	20	lidocaine external patch 5 %	8	lutera	24
KOGENATE FS	20	lidocaine hcl mouth/throat	15	lyleq	24
KOMBIGLYZE XR	20	lidocaine viscous hcl	15	lyllana	24
KOSELUGO	11	LIDODERM	8	LYMEPAK	9
KOVALTRY	20	LINZESS	22	LYNPARZA	11
KRINTAFEL	12	lithyronine sodium oral	26	LYRICA ORAL CAPSULE	15
kurvelo	24	LIPITOR	14	LYUMJEV KWIKPEN	19
KYNMOBI	12	lisinopril oral	14	LYUMJEV VIAL	19
L					
labetalol hcl oral	14	lisinopril-hydrochlorothiazide	14	M	
LAMICTAL ORAL TABLET	10	lithium carbonate er	13	MACROBID	9
lamotrigine oral tablet	10	lithium carbonate oral capsule	13	MACRODANTIN	9
		LITHOBID	13	marlissa	24



MAVENCLAD	15	methylphenidate hcl er oral tablet extended release	15	morphine sulfate er oral tablet extended release	8
MAVYRET ORAL PACKET	12	methylphenidate hcl oral tablet	15	MOTEGRITY	22
MAXALT	11	methylprednisolone oral tablet therapy pack	25	MOUNJARO	20
MAXITROL OPHTHALMIC SUSPENSION	28	metoclopramide hcl oral tablet	11	MOVIPREP	22
MAXZIDE	14	metoprolol succinate er	14	MOXEZA	28
MAXZIDE-25	14	metoprolol tartrate oral	14	moxifloxacin hcl (2x day)	28
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG	15	METROCREAM	16	moxifloxacin hcl ophthalmic solution	28
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	15	metronidazole external cream	16	MS CONTIN	8
MEDROL ORAL TABLET THERAPY PACK	25	metronidazole oral tablet	9	MULPLETA	20
medroxyprogesterone acetate intramuscular suspension prefilled syringe	24	metronidazole vaginal	9	MULTAQ	14
medroxyprogesterone acetate oral	24	MICARDIS	14	MULTI-VIT-FLOR	21
meloxicam oral tablet	8	MICRODOT TEST	18	multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	21
MENOSTAR	24	microgestin 1/20	24	multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	21
mesalamine oral tablet delayed release	27	microgestin 1.5/30	24	multivitamin/fluoride tablet chewable 1 mg oral (rx)	21
metformin hcl er	20	microgestin 24 fe	24	multivitamin/fluoride tablet chewable 1 mg oral (rx)	21
metformin hcl er (mod)	20	microgestin fe 1/20	24	mupirocin external	9
metformin hcl er (osm)	20	microgestin fe 1.5/30	24	mycophenolate mofetil oral tablet	26
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	20	mifepristone	21	MYDAYIS	15
metformin hcl oral tablet 625 mg	20	mili	24	MYFEMBREE	24
methimazole oral	26	MINILINK REAL-TIME TRANSMITTER	18	myorisan	16
methocarbamol oral tablet 1000 mg	30	MINIMED 630G GUARDIAN PRESS	18		
methocarbamol oral tablet 500 mg, 750 mg	30	MINIPRESS	14	N	
methotrexate oral	26	MINIVELLE	23, 24	na sulfate-k sulfate-mg sulf	22
methotrexate sodium oral	26	minocycline hcl oral capsule	9	nabumetone oral	8
methylphenidate hcl er (cd)	15	mirtazapine oral tablet	10	NALOCET	8
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	15	MIRVASO	16	naloxone hcl injection solution prefilled syringe	8
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	15	misoprostol oral	21	naloxone hcl nasal	8
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	15	MITIGARE	11	naltrexone hcl oral	8
methylphenidate hcl er (xr)	15	MM EASY TOUCH GLUCOSE METER	18	NAPROSYN ORAL TABLET	8
		modafinil	31	naproxen oral tablet	8
		MODERNA COVID-19 VAC (BOOSTER)	27	NARCAN	8
		MODERNA COVID-19 VACC 6M-5Y	27	NASCOBAL	21
		MODERNA COVID-19 VACCINE	27	NATAZIA	24
		mondoxyne nl	9	NATESTO	25
		mono-linyah	24	NAYZILAM	10
		montelukast sodium oral tablet	30	neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	28
		montelukast sodium oral tablet chewable	30	neomycin-polymyxin-hc otic suspension	29



NESINA.	20	NOVOLIN N FLEXPEN	19	OMECLAMOX-PAK	21
NEULASTA.	20	NOVOLIN N FLEXPEN RELION	19	omega-3-acid ethyl esters	14
NEUPRO.	12	NOVOLIN N RELION	19	omeprazole oral capsule delayed release	21
NEURONTIN ORAL CAPSULE	10	NOVOLIN N VIAL	19	OMNIPOD 5 G6 INTRO (GEN 5)	18
NEURONTIN ORAL TABLET	10	NOVOLIN R FLEXPEN	19	OMNIPOD 5 G6 POD (GEN 5)	18
NEUTEK 2TEK TEST	18	NOVOLIN R FLEXPEN RELION	19	ondansetron hcl oral tablet	11
NEVANAC.	28	NOVOLIN R RELION	19	ondansetron odt	11
NEXLETOL.	14	NOVOLIN R VIAL	19	ONETOUCH CLUB LANCETS FINE PT	18
nifedipine er	14	NOVOTWIST	18	ONETOUCH DELICA LANCETS 30G	18
nifedipine er osmotic release	14	np thyroid	26	ONETOUCH DELICA LANCETS 33G	18
nikki.	24	NUBEQA.	11	ONETOUCH DELICA PLUS LANCET30G	18
nitrofurantoin macrocrystal	9	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	30	ONETOUCH DELICA PLUS LANCET33G	18
nitrofurantoin monohydrate macrocrystals	9	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	30	ONETOUCH DELICA PLUS LANCET30G	18
nitroglycerin sublingual.	14	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML.	30	ONETOUCH DELICA PLUS LANCET33G	18
NITROSTAT	14	NUCYNTA.	8	ONETOUCH FINEPOINT LANCETS	18
NOC DURNA.	25	NUCYNTA ER.	8	ONETOUCH SOLUTIONS STARTER KIT.	18
nora-be	24	NURTEC.	11	ONETOUCH ULTRA 2 KIT W/DEVICE	18
NORDITROPIN FLEXPRO	25	NUTROPIN AQ NUSPIN 10	25	ONETOUCH ULTRA MINI KIT W/DEVICE	18
norethin ace-eth estrad-fe oral tablet.	24	NUTROPIN AQ NUSPIN 20	25	ONETOUCH ULTRA TEST STRIPS	18
norethindrone acet-ethinyl est	24	NUTROPIN AQ NUSPIN 5	25	ONETOUCH ULTRASOFT LANCETS.	18
norethindrone acetate oral.	24	NUVARING.	24	ONETOUCH VERIO FLEX SYSTEM.	18
norethindrone oral.	24	NUVESSA.	9	ONETOUCH VERIO IQ SYSTEM	18
norgestimate-eth estradiol	24	NUVIQ INTRAVENOUS KIT.	20	ONETOUCH VERIO KIT W/DEVICE	18
norgestimate-ethinyl estradiol triphasic	24	NUZYRA ORAL	9	ONETOUCH VERIO REFLECT KIT W/DEVICE	18
NORITATE	16	nymo	24	ONETOUCH VERIO TEST STRIPS	18
NORLIQVA	14	nystatin external cream.	11	ONGLYZA.	20
norlyroc	24	nystatin mouth/throat	11	OPSUMIT	30
nortriptyline hcl oral capsule	10			OPTIUMEZ TEST.	18
NORVASC	14			OPZELURA	16
NOURIANZ.	12			ORENCIA CLICKJECT	26
NOVAREL.	27			ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	26
NOVOEIGHT	20			ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML	26
NOVOFINE AUTOCOVER PEN NEEDLE	18			ORFADIN ORAL CAPSULE	22
NOVOFINE PEN NEEDLE.	18				
NOVOFINE PLUS PEN NEEDLE	18				
NOVOLIN 70/30 FLEXPEN.	19				
NOVOLIN 70/30 FLEXPEN RELION	19				
NOVOLIN 70/30 RELION	19				
NOVOLIN 70/30 VIAL	19				

O

ocella	24				
OCUFLOX.	28				
ODOMZO	11				
OFEV.	30				
ofloxacin ophthalmic.	28				
ofloxacin otic	29				
olanzapine oral tablet	12				
olmesartan medoxomil oral	14				
olmesartan medoxomil-hctz.	14				
OLUMIANT ORAL TABLET	26				



ORFADIN ORAL SUSPENSION	22	PEDIAPRED	25	pravastatin sodium	14
ORGOVYX	11	peg 3350-kcl-na bicarb-nacl	22	prazosin hcl oral	14
ORIAHNN	25	peg-3350/electrolytes/ascorbat	22	PRECISION XTRA	18
ORILISSA	25	peg-kcl-nacl-nasulf-na asc-c	22	PRECISION XTRA BLOOD	
oseltamivir phosphate oral capsule	12	penicillin v potassium oral tablet	9	GLUCOSE	18
OSENI	20	PERCOCET	8	PRED FORTE	28
OSPHENA	21	PERFOROMIST	30	PRED MILD	28
OTEZLA ORAL TABLET	26	PERIDEX	15	prednisolone acetate ophthalmic	28
OTREXUP	26	periogard	15	prednisolone acetate p-f	28
OVIDREL	27	PERTZYE	22	prednisolone sodium phosphate	
OXAYDO	8	PFIZER COVID-19 VAC BIVAL 5-11	27	oral solution 10 mg/5ml,	
oxcarbazepine oral tablet	10	PFIZER COVID-19 VAC BIVALENT	27	20 mg/5ml, 25 mg/5ml,	
oxybutynin chloride er	22	PFIZER COVID-19 VAC-TRIS 5-11Y	27	6.7 (5 base) mg/5ml	25
oxybutynin chloride oral tablet	22	PFIZER COVID-19 VAC-TRIS 6M-4Y	27	prednisolone sodium phosphate	
oxycodone hcl oral tablet 10 mg,		PFIZER-BIONT COVID-19		oral solution 15 mg/5ml	25
15 mg, 20 mg, 30 mg	8	VAC-TRIS	27	prednisone oral tablet	25
oxycodone hcl oral tablet 5 mg	8	PFIZER-BIONTECH COVID-19		prednisone oral tablet therapy pack	25
OXYCODONE-ACETAMINOPHEN		VACC	27	pregabalin oral capsule	15
ORAL TABLET 10-300 MG,		phenazo oral tablet 200 mg	22	PREGNYL	27
5-300 MG, 7.5-300 MG	8	phenazopyridine hcl oral tablet		PREMARIN ORAL	24
oxycodone-acetaminophen oral		100 mg, 200 mg.	22	PREMARIN VAGINAL	24
tablet 10-325 mg, 2.5-325 mg,		PICATO	16	PREMIUM BLOOD GLUCOSE TEST	18
5-325 mg, 7.5-325 mg	8	pioglitazone hcl	20	PREMPHASE	24
OXYCODONE-ACETAMINOPHEN		PLAQUENIL	12	PREMPRO	24
ORAL TABLET 2.5-300 MG	8	PLAVIX	12	PREZCOBIX	12
OZEMPIC SUBCUTANEOUS		PLEGRIDY INTRAMUSCULAR	15	PRISTIQ	10
SOLUTION PEN-INJECTOR		PLEGRIDY STARTER PACK	15	PROCARDIA XL	14
2 MG/1.5ML, 4 MG/3ML,		PLEGRIDY SUBCUTANEOUS	15	prochlorperazine maleate oral	11
8 MG/3ML	20	PLENVU	22	PROCTOFOAM HC	27
P					
PACERONE ORAL TABLET		POLY-VI-FLOR ORAL TABLET		progesterone oral	24
100 MG, 400 MG	14	CHEWABLE	21	PROGRAF ORAL CAPSULE	26
PACERONE ORAL TABLET		polymyxin b-trimethoprim	28	PROLATE ORAL TABLET	8
200 MG	14	POLYTRIM	28	promethazine hcl oral tablet	11
PAMELOR	10	POMALYST	11	promethazine-dm	29
PANCREAZE	22	portia-28	24	PROMETRIUM	24
pantoprazole sodium oral tablet		potassium chloride crys er oral		propranolol hcl er	14
delayed release	22	tablet extended release 10 meq,		propranolol hcl oral tablet	14
PARADIGM REAL-TIME		20 meq	21	PROSCAR	22
TRANSMITTER	18	potassium chloride crys er oral		PROTONIX ORAL TABLET	
paroxetine hcl oral tablet	10	tablet extended release 15 meq	21	DELAYED RELEASE	22
PAXIL ORAL TABLET	10	potassium chloride er	21	PROTOPIC	16
PAXLOVID (150/100)	12	potassium citrate er	21	PROVENTIL HFA	29, 30
PAXLOVID (300/100)	12	PRADAXA	9	PROVERA	23, 24
		pramipexole dihydrochloride	12	PROVIGIL	31



PROZAC	10
pseudoephedrine-bromphen-dm . . .	29
PTS PANELS EGLU TEST	18
PULMICORT FLEXHALER	30
PULMICORT SUSPENSION	30
PULMOZYME	30
PYLERA	22
PYRIDIUM	22

Q

quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	12
quetiapine fumarate oral tablet 150 mg	12
QUFLORA GUMMIES	21
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE	21
QUINTET AC BLOOD GLUCOSE TEST	18
QUINTET BLOOD GLUCOSE TEST . . .	18

R

rabeprazole sodium oral tablet delayed release	22
ramipril	14
RASUVO	26
reclipsen	24
RECOMBINATE	20
REGLAN	11
RELAFEN DS	8
RELAFEN ORAL TABLET 500 MG, 750 MG	8
RELEXXII	15
RELION TRUE MET AIR GLUC METER	19
RELION TRUE METRIX TEST STRIPS	19
RELION ULTIMA GLUCOSE SYSTEM	19
RELION ULTIMA TEST	19
RELPAK	11
REMERON	10
REMODULIN	30
REPATHA	14

REPATHA PUSHTRONEX SYSTEM. . .	14
REPATHA SURECLICK	14
RESTASIS	28, 29
RESTASIS MULTIDOSE	29
RESTORIL	31
RETACRIT INJECTION SOLUTION . .	20
RETIN-A EXTERNAL CREAM	16
REVATIO ORAL TABLET	30
REVLIMID	11
REXULTI	12
RHOFADE	16
RHOPRESSA	28
RINVOQ	26
RISPERDAL ORAL TABLET	12
risperidone oral tablet	12
RITALIN	15
RITALIN LA	15
rizatriptan benzoate	11
ROBINUL	22
ROBINUL-FORTE	22
ROCALTROL ORAL CAPSULE	28
ROCKLATAN	28
ropinirole hcl	12
rosadan external cream	16
rosuvastatin calcium	14
roweepra	10
ROXICODONE	8
RUCONEST	27
RUKOBIA	12
RYBELSUS	20

S

SANTYL	16
SAPHRIS	12
scopolamine	11
SEREVENT DISKUS	30
SEROQUEL	12
sertraline hcl oral tablet	10
sharobel	24
SHINGRIX	27
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	21
sildenafil citrate oral tablet 20 mg . .	30
SIMPONI	27

simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	14
simvastatin oral tablet 80 mg	14
SINGULAIR ORAL TABLET	30
SINGULAIR ORAL TABLET CHEWABLE	30
SITAVIG	12
SKYRIZI PEN	27
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE . . .	27
SOAANZ	14
sodium sulfate-potassium sulfate- magnesium sulfate	22
SOFOSBUVIR-VELPATASVIR	12
solifenacin succinate	22
SOLIQUA	20
SOMA	31
SOMATULINE DEPOT	25
SOOLANTRA	16
SPIKEVAX COVID-19 VACCINE	27
SPIRIVA HANDIHALER	30
SPIRIVA RESPIMAT	30
spironolactone oral	14
sprintec 28	24
sronyx	24
STELARA SUBCUTANEOUS	27
STENDRA	21
STIOLTO RESPIMAT	30
STIVARGA	11
STRATTERA	15
STRENSIQ	22
STRIVERDI RESPIMAT	30
SUBOXONE	8
subvenite	10
sucrafate oral tablet	22
sulfamethoxazole-trimethoprim oral tablet	9
sumatriptan succinate oral	11
SUNOSI	31
SUPARTZ FX	8
SUTAB	22
syeda	24
SYMBICORT	30
SYMFI	12



SYMFI LO	12	telmisartan	14	treprostinil	30
SYMJEPI	29	temazepam	31	tretinoin external cream	17
SYMLINPEN 120	20	TENORETIC 100	14	TREXALL	27
SYMLINPEN 60	20	TENORETIC 50	14	TREZIX	8
SYMPROIC	22	TENORMIN	14	tri femynor	24
SYNJARDY	20	terbinafine hcl oral	11	tri-estarylla	24
SYNJARDY XR	20	TERIPARATIDE (RECOMBINANT)	27	tri-linyah	24
SYNOJOYNT	8	TESTIM	25	tri-lo-estarylla	25
SYNTHROID	26	TESTOSTERONE CYPIONATE INJECTION	26	tri-lo-marzia	25
T					
TABRECTA	12	testosterone cypionate intramuscular	26	tri-lo-mili	25
TACLONEX EXTERNAL OINTMENT	17	THALITONE	14	tri-lo-sprintec	25
tacrolimus external	17	THIOLA	22	tri-mili	25
tacrolimus oral	27	THIOLA EC	22	tri-nymyo	25
tadalafil oral	21	THYQUIDITY	26	tri-sprintec	25
TAGRISSE	12	TIGLUTIK	15	tri-vylibra	25
TAKHZYRO SUBCUTANEOUS SOLUTION	27	timolol maleate (once-daily)	28	tri-vylibra lo	25
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	27	timolol maleate ocudose	28	triamcinolone acetonide external cream	17
TAMIFLU ORAL CAPSULE	12	timolol maleate ophthalmic solution	28	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	17
tamoxifen citrate oral tablet 10 mg	12	timolol maleate pf	28	triamcinolone acetonide external ointment 0.05 %	17
tamoxifen citrate oral tablet 20 mg	12	TIMOPTIC	28	triamcinolone in absorbase	17
tamsulosin hcl	22	TIMOPTIC OCUDOSE	28	triamterene-hctz	14
TAPERDEX 12-DAY	25	TIROSINT-SOL	26	TRIANEX	17
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	25	TIVICAY	12	triazolam	13
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	25	tizanidine hcl oral tablet	31	TRICOR	14
TAPERDEX 7-DAY	25	TOBI PODHALER	30	triderm	17
TARGADOX	9	TOBRADEX OPHTHALMIC SUSPENSION	28	TRIJARDY XR	20
TARGRETIN	12	TOBRADEX ST	28	TRILEPTAL ORAL TABLET	10
tarina 24 fe	24	tobramycin-dexamethasone	28	TRILURON	8
tarina fe 1/20	24	TOPAMAX	10	TRINTELLIX	10
tarina fe 1/20 eq	24	topiramate oral tablet	10	tritocin	17
TASIGNA	12	TOPROL XL	14	TRIUMEQ	12
TAVALISSE	20	torsemide	14	TRUE FOCUS BLOOD GLUCOSE STRIP	19
TECHLITE (ARKAY) INSULIN SYRINGES	19	TOUJEO MAX SOLOSTAR	19	TRUE METRIX AIR GLUCOSE METER KIT	19
TECHLITE (ARKAY) PEN NEEDLES	19	TOUJEO SOLOSTAR	19	TRUE METRIX BLOOD GLUCOSE TEST	19
TEGSEDI	22	TRACLEER 62.5 MG, 125 MG	30	TRUE METRIX GO GLUCOSE METER	19
TEKTURNA	14	TRADJENTA	20	TRUE METRIX METER KIT	19
TEKTURNA HCT	14	tramadol hcl oral tablet	8	TRUE METRIX PRO BLOOD GLUCOSE	19
		TRANSDERM-SCOP	11		
		trazodone hcl oral	10		
		TRELEGY ELLIPTA	30		
		TREMFYA	27		



TRUETRACK TEST	19	verapamil hcl er oral tablet extended release	14	XANAX	13
TRULICITY	20	VERKAZIA	29	XARELTO	9
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	12	VERQUVO	14	XARELTO STARTER PACK	9
TRUVADA ORAL TABLET 200-300 MG	12	VERZENIO	12	XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	10
TYMLOS	27	VESICARE	22	XELJANZ	27
TYRVAYA	29	vestura	25	XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	27
TYVASO	30	VIAGRA	21	XENLETA ORAL	9
TYVASO DPI MAINTENANCE KIT	30	VIBERZI	22	XEPI	17
TYVASO DPI TITRATION KIT	30	VIBRAMYCIN ORAL CAPSULE	9	XIIDRA	29
TYVASO REFILL	30	VICTOZA SOLUTION PEN- INJECTOR 18 MG/3ML SUBCUTANEOUS	20	XOFLUZA (40 MG DOSE)	13
TYVASO STARTER	30	vienva	25	XOFLUZA (80 MG DOSE)	13
U					
UBRELVY	11	VIGAMOX	28	XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	27
UCERIS ORAL	27	VIIBRYD	10	XOPENEX HFA	30
UCERIS RECTAL	27	VIIBRYD STARTER PACK	10	XTAMPZA ER	8
UNISTRIP1 GENERIC	19	vilazodone hcl	10	xulane	25
unithroid	26	VISTARIL	13	XYREM	31
UROCIT-K 10	21	vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	21	XYWAV	31
UROCIT-K 15	21	VITRAKVI	12	Y	
UROCIT-K 5	21	VIVELLE-DOT	23, 25	YASMIN 28	25
UROXATRAL	22	VIVJOA	11	YAZ	25
V					
VAGIFEM	25	VOGELXO	26	YUPELRI	30
valacyclovir hcl oral	12	VOGELXO PUMP	26	yuvaferm	25
VALIUM	13	VOSEVI	13	Z	
valsartan oral tablet	14	VRAYLAR ORAL CAPSULE	12	zafemy	25
valsartan-hydrochlorothiazide	14	VTAMA	17	ZANAFLEX ORAL TABLET	31
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML	10	VYLEESI	21	ZARXIO	21
VALTRESX	12	vylibra	25	ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	25
VANADOM	31	VYVANSE	15	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	20
vandazole	9	W			
VASOTEC	14	WAKIX	31	ZEJULA	12
VELPHORO	22	warfarin sodium oral	9	ZELNORM	22
VELTASSA	21	WELLBUTRIN SR	10	zenatane	17
venlafaxine hcl	10	WELLBUTRIN XL	10	ZENPEP	22
venlafaxine hcl er oral capsule extended release 24 hour	10	WILATE	21	ZEPOSIA	15
VENTOLIN HFA	29, 30	wixela inhub	30	ZEPOSIA 7-DAY STARTER PACK	15
X					
XALATAN	28	X			



ZETIA	14
ZETONNA.....	29
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG.....	14
ZIAC ORAL TABLET 5-6.25 MG	14
ZIEXTENZO	21
ZILXI.....	17
ZIMHI	8
ZIOPTAN	28
ZITHROMAX ORAL SUSPENSION RECONSTITUTED.....	9
ZITHROMAX ORAL TABLET	9
ZITHROMAX TRI-PAK.....	9
ZITHROMAX Z-PAK.....	9
ZOCOR.....	14
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	11
ZOLOFT ORAL TABLET.....	10
zolpidem tartrate er.....	31
zolpidem tartrate oral	31
ZOMIG NASAL SOLUTION 2.5 MG..	11
ZOMIG NASAL SOLUTION 5 MG ...	11
ZONEGRAN.....	10
zonisamide oral	10
ZTLIDO.....	8
ZUBSOLV.....	8
zumandimine	25
ZYLET.....	28
ZYLOPRIM.....	11
ZYPREXA ORAL	12

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Online: UHC_Civil_Rights@uhc.com

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

You must send the complaint within 60 days of your experience. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your member ID card, TTY **711**, Monday through Friday, 8 a.m. to 8 p.m., or at the times listed in your health plan documents.

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

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Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>

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

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

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



Multi-language interpreter services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**khmer (Khmer)**សម្រាប់ជំនួយភាសាដើមឬក៏មានសំណុំអ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីទទួលបានលេខអត្តសញ្ញាណប័ណ្ណអ្នកសម្រាប់អ្នក។

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

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłt'ígo, saad bee áka>anída>awo>ígíí, t'áá jíí'k'eh, bee ná'ahóót'í'. T'áá shóqdí ninaaltsoos nítł'ízí bee nééhozinígíí bine'déq' t'áá jíí'k'ehgo béésh bee hane'í biká'ígíí bee hodíłnih.

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

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