



Your 2022 Formulary

SignatureValue 3-Tier

Effective January 1, 2022



**United
Healthcare**

This formulary is accurate as of January 1, 2022 and is subject to change after this date. This formulary applies to members of our UnitedHealthcare West HMO medical plans with a pharmacy benefit. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

Understanding your formulary

What is a formulary?

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 formulary?

You and your doctor can consult the formulary 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 health plan 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 formulary change?

Formulary changes including tier status changes resulting in higher copayments of maintenance medications occur 2-3 times per contract or plan year. Tier changes that result in a lower copayment may occur at any time. You can log in to the member website listed on your health plan 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) 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 medications). 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 health plan 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.

About this formulary

Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This formulary is not a complete list of medications. 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 health plan ID card or call the toll-free phone number on your 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 health plan 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 formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, 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 of preferred brand name 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. Mostly brand-name drugs, as well as some generics.	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.

AE	Age Edit —This medication applies to a specific age group. Members outside of this age group need to meet specific criteria for approval.
E	Exceptions required for select markets in California and Oklahoma —Your doctor is required to provide additional information to UnitedHealthcare to verify medical necessity of certain medications.
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.
M	Medical —The medication may be covered under medical with prior authorization. Certain medications may process through the pharmacy claims system. Check with your doctor for more information.
PA	Prior Authorization —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.
ST	Step Therapy —Requires you try one or more other medications before the medication you are requesting may be covered.

Reading your formulary (continued)

Coverage details

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

- **Infertility**

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

- **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.

Questions

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



Call the member phone number on your health plan ID card



Visit your plan's member website listed on your health plan 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



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Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine	1	
acetaminophen-codeine #2	1	
acetaminophen-codeine #3	1	
acetaminophen-codeine #4	1	
apap-caff-dihydrocodeine	3	QL; E
bac	1	QL
BELBUCA	3	PA; QL
butalbital-apap-caffeine	1	QL
CONZIP	3	PA; QL
DILAUDID ORAL	3	
endocet	1	
ESGIC	3	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	3	PA; QL; E
FIORICET	3	QL; E
hydrocodone bitartrate er oral capsule extended release 12 hour	3	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	3	PA; QL; E
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	3	QL
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	3	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	3	

Drug Name	Drug Tier	Requirements & Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	
hydromorphone hcl er	3	PA; QL; E
hydromorphone hcl oral liquid	3	
hydromorphone hcl oral tablet	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	3	PA; QL; E
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	3	PA; QL
lidocaine-prilocaine external cream	1	
LIDODERM	3	PA; QL; E
LORTAB	3	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	3	PA; QL; E
morphine sulfate er oral tablet extended release	1	PA; QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA; QL
NALOCET	3	QL; E
NUCYNTA	3	QL
NUCYNTA ER	3	PA; QL
OXAYDO	3	QL; E
OXYCODONE HCL ER	3	PA; QL; E
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	3	
oxycodone hcl oral solution	3	

Drug Name	Drug Tier	Requirements & Limits
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	
oxycodone hcl oral tablet 5 mg	3	QL; E
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	3	E
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG	3	QL; E
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	
OXYCONTIN	3	PA; QL; E
PERCOCET	3	E
premium lidocaine	1	
PROLATE ORAL SOLUTION	3	E
PROLATE ORAL TABLET	3	QL; E
QDOLO	3	PA; QL; E
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	E
ROXICODONE ORAL TABLET 5 MG	3	QL; E
SUBSYS SUBLINGUAL LIQUID 800 MCG	3	PA; QL; E
tramadol hcl er (biphasic)	3	(generic for Ryzolt); QL; E
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; (generic for Conzip); QL
tramadol hcl er oral tablet extended release 24 hour	3	(generic for Ultram ER); QL
tramadol hcl oral tablet 100 mg	3	E

Drug Name	Drug Tier	Requirements & Limits
tramadol hcl oral tablet 50 mg	1	
TREZIX	3	QL; E
ULTRAM	3	E
VTOL LQ	3	QL
XTAMPZA ER	2	PA; QL
ZEBUTAL	3	QL
ZTLIDO	3	PA; QL; E
Analgesics - Drugs for Pain and Inflammation		
CATAFLAM	3	E
CELEBREX	3	QL; E
celecoxib oral	3	QL
diclofenac potassium	1	
diclofenac sodium er	1	
diclofenac sodium external gel 1 %	3	
diclofenac sodium external solution	3	
diclofenac sodium oral	1	
EC-NAPROSYN	3	
ec-naproxen	1	
etodolac er	1	
etodolac oral capsule	1	QL
etodolac oral tablet 400 mg	3	E
etodolac oral tablet 500 mg	1	
ibu	1	
ibuprofen oral suspension	3	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN	3	PA
indomethacin er	1	
INDOMETHACIN ORAL CAPSULE 20 MG	3	E
indomethacin oral capsule 25 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements & Limits
KETOROLAC TROMETHAMINE NASAL	3	ST; QL
ketorolac tromethamine oral	1	QL
LODINE	3	E
meloxicam oral capsule	3	QL; E
meloxicam oral tablet	1	
MOBIC	3	E
nabumetone oral	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	E
NAPROSYN ORAL SUSPENSION	3	PA; E
NAPROSYN ORAL TABLET	3	E
naproxen oral suspension	1	PA
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg	3	
NAPROXEN SODIUM ER ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG	3	
naproxen sodium oral tablet 275 mg, 550 mg	1	
PENNSAID	3	
QMIIZ ODT ORAL TABLET DISPERSIBLE 15 MG, 7.5 MG	3	E
RELAFEN	3	E
RELAFEN DS	3	E
SPRIX	3	ST; QL

Drug Name	Drug Tier	Requirements & Limits
TIVORBEX	3	E
VIVLODEX	3	QL; E
ZIPSOR	3	E
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	3	PA; QL
buprenorphine hcl sublingual	3	QL
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg, 8-2 mg	1	QL
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	PA; QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
CHANTIX	3	H
CHANTIX CONTINUING MONTH PAK	3	H
CHANTIX STARTING MONTH PAK	3	H
naloxone hcl injection	M	
naltrexone hcl oral	1	
NARCAN	2	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 4-1 MG, 8-2 MG	3	QL
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	PA; QL
ZUBSOLV	1	QL
Antibacterials - Drugs for Infections		
ACTICLATE	3	E
amoxicillin	1	
amoxicillin-pot clavulanate	1	
amoxicillin-pot clavulanate er	1	

Drug Name	Drug Tier	Requirements & Limits
AUGMENTIN	3	E
AUGMENTIN ES-600	3	E
avidoxy	3	
azithromycin oral	1	
BACTRIM	3	
BACTRIM DS	3	
cefadroxil oral capsule	1	QL
cefadroxil oral suspension reconstituted	1	
cefadroxil oral tablet	1	QL
cefdinir	1	
cefuroxime axetil	1	
CENTANY	3	
CENTANY AT	3	
cephalexin	1	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral	1	
clarithromycin er	1	
clarithromycin oral	1	
CLEOCIN ORAL CAPSULE	3	
clindamycin hcl oral	1	
CLINDESSE	3	
coremino	3	E
DIFICID ORAL SUSPENSION RECONSTITUTED	3	QL
DIFICID ORAL TABLET	3	
DORYX	3	E
DORYX MPC	3	E
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	3	E

Drug Name	Drug Tier	Requirements & Limits
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	3	E
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	E
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule 150 mg	3	QL; E
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	3	
FLAGYL	3	
KEFLEX	1	
levofloxacin oral	1	
metronidazole oral capsule	3	
metronidazole oral tablet	1	
metronidazole vaginal	1	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; E
minocycline hcl er oral tablet extended release 24 hour	3	E
minocycline hcl oral capsule 100 mg, 50 mg	1	
minocycline hcl oral capsule 75 mg	3	
minocycline hcl oral tablet	3	E
MINOLIRA	3	PA; E
mondoxylene nl	1	
morgidox oral	1	
mupirocin calcium	1	QL
mupirocin external	1	

Drug Name	Drug Tier	Requirements & Limits
NUZYRA ORAL	3	QL
penicillin v potassium	1	
SOLODYN	3	E
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	3	E
vandazole	1	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XENLETA ORAL	3	
XEPI	3	QL
XIMINO	3	PA; E
ZITHROMAX ORAL PACKET	2	
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		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium	M	QL
jantoven	1	
LOVENOX	M	QL
PRADAXA	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL

Drug Name	Drug Tier	Requirements & Limits
Anticonvulsants - Drugs for Seizures		
carbamazepine er oral capsule extended release 12 hour	1	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral suspension	3	
carbamazepine oral tablet	3	
carbamazepine oral tablet chewable	1	
CARBATROL	3	
DEPAKOTE	3	E
DEPAKOTE ER	3	E
DEPAKOTE SPRINKLES	3	E
DIASTAT ACUDIAL	3	QL
DIASTAT PEDIATRIC	3	QL
diazepam rectal	1	QL
divalproex sodium er	3	
divalproex sodium oral	1	
epitol	3	
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	3	E
KEPPRA XR	3	
LAMICTAL	3	E
LAMICTAL ODT ORAL KIT	3	QL
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG	3	
LAMICTAL STARTER ORAL KIT 84 X 25 MG & 14X100 MG	3	QL

Drug Name	Drug Tier	Requirements & Limits
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	E
lamotrigine er	3	
lamotrigine oral kit	3	QL
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	QL
lamotrigine starter kit-orange	1	
levetiracetam er	1	
levetiracetam oral	1	
NAYZILAM	3	PA; ST; QL
NEURONTIN	3	E
oxcarbazepine	1	
OXTELLAR XR	3	ST; E
QUDEXY XR	3	ST
roweepra	1	
SPRITAM	3	E
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	QL
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	3	
TOPAMAX	3	E
TOPAMAX SPRINKLE	3	E
topiramate er	3	ST
topiramate oral	1	
TRILEPTAL	3	PA

Drug Name	Drug Tier	Requirements & Limits
TROKENDI XR	3	ST
VALTOCO 10 MG DOSE	3	ST; QL
VALTOCO 15 MG DOSE	3	ST; QL
VALTOCO 20 MG DOSE	3	ST; QL
VALTOCO 5 MG DOSE	3	ST; QL
VIMPAT ORAL	3	PA
XCOPRI	3	PA
XCOPRI (350 MG DAILY DOSE)	3	PA
ZONEGRAN	3	PA
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	3	E
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	3	E
donepezil hcl oral tablet dispersible	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	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	1	QL
bupropion hcl oral	1	
CELEXA	3	
citalopram hydrobromide	1	
CYMBALTA	3	QL; E
desvenlafaxine succinate er	3	QL
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	

Drug Name	Drug Tier	Requirements & Limits
DRIZALMA SPRINKLE	3	QL; AE
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
duloxetine hcl oral capsule delayed release particles 40 mg	3	E
EFFEXOR XR	3	E
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg, 20 mg	3	
fluoxetine hcl oral tablet 60 mg	3	E
fluvoxamine maleate	1	
fluvoxamine maleate er	3	
FORFIVO XL	3	QL
LEXAPRO	3	E
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	3	E
paroxetine hcl	1	
paroxetine hcl er	1	QL
PAXIL CR	3	QL; E
PAXIL ORAL SUSPENSION	2	
PAXIL ORAL TABLET	3	E
PRISTIQ	3	QL; E
PROZAC	3	E
REMERON	3	E
REMERON SOLTAB	3	E
sertraline hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	3	QL
VIIBRYD	3	QL
VIIBRYD STARTER PACK	3	QL
WELLBUTRIN SR	3	
WELLBUTRIN XL	3	QL; E
ZOLOFT	3	E
Antiemetics - Drugs for Nausea and Vomiting		
BONJESTA	3	PA; E
DICLEGIS	3	PA; QL; E
doxylamine-pyridoxine	3	PA; QL; E
GIMOTI	3	QL; E
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	3	
ondansetron	1	
ondansetron hcl oral solution	1	
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
prochlorperazine maleate oral	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethegan	1	
REGLAN	3	

Drug Name	Drug Tier	Requirements & Limits
scopolamine	3	
TRANSDERM-SCOP (1.5 MG)	3	E
ZOFRAN	3	E
ZUPLENZ	3	QL
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external	1	
ciclopirox treatment	3	
CRESEMBA ORAL	3	
DIFLUCAN	3	E
EXTINA	3	ST
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	ST
ketoconazole external shampoo	1	
ketodan external foam	3	ST
LOPROX EXTERNAL SHAMPOO	3	E
nyamyc	1	QL
nystatin external cream	1	QL
nystatin external ointment	1	QL
nystatin external powder	1	
nystatin mouth/throat	1	
nystop	1	QL
terbinafine hcl oral	1	QL
terconazole vaginal cream 0.4 %	3	
terconazole vaginal cream 0.8 %	1	
terconazole vaginal suppository	3	
XOLEGEL	3	

Drug Name	Drug Tier	Requirements & Limits
Antigout Agents - Drugs for Gout		
allopurinol oral	1	
COLCHICINE ORAL CAPSULE	3	E
colchicine tablet 0.6 mg oral	1	
colchicine tablet 0.6 mg oral	3	ST; E
COLCRYS	2	
febuxostat	1	ST; QL
GLOPERBA	3	PA
MITIGARE	3	E
ULORIC	3	ST; QL; E
ZYLOPRIM	3	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	M	QL
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML	M	
AMERGE	3	QL; E
eletriptan hydrobromide	3	QL
EMGALITY (300 MG DOSE)	M	QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	M	QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	M	
IMITREX ORAL	3	QL; E
IMITREX STATDOSE REFILL	M	QL
IMITREX STATDOSE SYSTEM	M	QL

Drug Name	Drug Tier	Requirements & Limits
IMITREX SUBCUTANEOUS	M	QL
MAXALT	3	QL; E
MAXALT-MLT	3	QL; E
naratriptan hcl	1	QL
ONZETRA XSAIL	3	QL; E
RELPAK	3	QL; E
REYVOW	2	PA; QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	M	QL
sumatriptan succinate subcutaneous	M	QL
UBRELVI	2	PA; QL
ZEMBRACE SYMTOUCH	M	QL
ZOLMITRIPTAN NASAL	3	ST; QL; E
zolmitriptan oral tablet	1	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL	3	ST; QL
ZOMIG ORAL	3	QL; E
Antineoplastics - Drugs for Cancer		
ALECENSA	3	PA; QL
ALUNBRIG	2	PA; QL
anastrozole oral	1	
ARIMIDEX	3	
bexarotene	3	E
CALQUENCE	2	PA; QL
capecitabine	1	QL
ERIVEDGE	2	PA; QL
ERLEADA	2	PA; QL
FEMARA	3	E
fluorouracil external solution	1	
GLEEVEC	3	PA; QL; E
IBRANCE	2	PA; QL

Drug Name	Drug Tier	Requirements & Limits
IDHIFA	2	PA; QL
imatinib mesylate	1	PA; QL
KOSELUGO	2	PA; QL
letrozole oral	1	
LYNPARZA	2	PA; QL
mercaptopurine oral	1	
NUBEQA	2	PA; QL
ODOMZO	2	PA; QL
ORGOVYX	3	PA; QL
PURIXAN	3	PA
REVLIMID	3	PA; QL
ROZLYTREK	3	PA; QL
SOLTAMOX	3	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	
TARGRETIN ORAL	2	
TASIGNA	2	PA; QL
UKONIQ	3	PA; QL
VERZENIO	2	PA; QL
VITRAKVI	2	PA; QL
XELODA	3	QL; E
ZEJULA	2	PA; QL
Antiparasitics - Drugs for Parasitic Infections		
ARAKODA	3	QL
atovaquone-proguanil hcl	3	
hydroxychloroquine sulfate oral tablet 200 mg	1	
KRINTAFEL	1	QL
MALARONE	3	
permethrin external	1	
PLAQUENIL	3	E
Antiparkinson Agents - Drugs for Parkinson's Disease		
APOKYN	M	QL

Drug Name	Drug Tier	Requirements & Limits
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	3	
DUOPA	3	PA
INBRIJA	3	PA; QL
KYNMOBI	3	PA; QL
KYNMOBI TITRATION KIT	3	PA; E
MIRAPEX	3	
MIRAPEX ER	3	E
NOURIANZ	3	PA; QL
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	3	E
ropinirole hcl	1	
ropinirole hcl er	3	E
RYTARY	3	E
SINEMET	3	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	2	
clopidogrel bisulfate oral	1	
PLAVIX	3	
ZONTIVITY	3	QL
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	3	QL; E
aripiprazole	1	QL
asenapine maleate	3	QL; E
GEODON ORAL	3	QL; E
LATUDA	3	QL
olanzapine oral	1	QL
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
RISPERDAL	3	QL; E
risperidone	1	QL

Drug Name	Drug Tier	Requirements & Limits
SAPHRIS	3	QL
SEROQUEL	3	QL; E
SEROQUEL XR	3	QL; E
VRAYLAR	3	ST; QL
ziprasidone hcl	1	QL
ZYPREXA ORAL	3	QL; E
ZYPREXA ZYDIS	3	QL
Antivirals - Drugs for Viral Infections		
acyclovir oral	1	
ATRIPLA	3	E
BARACLUDE ORAL SOLUTION	3	QL
BARACLUDE ORAL TABLET	3	QL; E
CIMDUO	2	
DESCOVY	2	H-PA
DOVATO	2	
efavirenz-emtricitabine-tenofovir	1	
efavirenz-lamivudine-tenofovir	1	QL
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-PA
entecavir	1	QL
EPCLUSA	2	PA; QL
GENVOYA	2	
HARVONI ORAL PACKET	3	QL; E
HARVONI ORAL TABLET	2	PA; QL
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
LEDIPASVIR-SOFOSBUVIR	2	PA; QL
MAVYRET	2	PA; QL

Drug Name	Drug Tier	Requirements & Limits
NORVIR ORAL PACKET	2	
NORVIR ORAL SOLUTION	2	
NORVIR ORAL TABLET	3	
ODEFSEY	2	
oseltamivir phosphate oral capsule	3	
oseltamivir phosphate oral suspension reconstituted	3	QL
PREZCOBIX	2	
PREZISTA	2	
ritonavir	1	
RUKOBIA	3	E
SITAVIG	3	
SOFOSBUVIR-VELPATASVIR	2	PA; QL
STRIBILD	2	
SYMFI	3	QL
SYMFI LO	3	QL
TAMIFLU ORAL CAPSULE	3	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	3	QL; E
TEMIKYS	2	
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	2	
TIVICAY PD	3	E
TRIUMEQ	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	
TRUVADA ORAL TABLET 200-300 MG	3	E; H-PA
valacyclovir hcl oral	1	QL
VALTREX	3	QL; E
VEMLIDY	3	ST

Drug Name	Drug Tier	Requirements & Limits
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	E
VOSEVI	2	PA; QL
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 2 X 20 MG	3	QL
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 2 X 40 MG	3	QL
ZEPATIER	2	PA; QL
ZOVIRAX ORAL	3	
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	QL
alprazolam intensol	3	QL
alprazolam oral tablet	1	QL
alprazolam oral tablet dispersible	3	QL
alprazolam xr	1	QL
ATIVAN ORAL	3	QL; E
buspirone hcl oral	1	
clonazepam oral tablet	1	
clonazepam oral tablet dispersible	1	QL
diazepam intensol	3	
diazepam oral concentrate	3	
diazepam oral solution	3	
diazepam oral tablet	1	
HALCION	3	QL
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	3	E

Drug Name	Drug Tier	Requirements & Limits
lorazepam intensol	3	QL
lorazepam oral concentrate 2 mg/ml	3	QL
lorazepam oral tablet	1	QL
triazolam	1	QL
VALIUM	3	
VISTARIL	3	
XANAX	3	QL
XANAX XR	3	QL
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	PA
lithium carbonate oral	1	
LITHOBID	3	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	3	E
acetazolamide er	1	
acetazolamide oral	1	
ALDACTONE	3	E
aliskiren fumarate	3	
ALTACE	3	E
ALTOPREV	3	E
amiodarone hcl oral	1	
amlodipine besy-benazepril hcl	1	
amlodipine besylate oral	1	
amlodipine besylate-valsartan	3	QL; E
atenolol oral	1	
atenolol-chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL; H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL
AVALIDE	3	E
AVAPRO	3	E
benazepril hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
benazepril-hydrochlorothiazide	1	
BENICAR	3	E
BENICAR HCT	3	E
BETAPACE	3	E
BIDIL	3	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
BYSTOLIC	3	E
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	3	
CARDIZEM	3	E
CARDIZEM CD	3	E
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	E
CARDURA	3	
CAROSPIR	3	PA
cartia xt	1	
carvedilol	1	
chlorthalidone	1	
clonidine hcl oral	1	
colesevelam hcl oral packet	3	QL; E
colesevelam hcl oral tablet	3	E
COREG	3	E
CORGARD	3	
CORLANOR	3	PA; QL
COZAAR	3	E
CRESTOR	3	QL; E
diltiazem hcl er	1	

Drug Name	Drug Tier	Requirements & Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	3	
diltiazem hcl er coated beads oral tablet extended release 24 hour	3	
diltiazem hcl oral	1	
dilt-xr	1	
DIOVAN	3	QL; E
DIOVAN HCT	3	QL; E
doxazosin mesylate oral	1	
EDARBI	3	E
EDARBYCLOR	3	ST
enalapril maleate oral tablet	1	
EPANED	3	PA
EXFORGE	3	QL; E
EZALLOR SPRINKLE	3	PA
ezetimibe	3	
ezetimibe-simvastatin	3	
fenofibrate oral capsule 150 mg, 50 mg	1	
fenofibrate oral tablet 120 mg	3	E
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	1	
fenofibrate oral tablet 40 mg	3	QL; E
FENOGLIDE ORAL TABLET 120 MG	3	E
FENOGLIDE ORAL TABLET 40 MG	3	QL; E
flecainide acetate	1	
FLOLIPID	3	PA
furosemide oral	1	

Drug Name	Drug Tier	Requirements & Limits
gemfibrozil oral	1	
GONITRO	3	E
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	3	E
icosapent ethyl	3	PA; E
INDERAL LA	3	E
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	3	
labetalol hcl oral	1	
LASIX	3	
LIPITOR	3	QL; E
LIPOFEN	3	E
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LOPID	3	
LOPRESSOR	3	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTENSIN	3	
LOTENSIN HCT	3	
LOTREL	3	E
lovastatin oral	1	H-PA
matzim la	3	
MAXZIDE	3	
MAXZIDE-25	3	
metoprolol succinate er	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements & Limits
metoprolol tartrate oral tablet 37.5 mg, 75 mg	3	E
MICARDIS	3	QL; E
MINIPRESS	3	
minitran	3	
MULTAQ	3	PA
nadolol oral	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	QL
niacin (antihyperlipidemic)	3	E
niacin er (antihyperlipidemic)	1	
niacor	3	E
NIASPAN	3	E
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal	3	
nitroglycerin translingual	3	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
NITRO-TIME	2	
NORVASC	3	E
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PACERONE	3	
PRALUENT	M	QL
pravastatin sodium	1	
prazosin hcl oral	1	

Drug Name	Drug Tier	Requirements & Limits
PRINIVIL	3	E
PROCARDIA XL	3	E
propranolol hcl er	1	
propranolol hcl oral	1	
QBRELIS	3	E
quinapril hcl	1	
ramipril	1	
RANEXA	3	E
ranolazine er	1	
REPATHA	M	QL
REPATHA PUSHTRONEX SYSTEM	M	QL
REPATHA SURECLICK	M	QL
rosuvastatin calcium	1	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl oral	1	
SOTYLIZE	3	
spironolactone oral	1	
TEKTURNA	3	
TEKTURNA HCT	3	
telmisartan	1	QL
TENORETIC 100	3	E
TENORETIC 50	3	E
TENORMIN	3	E
TOPROL XL	3	E
torsemide	1	
triamterene-hctz	1	
TRICOR ORAL TABLET 145 MG	3	E
TRICOR ORAL TABLET 48 MG	3	
valsartan	1	QL
valsartan-hydrochlorothiazide	1	QL
VASCEPA	3	PA; E
VASOTEC	3	E

Drug Name	Drug Tier	Requirements & Limits
verapamil hcl er	1	
verapamil hcl oral	1	
VERELAN	3	
VERELAN PM	3	
VERQUVO	3	PA; QL; E
VYTORIN	3	E
WELCHOL ORAL PACKET	2	QL
WELCHOL ORAL TABLET	2	
ZESTORETIC	3	E
ZESTRIL	3	E
ZETIA	3	E
ZIAC	3	
ZOCOR	3	E
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	3	QL; E
ADDERALL XR	2	QL; AE
ADHANSIA XR	3	QL; E
amphetamine-dextroamphet er	3	QL; E
amphetamine-dextroamphetamine	1	QL
APTENSIO XR	3	QL; E
atomoxetine hcl	3	QL
CONCERTA	2	QL
DEXEDRINE	3	QL; E
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate er	1	QL
dextroamphetamine sulfate oral solution	3	QL
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	QL
FOCALIN	3	QL

Drug Name	Drug Tier	Requirements & Limits
FOCALIN XR	3	ST; QL
guanfacine hcl er	1	QL
INTUNIV	3	QL; E
JORNAY PM	3	QL; E
METHYLIN	3	ST; 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	3	QL
methylphenidate hcl er (xr)	3	QL; E
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	3	QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	3	QL; E
methylphenidate hcl er oral tablet extended release 24 hour	3	ST; QL; AE
methylphenidate hcl er oral tablet extended release 72 mg	3	ST; QL; E
methylphenidate hcl oral solution	3	QL
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	QL
MYDAYIS	3	ST; QL; E
PROCENTRA	3	ST; QL
QUILLICHEW ER	3	ST; QL; E
QUILLIVANT XR	3	ST; QL
relexxii	3	ST; QL; E
RITALIN	3	E

Drug Name	Drug Tier	Requirements & Limits
RITALIN LA	3	ST; QL
STRATTERA	3	QL; E
VYVANSE	3	QL
ZENZEDI	3	ST; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	3	PA; QL; E
AUBAGIO	3	PA; QL
AVONEX PEN	M	QL
AVONEX PREFILLED	M	QL
BAFIERTAM	2	PA; QL
BETASERON	M	
COPAXONE	M	QL
dalfampridine er	1	PA; QL
EXTAVIA	M	
GILENYA	3	PA; QL
glatiramer acetate	M	QL
glatopa	M	QL
KESIMPTA	M	QL
MAVENCLAD (10 TABS)	3	PA; QL
MAVENCLAD (4 TABS)	3	PA; QL
MAVENCLAD (5 TABS)	3	PA; QL
MAVENCLAD (6 TABS)	3	PA; QL
MAVENCLAD (7 TABS)	3	PA; QL
MAVENCLAD (8 TABS)	3	PA; QL
MAVENCLAD (9 TABS)	3	PA; QL
MAYZENT	3	PA; QL
PLEGRIDY INTRAMUSCULAR	M	QL
PLEGRIDY STARTER PACK	M	
PLEGRIDY SUBCUTANEOUS	M	
REBIF	M	QL
REBIF REBIDOSE	M	QL
REBIF REBIDOSE TITRATION PACK	M	QL

Drug Name	Drug Tier	Requirements & Limits
REBIF TITRATION PACK	M	QL
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA; QL
LYRICA	3	PA; QL
LYRICA CR	3	ST; QL; E
NUEDEXTA	3	PA
pregabalin oral capsule	1	QL
pregabalin oral solution	3	QL
RILUTEK	3	
riluzole	3	
TIGLUTIK	3	PA
ZEPOSIA	3	PA; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; QL
ZEPOSIA STARTER KIT	3	PA; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	3	
lidocaine hcl mouth/throat	3	
lidocaine viscous hcl	1	
PERIDEX	3	
periogard	3	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	3	PA
accutane	1	
ACZONE	3	
ALA SCALP	3	
ala-cort external cream 1 %	3	
ala-cort external cream 2.5 %	3	E
ALDARA	3	QL
ALTRENO	3	QL; E; AE

Drug Name	Drug Tier	Requirements & Limits
amneestem	1	
AMZEEQ	3	PA; QL
ATRALIN	3	QL; E; AE
AVAR CLEANSER	3	
AVAR LS CLEANSER	3	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
AVITA EXTERNAL CREAM	3	E; AE
AVITA EXTERNAL GEL	3	PA; QL; E
azelaic acid external	1	
betamethasone dipropionate aug	1	
betamethasone dipropionate external	1	
bp 10-1	3	
calcipotriene-betameth diprop external ointment	3	QL
calcipotriene-betameth diprop external suspension	3	QL; E
calcitriol external	1	
CAPEX	3	
CARAC	3	E
claravis	1	
CLEOCIN-T	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	3	QL; E
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL; E
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL

Drug Name	Drug Tier	Requirements & Limits
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	3	QL; E
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	1	
clobetasol propionate external foam	3	QL
clobetasol propionate external gel	1	
clobetasol propionate external liquid	3	QL
clobetasol propionate external lotion	3	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	3	
clobetasol propionate external solution	1	
CLOBEX	3	E
CLOBEX SPRAY	3	QL; E
clodan external shampoo	3	
clotrimazole-betamethasone	3	
dapsone external gel 5 %	3	PA; E
DAPSONE EXTERNAL GEL 7.5 %	3	E
DERMA-SMOOTHIE/FS BODY	3	
DERMA-SMOOTHIE/FS SCALP	3	
DESONATE	3	
desonide external cream	1	
desonide external gel	3	
desonide external lotion	1	
desonide external ointment	1	
DESOWEN	3	

Drug Name	Drug Tier	Requirements & Limits
DIPROLENE	3	
DIPROLENE AF	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML	M	QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	M	QL
EFUDEX	3	
ENSTILAR	3	QL
EUCRISA	3	ST
EVOCLIN	3	
FINACEA	3	ST
fluocinolone acetonide body	1	
fluocinolone acetonide external	1	
fluocinolone acetonide scalp	1	
fluocinonide external cream 0.05 %	1	
fluocinonide external cream 0.1 %	3	
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
FLUOROPLEX	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	E
fluorouracil external cream 5 %	1	
hydrocortisone external cream 1 %	3	
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	

Drug Name	Drug Tier	Requirements & Limits
hydrocortisone external ointment 1 %	3	
hydrocortisone external ointment 2.5 %	1	
imiquimod external cream 3.75 %	3	QL
imiquimod external cream 5 %	1	QL
IMIQUIMOD PUMP	3	QL
IMPEKLO	3	QL; E
IMPOYZ	3	QL; E
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ivermectin external cream	3	QL; E
KENALOG EXTERNAL	3	QL; E
KLISYRI	3	ST; QL; E
METROCREAM	3	
METROGEL	3	E
METROLOTION	3	
metronidazole external cream	1	
metronidazole external gel 0.75 %	3	
metronidazole external gel 1 %	3	E
metronidazole external lotion	1	
MIRVASO	2	QL
mometasone furoate external	1	
myorisan	1	
neuac external gel	3	QL; E
NORITATE	3	
OLUX	3	QL; E
PLEXION	3	
PLEXION CLEANSER	3	
PLEXION CLEANSING CLOTH	3	

Drug Name	Drug Tier	Requirements & Limits
RETIN-A EXTERNAL CREAM	3	QL; E; AE
RETIN-A EXTERNAL GEL	3	PA; E
RHOFADE	3	PA; QL
rosadan external cream	1	
rosadan external gel	3	
SERNIVO	3	E
SOOLANTRA	3	QL
sss 10-5	3	
sulfacetamide sodium-sulfur external cream	3	
sulfacetamide sodium-sulfur external emulsion	3	
sulfacetamide sodium-sulfur external liquid	3	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	3	
sulfacetamide sodium-sulfur external pad 10-4 %	3	
sulfacetamide sodium-sulfur external suspension	3	
sulfacetamide sod-sulfur wash	3	
SULFACLEANSE 8/4	3	
sulfamez wash	3	
SUMADAN WASH	3	
SUMAXIN	3	
SYNALAR	3	E
TACLONEX EXTERNAL OINTMENT	3	QL; E
TACLONEX EXTERNAL SUSPENSION	3	QL
tazarotene external cream	3	QL; AE
TAZORAC	3	QL; AE

Drug Name	Drug Tier	Requirements & Limits
TEMOVATE	3	
TEXACORT	3	
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	3	E; AE
tretinoin external gel 0.05 %	3	QL; E; AE
triamcinolone acetonide external aerosol solution	3	QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
TRIANEX	2	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
TRIDESILON	3	
VANOS	3	
VECTICAL	3	E
VERDESO	3	
WYNZORA	3	QL; E
zenatane	1	
ZILXI	3	PA; QL
ZYCLARA	3	QL; E
ZYCLARA PUMP	3	QL
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA PLUS IN VITRO	3	PA; QL
ACCU-CHEK COMPACT PLUS	3	PA; QL
ACCU-CHEK FASTCLIX LANCET	1	

Drug Name	Drug Tier	Requirements & Limits
ACCU-CHEK FASTCLIX LANCETS	1	QL
ACCU-CHEK GUIDE	3	
ACCU-CHEK GUIDE IN VITRO	3	QL
ACCU-CHEK GUIDE ME	3	
ACCU-CHEK MULTICLIX LANCETS	1	QL
ACCU-CHEK SAFE-T PRO LANCETS	1	QL
ACCU-CHEK SMARTVIEW	3	PA; QL
ACCU-CHEK SOFTCLIX LANCET DEV	1	
ACCU-CHEK SOFTCLIX LANCETS	1	QL
ACCUTREND GLUCOSE	3	PA; QL
ADVANCED MOBILE LANCET	2	QL
AIMSCO TWIST LANCETS 32G	2	QL
AIMSCO TWIST LANCETS 33G	2	QL
AQUALANCE LANCETS 30G	2	QL
ASSURE COMFORT LANCETS 28G	2	QL
AUTOLET LANCING DEVICE	3	
BD AUTOSHIELD DUO	2	
BD INSULIN SYRINGE U-500	2	QL
BD PEN NEEDLE MICRO U/F	2	
CAREFINE PEN NEEDLES	2	
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 29G X 5/16" 1 ML	2	QL
CARETOUCH LANCING/EJECTOR	3	

Drug Name	Drug Tier	Requirements & Limits
CARETOUCH PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM	2	
CARETOUCH SAFETY LANCETS	2	QL
CARETOUCH SAFETY LANCETS 26G	2	QL
CARETOUCH TEST	3	PA; QL
CARETOUCH TWIST LANCETS 28G	2	QL
CARETOUCH TWIST LANCETS 30G	2	QL
CARETOUCH TWIST LANCETS 33G	2	QL
COAGUCHEK LANCETS	1	QL
COMFORT TOUCH INSULIN PEN NEED 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
CONTOUR NEXT TEST STRIP IN VITRO	2	QL
CONTOUR NEXT TEST STRIP IN VITRO	3	PA; QL
CONTOUR TEST	3	PA; QL
CVS ADVANCED GLUCOSE TEST	3	PA; QL
CVS GLUCOSE METER TEST STRIPS	3	PA; QL
CVS LANCETS ORIGINAL	2	QL
CVS LANCETS THIN 26G	2	QL
CVS LANCING DEVICE	3	
CVS ULTRA THIN LANCETS	2	QL
D-CARE BLOOD GLUCOSE	3	PA; QL
EASY TOUCH TEST	3	PA; QL
EASYMAX 15 TEST	3	PA; QL
EASYMAX TEST	3	PA; QL

Drug Name	Drug Tier	Requirements & Limits
EQ BLOOD GLUCOSE TEST	3	PA; QL
EXACTECH R-S-G TEST	3	PA; QL
EXACTECH TEST	3	PA; QL
FINGERSTIX LANCETS	2	QL
FORTISCARE TEST	3	PA; QL
FREESTYLE PRECISION NEO TEST	3	PA; QL
FREESTYLE UNISTICK II LANCETS	2	QL
GENTLE-LET GP LANCETS	2	QL
GENTLE-LET LANCETS	2	QL
GENTLE-LET PLATFORMS	3	QL
GLUCOPRO INSULIN SYRINGE	2	QL
KROGER LANCETS ULTRATHIN 30G	2	QL
KROGER TEST	3	PA; QL
LANCET TRANSPORTER CASE	3	QL
LANCETS MICRO THIN 33G	2	QL
LANCETS SUPER THIN 28G	2	QL
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 8 MM	2	
LIFESCAN UNISTIK 2	1	QL
LIFESCAN UNISTIK II LANCETS	1	QL
MAXICOMFORT II PEN NEEDLE	2	
MAXI-COMFORT INSULIN SYRINGE	2	QL
MAXI-COMFORT SAFETY PEN NEEDLE	2	
MAXICOMFORT SYR 27G X 1/2"	2	QL

Drug Name	Drug Tier	Requirements & Limits
MEDISENSE THIN LANCETS	2	QL
MICRODOT PEN NEEDLE	2	
MICRODOT TEST	3	PA; QL
MICROLET LANCETS	2	QL
MICROLET NEXT LANCING DEVICE	3	
MINI LANCING DEVICE	3	
MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML	2	QL
MM LANCING DEVICE	3	
MM PEN NEEDLES	2	
MM TWIST LANCETS	2	QL
NEUTEK 2TEK TEST	3	PA; QL
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOTWIST PEN NEEDLE	2	
ONETOUCH CLUB LANCETS FINE PT	1	QL
ONETOUCH DELICA LANCETS 30G	1	QL
ONETOUCH DELICA LANCETS 33G	1	QL
ONETOUCH DELICA LANCING DEV	1	
ONETOUCH DELICA PLUS LANCET30G	1	(Onetouch Delica Plus Lancets); QL

Drug Name	Drug Tier	Requirements & Limits
ONETOUGH DELICA PLUS LANCET33G	1	(Onetouch Delica Plus Lancets); QL
ONETOUGH DELICA PLUS LANCING	1	
ONETOUGH FINEPOINT LANCETS	1	QL
ONETOUGH SURESOFT LANCING DEV	1	QL
ONETOUGH ULTRA	1	QL
ONETOUGH ULTRASOFT LANCETS	1	(Onetouch Ultrasoft Plus lancets); QL
ONETOUGH VERIO IN VITRO STRIP	1	QL
OPTIUM TEST	3	PA; QL
OPTIUMEZ TEST	3	PA; QL
PEN NEEDLES 1/2"	2	
PEN NEEDLES 31G X 6 MM	2	
PEN NEEDLES 5/16"	2	
PENLET II BLOOD SAMPLER	1	
PENLET II REPLACEMENT CAP	1	QL
PENTIPS 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM	2	
PRECISION PCX	3	PA; QL
PRECISION PCX PLUS TEST	3	PA; QL
PRECISION POINT OF CARE TEST	3	PA; QL
PRECISION QID TEST	3	PA; QL
PRECISION SOF-TACT TEST	3	PA; QL
PRECISION SUREDOSE PLUS SYR	2	QL

Drug Name	Drug Tier	Requirements & Limits
PRECISION SURE-DOSE SYRINGE	2	QL
PRECISION THINS GP LANCETS	2	QL
PRECISION XTRA BLOOD GLUCOSE	3	PA; QL
PREMIUM BLOOD GLUCOSE TEST	3	PA; QL
PREVENT SAFETY PEN NEEDLES	2	
PSS SELECT GP LANCETS	2	QL
PSS SELECT PLATFORMS	3	QL
PSS SELECT SAFETY LANCETS	2	QL
QUINTET AC BLOOD GLUCOSE TEST	3	PA; QL
QUINTET BLOOD GLUCOSE TEST	3	PA; QL
RA INSULIN SYRINGE	2	QL
RA PEN NEEDLES	2	
RELION BLOOD GLUCOSE TEST	3	PA; QL
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML	2	QL
RELION TRUE METRIX TEST STRIPS	3	PA; QL
RELION ULTIMA TEST	3	PA; QL
RELION ULTRA THIN LANCETS 30G	2	QL
SAFE-T-LANCE	2	QL
SAFE-T-LANCE PLUS	2	QL
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML	2	QL
SINGLE-LET	2	QL
THINLETS GP LANCETS	2	QL

Drug Name	Drug Tier	Requirements & Limits
TRUE FOCUS BLOOD GLUCOSE STRIP	3	PA; QL
TRUE METRIX BLOOD GLUCOSE TEST	3	PA; QL
TRUE METRIX PRO BLOOD GLUCOSE	3	PA; QL
TRUEDRAW LANCING DEVICE	3	
TRUEPLUS 5-BEVEL PEN NEEDLES	2	
TRUEPLUS INSULIN SYRINGE	2	QL
TRUEPLUS LANCETS 26G	2	QL
TRUEPLUS LANCETS 28G	2	QL
TRUEPLUS LANCETS 30G	2	QL
TRUEPLUS LANCETS 33G	2	QL
TRUEPLUS PEN NEEDLES	2	
TRUEPLUS SAFETY LANCETS 28G	2	QL
TRUETRACK TEST	3	PA; QL
ULTRA THIN PEN NEEDLES	2	
ULTRA-THIN II INS SYR SHORT	2	QL
ULTRA-THIN II INSULIN SYRINGE	2	QL
ULTRA-THIN II LANCETS	2	QL
ULTRA-THIN II MINI PEN NEEDLE	2	
ULTRA-THIN II PEN NEEDLE SHORT	2	
ULTRA-THIN II PEN NEEDLES	2	
UNIFINE PENTIPS 29G X 12MM	2	

Drug Name	Drug Tier	Requirements & Limits
UNIFINE PENTIPS PLUS 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 33G X 4 MM	2	
UNILET MICRO-THIN 33G	2	QL
UNILET SUPER-THIN 30G	2	QL
UNISTRIP1 GENERIC	3	PA; QL
Diabetes - Insulin		
ADMELOG SOLOSTAR	3	ST; E
ADMELOG SOLUTION 100 UNIT/ML SUBCUTANEOUS	3	QL; E
ADMELOG SOLUTION 100 UNIT/ML SUBCUTANEOUS	3	ST; E
AFREZZA INHALATION POWDER 12 UNIT, 4 & 8 & 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT	3	PA; QL
AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT	3	QL
BASAGLAR KWIKPEN	3	QL; E
HUMALOG JUNIOR KWIKPEN	2	
HUMALOG KWIKPEN	2	
HUMALOG MIX 50/50	1	
HUMALOG MIX 50/50 KWIKPEN	2	
HUMALOG MIX 75/25	1	
HUMALOG MIX 75/25 KWIKPEN	2	
HUMALOG SUBCUTANEOUS SOLUTION	1	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	
HUMULIN 70/30	1	

Drug Name	Drug Tier	Requirements & Limits
HUMULIN 70/30 KWIKPEN	2	
HUMULIN N	1	
HUMULIN N KWIKPEN	2	
HUMULIN R	1	
HUMULIN R U-500 (CONCENTRATED)	1	
HUMULIN R U-500 KWIKPEN	2	QL
INSULIN ASPART	3	ST; E
INSULIN ASPART FLEXPEN	3	ST; E
INSULIN ASPART PENFILL	3	ST; E
INSULIN LISPRO	3	QL; E
INSULIN LISPRO (1 UNIT DIAL)	3	QL; E
INSULIN LISPRO JUNIOR KWIKPEN	3	E
INSULIN LISPRO PROT & LISPRO	3	E
LANTUS	1	QL
LANTUS SOLOSTAR	1	QL
LEVEMIR	3	QL; E
LEVEMIR FLEXTOUCH	3	QL; E
LYUMJEV	1	QL
LYUMJEV KWIKPEN	2	QL
NOVOLIN 70/30	3	QL; E
NOVOLIN 70/30 FLEXPEN	3	QL; E
NOVOLIN 70/30 FLEXPEN RELION	3	QL; E
NOVOLIN 70/30 RELION	3	QL; E
NOVOLIN N	3	QL; E
NOVOLIN N FLEXPEN	3	QL; E
NOVOLIN N FLEXPEN RELION	3	QL; E
NOVOLIN N RELION	3	QL; E
NOVOLIN R	3	QL; E
NOVOLIN R FLEXPEN	3	QL; E

Drug Name	Drug Tier	Requirements & Limits
NOVOLIN R FLEXPEN RELION	3	QL; E
NOVOLIN R RELION	3	QL; E
NOVOLOG	3	QL; E
NOVOLOG FLEXPEN	3	QL; E
NOVOLOG PENFILL	3	QL; E
SEMGLEE	3	QL; E
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA	3	QL; E
TRESIBA FLEXTOUCH	3	QL; E
Diabetes - Non-Insulin Agents		
ACTOS	3	QL; E
ADLYXIN	3	PA; QL
ADLYXIN STARTER PACK	3	PA; QL
ALOGLIPTIN BENZOATE	3	QL; E
ALOGLIPTIN-METFORMIN HCL	3	QL; E
ALOGLIPTIN-PIOGLITAZONE	3	QL; E
AMARYL	3	E
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE	2	PA
BYETTA 10 MCG PEN	2	PA; QL
BYETTA 5 MCG PEN	2	PA; QL
FARXIGA	3	ST; QL; E
glimepiride	1	
glipizide er	1	
glipizide oral	1	
glipizide xl	1	
glucagon emergency kit 1 mg injection	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	2	QL

Drug Name	Drug Tier	Requirements & Limits
GLUCOTROL XL	3	
GLUMETZA	3	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST; QL
GVOKE HYPOPEN 1-PACK	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PFS	2	QL
JANUVIA	3	ST; QL; E
JARDIANCE	2	ST; QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
KAZANO	2	QL
KOMBIGLYZE XR	2	QL
metformin hcl er	1	
metformin hcl er (mod)	3	PA
metformin hcl er (osm)	3	PA
metformin hcl oral solution	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC (0.25 OR 0.5 MG/DOSE)	2	PA; QL
OZEMPIC (1 MG/DOSE)	2	PA; QL
pioglitazone hcl	1	QL
RIOMET	3	E
RYBELSUS	2	PA; QL
SOLIQUA	2	QL
SYMLINPEN 120	3	PA
SYMLINPEN 60	3	PA
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL

Drug Name	Drug Tier	Requirements & Limits
TRULICITY	2	PA; QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA; (2 Pak); QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA; (3 Pak); QL
Drugs for Blood Disorders		
ADVATE	M	
ADYNOVATE	M	
AFSTYLA	M	
ALPHANATE	M	
ARANESP (ALBUMIN FREE)	M	
ELOCTATE	M	
JIVI	M	
KOATE	M	
KOATE-DVI	M	
KOGENATE FS	M	
KOVALTRY	M	
MULPLETA	3	PA; QL; E
NOVOEIGHT	M	
NUWIQ	M	
RECOMBINATE	M	
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	M	QL
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	M	
ZARXIO	M	
ZIEXTENZO	M	
Drugs for Sexual Dysfunction		
ADDYI	3	PA; QL

Drug Name	Drug Tier	Requirements & Limits
CIALIS ORAL TABLET 10 MG, 20 MG	3	PA; QL
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; QL; E
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	3	PA; QL
OSPHENA	3	PA; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	3	PA; QL
STENDRA	3	PA; QL
tadalafil oral	3	PA; QL
VIAGRA	3	PA; QL
Electrolytes / Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	M	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	M	
DRISDOL	3	
ergocalciferol oral capsule	1	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
kp folic acid oral tablet 1 mg	1	
K-TAB	3	
LOKELMA	3	PA; QL
potassium chloride crystal extended release 10 meq, 20 meq	1	
potassium chloride er	1	
potassium chloride oral packet	1	

Drug Name	Drug Tier	Requirements & Limits
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 5 meq (540 mg)	1	
potassium citrate er oral tablet extended release 15 meq (1620 mg)	3	
PRENATAL PEARL	2	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
VELTASSA	3	PA; QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	1	
VITAPEARL	2	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	3	QL; E
ACIPHEX SPRINKLE	3	QL; E
CARAFATE	3	E
CYTOTEC	3	
DEXILANT	2	QL
FIRST-OMEPRAZOLE	3	PA; ST; QL
misoprostol oral	1	
OMECLAMOX-PAK	2	QL
omeprazole oral capsule delayed release	1	QL
OMEPRAZOLE+SYRSPEND SF ALKA	3	PA; ST; QL
pantoprazole sodium oral packet	3	E
pantoprazole sodium tablet delayed release 20 mg oral	1	QL

Drug Name	Drug Tier	Requirements & Limits
pantoprazole sodium tablet delayed release 20 mg oral	3	E
pantoprazole sodium tablet delayed release 40 mg oral	1	QL
pantoprazole sodium tablet delayed release 40 mg oral	3	E
PROTONIX ORAL PACKET	3	E
PROTONIX ORAL TABLET DELAYED RELEASE	3	QL; E
PYLERA	2	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	QL; E
rabeprazole sodium oral tablet delayed release	3	ST; QL
sucralfate oral	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ANASPAZ	3	
CLENPIQ	3	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ED-SPAZ	3	
gavilyte-c	1	H
gavilyte-g	1	QL; H
GOLYTELY	3	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral solution	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	3	

Drug Name	Drug Tier	Requirements & Limits
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVVID	2	
LEVSIN ORAL	2	
LEVSIN/SL	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG	2	PA; QL
LINZESS ORAL CAPSULE 72 MCG	2	PA
LOMOTIL	3	
MOTEGRITY	3	PA; QL
MOVIPREP	3	QL
NULEV	3	
oscimin	1	
oscimin sr	1	
peg-3350/electrolytes	1	QL; H
peg-3350/electrolytes/ascorbic acid	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	3	
SYMAX-SL	2	
SYMAX-SR	2	
SYMPROIC	2	PA; QL
TRULANCE	3	PA; QL
URSO 250	3	E
URSO FORTE	3	E
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA; QL
XIFAXAN	3	PA
ZELNORM	3	PA; QL

Drug Name	Drug Tier	Requirements & Limits
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	3	PA
clovique	3	PA
CREON	2	
CUPRIMINE	3	PA; E
DEPEN TITRATABS	2	
ENDARI	3	PA; QL
nitisinone	3	PA; E
NITYR	3	PA; E
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	2	PA
ORFADIN ORAL CAPSULE 20 MG	3	PA; E
ORFADIN ORAL SUSPENSION	2	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 4200-14200 UNIT	3	ST
penicillamine oral capsule	3	PA
penicillamine oral tablet	1	
PERTZYE	3	ST
STRENSIQ	M	
SYPRINE	3	PA; E
TEGSEDI	M	QL
trientine hcl	3	PA
VIOKACE ORAL TABLET 20880-78300 UNIT	3	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT	2	

Drug Name	Drug Tier	Requirements & Limits
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
DITROPAN XL	3	E
GELNIQUE	3	E
oxybutynin chloride er	1	
oxybutynin chloride oral	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	2	
TOVIAZ	3	
VELPHORO	2	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	3	QL
PROSCAR	3	E
tamsulosin hcl	1	QL
terazosin hcl	1	
UROXATRAL	3	E
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	QL; H
apri	1	H
ashlyna	3	QL; H
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	1	H

Drug Name	Drug Tier	Requirements & Limits
aurovela 1/20	1	H
aurovela 24 fe	3	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	3	
ayuna	1	H
azurette	1	H
balziva	1	H
BEYAZ	3	E
BIJUVA	3	
blisovi 24 fe	3	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	3	QL; H
camrese lo	3	QL; H
charlotte 24 fe	3	H
chateal	1	H
chateal eq	1	H
CLIMARA	3	QL; E
CLIMARA PRO	2	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	3	QL; H
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	M	QL
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	M	

Drug Name	Drug Tier	Requirements & Limits
DEPO-SUBQ PROVERA 104	2	QL; H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dotti	3	QL; E
drosipren-eth estrad-levomefol	3	H
drosiprenone-ethinyl estradiol	1	H
DUAVEE	2	QL
ELESTRIN	3	
elimest	1	H
eluryng	3	E
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE	3	E
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	1	(generic for Minivelle); QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	3	(generic for Vivelle-Dot); QL; E
estradiol patch twice weekly 0.0375 mg/24hr transdermal	1	(generic for Minivelle); QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	3	(generic for Vivelle-Dot); QL; E
estradiol patch twice weekly 0.05 mg/24hr transdermal	1	(generic for Minivelle); QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	3	(generic for Vivelle-Dot); QL; E
estradiol patch twice weekly 0.075 mg/24hr transdermal	1	(generic for Minivelle); QL

Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.075 mg/24hr transdermal	3	(generic for Vivelle-Dot); QL; E
estradiol patch twice weekly 0.1 mg/24hr transdermal	1	(generic for Minivelle); QL
estradiol patch twice weekly 0.1 mg/24hr transdermal	3	(generic for Vivelle-Dot); QL; E
estradiol transdermal patch weekly	1	(generic for Climara); QL
estradiol vaginal cream	3	
estradiol vaginal tablet	1	
ESTRING	3	QL
ESTROGEL	3	QL
etonogestrel-ethinyl estradiol	3	E
EVAMIST	3	
falmina	1	H
fayosim	3	QL; H
femynor	1	H
gemmily	3	QL; H
hailey 1.5/30	1	H
hailey 24 fe	3	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
heather	1	H
iclevia	1	QL; H
incassia	1	H
introvale	1	QL; H
isibloom	1	H
jaimiess	3	QL; H
jasmiel	1	H
jencycla	1	H
jolessa	1	QL; H
juleber	1	H
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H

Drug Name	Drug Tier	Requirements & Limits
junel fe 1/20	1	H
junel fe 24	3	H
kalliga	1	H
kariva	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	3	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
larissia	1	H
lessina	1	H
levonorgest-eth est & eth est	3	QL; H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	QL; H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	1	QL; 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
lillow	1	H
LO LOESTRIN FE	3	H
LOESTRIN 1.5/30 (21)	3	E
LOESTRIN 1/20 (21)	3	E
LOESTRIN FE 1.5/30	3	E
LOESTRIN FE 1/20	3	E
lojaimiess	3	QL; H
loryna	1	H
LOSEASONIQUE	3	QL
low-ogestrel	1	H
lo-zumandimine	1	H
luteria	1	H
lyleq	1	H
lyllana	3	QL

Drug Name	Drug Tier	Requirements & Limits
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular suspension	1	QL; H
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	H
medroxyprogesterone acetate oral	1	
MENOSTAR	3	QL; E
merzee	3	QL; H
mibelas 24 fe	3	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe	3	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
MINASTRIN 24 FE	3	
MINIVELLE	3	QL; E
MIRCETTE	3	E
mono-lynyah	1	H
NATAZIA	1	H
necon 0.5/35 (28)	1	H
nikki	1	H
nora-be	1	H
norethin ace-eth estrad-fe oral capsule	3	QL; H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	3	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H

Drug Name	Drug Tier	Requirements & Limits
norgestimate-eth estradiol	1	H
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	3	H
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyda	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
NUVARING	1	H
nymyo	1	H
ocella	1	H
orsythia	1	H
philith	1	H
pimtrea	1	H
pirmella 1/35	1	H
portia-28	1	H
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
previfem	1	H
progesterone oral	3	
PROMETRIUM	3	E
PROVERA	3	
QUARTETTE	3	QL
reclipsen	1	H
rivelsa	3	QL; H
SAFYRAL	3	
SEASONIQUE	3	QL; E
setlakin	1	QL; H
sharobel	1	H
simliya	1	H

Drug Name	Drug Tier	Requirements & Limits
simpesse	3	QL; H
sprintec 28	1	H
sronyx	1	H
syeda	1	H
tarina 24 fe	3	H
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	3	QL; E
tri femynor	1	H
tri-estarylla	1	H
tri-lynyah	1	H
tri-lo-estarylla	3	H
tri-lo-marzia	3	H
tri-lo-mili	3	H
tri-lo-sprintec	3	H
tri-mili	1	H
tri-nymyo	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	3	H
tulana	1	H
tyblume	1	H
tydemy	3	H
VAGIFEM	3	E
vestura	1	H
vienva	1	H
violele	1	H
VIVELLE-DOT	2	QL
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
xulane	1	QL; H
YASMIN 28	3	E; H
YAZ	3	E; H
yuvaferm	1	

Drug Name	Drug Tier	Requirements & Limits
zafemy	1	QL; H
zarah	1	H
zumandimine	1	H
Hormonal Agents - Oral Steroids		
ALKINDI SPRINKLE	3	PA; E
CORTEF	3	
DECADRON	3	
DEXABLISS	3	E
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY	3	E
HEMADY	3	E
HIDEX 6-DAY	3	E
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	3	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral	1	
MILLIPRED	2	
ORAPRED ODT	3	
PEDIAPRED	3	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml	3	

Drug Name	Drug Tier	Requirements & Limits
prednisolone sodium phosphate oral solution 15 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible	3	
prednisone intensol	1	
prednisone oral	1	
RAYOS	3	E
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	
ZCORT 7-DAY	3	E
Hormonal Agents - Other		
cabergoline	3	
DDAVP INJECTION	M	
DDAVP ORAL	3	E
DDAVP PF	M	
desmopressin acetate injection	M	
desmopressin acetate oral	1	
desmopressin acetate pf	M	
GENOTROPIN	M	
GENOTROPIN MINIQUICK	M	
HUMATROPE	M	
NOC DURNA	3	PA; QL
NORDITROPIN FLEXPRO	M	
NUTROPIN AQ NUSPIN 10	M	
NUTROPIN AQ NUSPIN 20	M	
NUTROPIN AQ NUSPIN 5	M	
OMNITROPE	M	
ORIAHNN	3	PA; QL
ORILISSA	3	PA; QL

Drug Name	Drug Tier	Requirements & Limits
SOMATULINE DEPOT	M	
STIMATE	3	
ZOMACTON	M	
ZOMACTON (FOR ZOMA-JET 10)	M	
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA; QL
ANDROGEL	3	PA; QL
ANDROGEL PUMP	3	PA; QL
DEPO-TESTOSTERONE	M	
FORTESTA	3	PA; QL
NATESTO	3	PA; QL
TESTIM	3	PA; QL
testosterone cypionate intramuscular	M	
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)	1	PA; QL
testosterone transdermal gel 10 mg/act (2%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	3	PA; QL
testosterone transdermal solution	3	PA; QL
VOGELXO	3	PA; QL
VOGELXO PUMP	3	PA; QL
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
CYTOMEL	3	E
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
levothyroxine sodium oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	3	
SYNTHROID	3	E
TAPAZOLE	3	
THYQUIDITY	3	PA; E
TIROSINT	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	2	PA
unithroid	1	
WESTHROID	3	
WP THYROID	3	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	M	QL
ACTEMRA SUBCUTANEOUS	M	
ASTAGRAF XL	3	
AZASAN	3	
azathioprine oral	1	
CELLCEPT	3	E
CIMZIA PREFILLED	M	QL
CIMZIA STARTER KIT	M	QL
COSENTYX (300 MG DOSE)	M	
COSENTYX SENSOREADY (300 MG)	M	
COSENTYX SENSOREADY PEN	M	

Drug Name	Drug Tier	Requirements & Limits
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	M	
cyclosporine modified oral capsule 100 mg, 50 mg	1	
cyclosporine modified oral capsule 25 mg	3	
cyclosporine modified oral solution	3	
ENBREL	M	QL
ENBREL MINI	M	QL
ENBREL SURECLICK	M	QL
ENVARSUS XR	3	E
FIRAZYR	M	QL
gengraf oral capsule 100 mg	1	
gengraf oral capsule 25 mg	3	
gengraf oral solution	3	
HAEGARDA	M	QL
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	M	QL
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	M	
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	M	QL
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	M	

Drug Name	Drug Tier	Requirements & Limits
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	M	
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	M	QL
HUMIRA PEN-PEDIATRIC UC START	M	QL
HUMIRA PEN-PS/UV/ADOL HS START	M	
HUMIRA PEN-PSOR/UEIT STARTER	M	QL
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML	M	QL
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	M	
icatibant acetate	M	QL
IMURAN	3	E
methotrexate oral	1	
methotrexate sodium (pf)	M	
methotrexate sodium injection	M	
methotrexate sodium oral	1	
mycophenolate mofetil oral	3	
mycophenolate sodium	3	
MYFORTIC	3	E
NEORAL	3	E
OLUMIANT ORAL TABLET 1 MG	2	QL
OLUMIANT ORAL TABLET 2 MG	2	PA; QL
ORENCIA CLICKJECT	M	

Drug Name	Drug Tier	Requirements & Limits
ORENCIA SUBCUTANEOUS	M	QL
OTEZLA	2	PA; QL
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	M	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.4ML	M	QL
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL PACKET	3	PA
RAPAMUNE	3	E
RASUVO	M	
REDITREX	M	QL
RINVOQ	2	PA; QL
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	M	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	M	QL
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	M	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	M	QL
sirolimus oral	3	
SKYRIZI (150 MG DOSE)	M	QL

Drug Name	Drug Tier	Requirements & Limits
STELARA SUBCUTANEOUS	M	QL
tacrolimus oral	1	
TAKHZYRO	M	
TREMFYA	M	
TREXALL	3	
XELJANZ	2	PA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA; QL
Infertility Agents		
chorionic gonadotropin intramuscular	M	
CRINONE	3	
ENDOMETRIN	2	
FOLLISTIM AQ	M	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	M	(Ferring)
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	M	(Organon)
novarel intramuscular solution reconstituted 10000 unit	M	
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	M	
OVIDREL	M	
pregnyl	M	
Inflammatory Bowel Disease Agents		
ANALPRAM HC	2	
ANALPRAM HC SINGLES	2	

Drug Name	Drug Tier	Requirements & Limits
ANALPRAM-HC EXTERNAL CREAM	2	
ANALPRAM-HC EXTERNAL LOTION	3	
APRISO	2	
ASACOL HD	3	E
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
budesonide er	3	E
budesonide oral	1	
CANASA	3	QL
CORTIFOAM	2	
DELZICOL	3	E
DIPENTUM	3	
ENTOCORT EC	3	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	2	
mesalamine er	3	E
mesalamine oral	3	E
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL
ORTIKOS	3	E
PENTASA	3	E
PROCORT	3	
PROCTOFOAM HC	2	
SFROWASA	2	
sulfasalazine oral	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral solution	1	QL

Drug Name	Drug Tier	Requirements & Limits
alendronate sodium oral tablet 10 mg, 5 mg	1	
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BINOSTO	3	QL
BONIVA	3	E
calcitriol oral	1	
FOSAMAX	3	QL
ibandronate sodium oral	1	
RAYALDEE	3	E
ROCALTROL	3	
TERIPARATIDE (RECOMBINANT)	M	
TYMLOS	M	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	3	
ACULAR LS	3	
ACUVAIL	3	
ALREX	3	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC SOLUTION	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	3	QL; E
ILEVRO	3	E
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACFT	3	QL
LOTEMAX OPHTHALMIC OINTMENT	3	

Drug Name	Drug Tier	Requirements & Limits
LOTEMAX OPHTHALMIC SUSPENSION	3	QL; E
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	3	E
loteprednol etabonate ophthalmic suspension	3	QL
MAXITROL	3	
MOXEZA	3	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic solution	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	3	
OCUFLOX	3	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	3	
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 %	3	
polymyxin b-trimethoprim	1	
POLYTRIM	3	
PRED FORTE	3	E
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC SUSPENSION	3	
tobramycin ophthalmic	3	QL; E
tobramycin-dexamethasone	1	
TOBREX OPHTHALMIC OINTMENT	3	QL

Drug Name	Drug Tier	Requirements & Limits
TOBREX OPHTHALMIC SOLUTION	3	QL; E
VIGAMOX	3	
ZYLET	3	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P	2	QL
AZOPT	3	QL
BETIMOL	3	QL
bimatoprost ophthalmic	3	QL; E
brimonidine tartrate ophthalmic solution 0.15 %	1	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	1	QL
COMBIGAN	2	QL
COSOPT	3	
COSOPT PF	3	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	3	
ISTALOL	3	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
RHOPRESSA	3	QL; E
ROCKLATAN	3	QL; E
timolol maleate ophthalmic	1	
timolol maleate pf	1	
TIMOPTIC	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %	2	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 %	3	
TIMOPTIC-XE	3	
TRAVATAN Z	3	QL; E

Drug Name	Drug Tier	Requirements & Limits
travoprost (bak free)	3	QL; E
VYZULTA	3	ST; QL; E
XALATAN	3	E
XELPROS	3	QL
ZIOPTAN	3	QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
CEQUA	3	PA; QL; E
FLAREX	3	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
XIIDRA	2	PA
Otic Agents - Drugs for Ear Conditions		
CIPRODEX	3	
ciprofloxacin-dexamethasone	3	E
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	3	QL; E
epinephrine injection solution auto-injector 0.15 mg/0.15ml	3	(generic for Adrenaclick); QL; E
epinephrine solution auto-injector 0.15 mg/0.3ml injection	3	(generic for EpiPen-Single Pack); QL; E
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen); QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	3	(generic for Adrenaclick); QL; E
epinephrine solution auto-injector 0.3 mg/0.3ml injection	3	(generic for EpiPen); QL; E

Drug Name	Drug Tier	Requirements & Limits
epinephrine solution auto-injector 0.3 mg/0.3ml injection	3	(generic for EpiPen-Single Pack); QL; E
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen); QL
EPIPEN 2-PAK	3	QL; E
EPIPEN JR 2-PAK	3	QL; E
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	3	QL; E
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	3	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	1	QL
g tussin ac	1	
guaiaatussin ac	1	
guaifenesin ac	1	
guaifenesin-codeine	1	
hydrocod polst-cpm polster	3	PA; QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
maxi-tuss ac	1	
OMNARIS	3	QL; E

Drug Name	Drug Tier	Requirements & Limits
promethazine hcl oral solution	1	
promethazine hcl oral syrup	1	
promethazine-codeine	1	PA; QL
promethazine-dm	1	
pseudoeph-bromphen-dm	3	
TESSALON PERLES	3	
TUSSICAPS	3	QL; AE
virtussin a/c	1	
virtussin ac w/alc	1	
XHANCE	3	QL; E
ZETONNA	3	QL; E
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	3	QL
ADVAIR HFA	3	QL
AIRDUO RESPICLICK 113/14	3	QL; E
AIRDUO RESPICLICK 232/14	3	QL; E
AIRDUO RESPICLICK 55/14	3	QL; E
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	1	(ProAir HFA or Proventil HFA); QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	3	ST; (Ventolin HFA); QL; E
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	3	PA
ALVESCO	3	QL; E

Drug Name	Drug Tier	Requirements & Limits
ANORO ELLIPTA	3	QL
ARNUIITY ELLIPTA	1	QL
ASMANEX (120 METERED DOSES)	3	QL; E
ASMANEX (14 METERED DOSES)	3	QL; E
ASMANEX (30 METERED DOSES)	3	QL; E
ASMANEX (60 METERED DOSES)	3	QL; E
ASMANEX (7 METERED DOSES)	3	QL; E
ASMANEX HFA	3	QL; E
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL
BREZTRI AEROSPHERE	3	QL
budesonide inhalation	1	QL
BUDESONIDE-FORMOTEROL FUMARATE	3	QL; E
COMBIVENT RESPIMAT	2	QL
FASENRA PEN	M	QL
FLOVENT DISKUS	1	QL
FLOVENT HFA	1	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	3	QL; E
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INCRUSE ELLIPTA	3	QL; E
ipratropium-albuterol	1	

Drug Name	Drug Tier	Requirements & Limits
LEVALBUTEROL TARTRATE	3	QL
montelukast sodium oral packet	3	QL
montelukast sodium oral tablet	1	QL
montelukast sodium oral tablet chewable	1	QL
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	M	QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	M	QL
PERFOROMIST	3	QL
PROAIR HFA	3	QL; E
PROAIR RESPICLICK	3	QL; E
PROVENTIL HFA	3	QL; E
PULMICORT	3	QL; E
PULMICORT FLEXHALER	1	QL
QVAR REDHALER	3	E
SEREVENT DISKUS	2	QL
SINGULAIR	3	QL; E
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH	2	QL
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH	2	
VENTOLIN HFA	3	QL; E
wixela inhub	3	QL; E

Drug Name	Drug Tier	Requirements & Limits
XOPENEX HFA	3	QL
YUPELRI	3	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	3	PA; QL; E
BRONCHITOL	3	PA; QL
KITABIS PAK	3	PA; QL; E
PULMOZYME	2	PA; QL
TOBI	3	PA; QL; E
TOBI PODHALER	3	PA; QL
tobramycin inhalation nebulization solution 300 mg/4ml	1	PA; QL
tobramycin nebulization solution 300 mg/5ml inhalation	3	PA; QL; E
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	3	PA; QL; E
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	2	PA; QL
bosentan	1	PA; QL
OPSUMIT	2	PA; QL
TRACLEER ORAL TABLET	3	PA; QL
TRACLEER ORAL TABLET SOLUBLE	2	PA; QL
TYVASO	3	PA; QL
TYVASO REFILL	3	PA; QL
TYVASO STARTER	3	PA; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	3	E
baclofen oral	1	

Drug Name	Drug Tier	Requirements & Limits
carisoprodol oral	1	
cyclobenzaprine hcl er	3	E
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	3	E
FEXMID	3	E
metaxalone	3	
methocarbamol oral	1	
OZOBAX	3	AE
SKELAXIN	3	
SOMA	3	E
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM	3	E
ZANAFLEX	3	
Sleep Disorder Agents		
AMBIEN	3	QL; E
AMBIEN CR	3	QL; E
BELSOMRA	3	ST; QL
DAYVIGO	3	ST; QL
EDLUAR	3	QL
eszopiclone	1	QL
LUNESTA	3	QL; E
modafinil	3	PA; QL
PROVIGIL	3	PA; QL
RESTORIL	3	QL
SUNOSI	3	PA; QL
temazepam	1	QL
WAKIX	3	PA; QL
XYREM	3	PA; QL
XYWAV	3	PA; QL
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zolpidem tartrate oral	1	QL
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simliya.....	37	SUMADAN WASH.....	25	fumarate.....	17
simpesse.....	38	sumatriptan succinate.....	15	TENORETIC 100.....	20
SIMPONI.....	41	sumatriptan succinate refill.	15	TENORETIC 50.....	20
simvastatin.....	20	SUMAXIN.....	25	TENORMIN.....	20
SINEMET.....	16	SUNOSI.....	47	terazosin hcl.....	34
SINGLE-LET.....	28	SUPREP BOWEL PREP		terbinafine hcl.....	14
SINGULAIR.....	46	KIT.....	33	terconazole.....	14
sirolimus.....	41	syeda.....	38	TERIPARATIDE	
SITAVIG.....	17	SYMAX DUOTAB.....	33	(RECOMBINANT).....	43
SKELAXIN.....	47	SYMAX-SL.....	33	TESSALON PERLES.....	45
SKYRIZI (150 MG DOSE)..	41	SYMAX-SR.....	33	TESTIM.....	39
SOFOSBUVIR-		SYMBICORT.....	46	testosterone.....	39
VELPATASVIR.....	17	SYMFI.....	17	testosterone cypionate.....	39
SOLQUA.....	31	SYMFI LO.....	17	TEXACORT.....	25
SOLODYN.....	11	SYMJEPI.....	45	THINLETS GP LANCETS...28	
SOLTAMOX.....	15	SYMLINPEN 120.....	31	THYQUIDITY.....	40
SOMA.....	47	SYMLINPEN 60.....	31	TIGLUTIK.....	22
SOMATULINE DEPOT.....	39	SYMPROIC.....	33	timolol maleate.....	44
SOOLANTRA.....	25	SYNALAR.....	25	timolol maleate pf.....	44
sotalol hcl.....	20	SYNJARDY.....	31	TIMOPTIC.....	44
SOTYLIZE.....	20	SYNJARDY XR.....	31	TIMOPTIC OCUDOSE.....	44
SPIRIVA HANDIHALER.....	46	SYNTHROID.....	40	TIMOPTIC-XE.....	44
SPIRIVA RESPIMAT.....	46	SYPRINE.....	34	TIROSINT.....	40
spironolactone.....	20	TACLONEX.....	25	TIROSINT-SOL.....	40
sprintec 28.....	38	tacrolimus.....	42	TIVICAY.....	17
SPRITAM.....	12	tadalafil.....	32	TIVICAY PD.....	17
SPRIX.....	9	TAKHZYRO.....	42	TIVORBEX.....	9

tizanidine hcl.....	47	tri-lo-sprintec.....	38	ULTRA-THIN II INS SYR	
TOBI.....	47	tri-mili.....	38	SHORT.....	29
TOBI PODHALER.....	47	TRINTELLIX.....	13	ULTRA-THIN II INSULIN	
TOBRADEX.....	43	tri-nymyo.....	38	SYRINGE.....	29
tobramycin.....	43, 47	tri-previfem.....	38	ULTRA-THIN II LANCETS..	29
TOBRAMYCIN.....	47	tri-sprintec.....	38	ULTRA-THIN II MINI PEN	
tobramycin-		TRIUMEQ.....	17	NEEDLE.....	29
dexamethasone.....	43	tri-vylibra.....	38	ULTRA-THIN II PEN	
TOBREX.....	43, 44	tri-vylibra lo.....	38	NEEDLE SHORT.....	29
TOPAMAX.....	12	TROKENDI XR.....	12	ULTRA-THIN II PEN	
TOPAMAX SPRINKLE.....	12	TRUE FOCUS BLOOD		NEEDLES.....	29
topiramate.....	12	GLUCOSE STRIP.....	29	UNIFINE PENTIPS.....	29
topiramate er.....	12	TRUE METRIX BLOOD		UNIFINE PENTIPS PLUS...29	
TOPROL XL.....	20	GLUCOSE TEST.....	29	UNILET MICRO-THIN 33G.29	
torsemide.....	20	TRUE METRIX PRO		UNILET SUPER-THIN 30G 29	
TOUJEO MAX		BLOOD GLUCOSE.....	29	UNISTRIPI1 GENERIC.....	29
SOLOSTAR.....	30	TRUEDRAW LANCING		unithroid.....	40
TOUJEO SOLOSTAR.....	30	DEVICE.....	29	UROCIT-K 10.....	32
TOVIAZ.....	34	TRUEPLUS 5-BEVEL PEN		UROCIT-K 15.....	32
TRACLEER.....	47	NEEDLES.....	29	UROCIT-K 5.....	32
TRADJENTA.....	31	TRUEPLUS INSULIN		UROXATRAL.....	34
tramadol hcl.....	8	SYRINGE.....	29	URSO 250.....	33
TRAMADOL HCL ER.....	8	TRUEPLUS LANCETS		URSO FORTE.....	33
tramadol hcl er.....	8	26G.....	29	ursodiol.....	33
tramadol hcl er (biphasic).....	8	TRUEPLUS LANCETS		VAGIFEM.....	38
TRANSDERM-SCOP (1.5		28G.....	29	valacyclovir hcl.....	17
MG).....	14	TRUEPLUS LANCETS		VALIUM.....	18
TRAVATAN Z.....	44	30G.....	29	valsartan.....	20
travoprost (bak free).....	44	TRUEPLUS LANCETS		valsartan-	
trazodone hcl.....	13	33G.....	29	hydrochlorothiazide.....	20
TRELEGY ELLIPTA.....	46	TRUEPLUS PEN		VALTOCO 10 MG DOSE ...12	
TREMFYA.....	42	NEEDLES.....	29	VALTOCO 15 MG DOSE ...12	
TRESIBA.....	30	TRUEPLUS SAFETY		VALTOCO 20 MG DOSE...12	
TRESIBA FLEXTOUCH.....	30	LANCETS 28G.....	29	VALTOCO 5 MG DOSE.....12	
tretinoin.....	25	TRUETRACK TEST.....	29	VALTREX.....	17
TREXALL.....	42	TRULANCE.....	33	VANADOM.....	47
TREZIX.....	8	TRULICITY.....	31	vandazole.....	11
tri femynor.....	38	TRUVADA.....	17	VANOS.....	25
triamcinolone acetonide.....	25	tulana.....	38	VASCEPA.....	20
triamterene-hctz.....	20	TUSSICAPS.....	45	VASOTEC.....	20
TRIANEX.....	25	tyblume.....	38	VECTICAL.....	25
triazolam.....	18	tydemy.....	38	VELPHORO.....	34
TRICOR.....	20	TYMLOS.....	43	VELTASSA.....	32
triderm.....	25	TYVASO.....	47	VEMLIDY.....	17
TRIDESILON.....	25	TYVASO REFILL.....	47	venlafaxine hcl.....	13
trientine hcl.....	34	TYVASO STARTER.....	47	venlafaxine hcl er.....	13
tri-estarylla.....	38	UBRELVY.....	15	VENTOLIN HFA.....	46
TRIJARDY XR.....	31	UCERIS.....	42	verapamil hcl.....	21
TRILEPTAL.....	12	UKONIQ.....	15	verapamil hcl er.....	21
tri-linyah.....	38	ULORIC.....	14	VERDESO.....	25
tri-lo-estarylla.....	38	ULTRA THIN PEN		VERELAN.....	21
tri-lo-marzia.....	38	NEEDLES.....	29	VERELAN PM.....	21
tri-lo-mili.....	38	ULTRAM.....	8	VERQUVO.....	21

VERZENIO.....	15	XELJANZ XR.....	42	ZOLMITRIPTAN.....	15
vestura.....	38	XELODA.....	15	zolmitriptan.....	15
VIAGRA.....	32	XELPROS.....	44	ZOLOFT.....	13
VIBERZI.....	33	XENLETA.....	11	zolpidem tartrate.....	47
VIBRAMYCIN.....	11	XEPI.....	11	zolpidem tartrate er.....	47
VICTOZA.....	31	XHANCE.....	45	ZOLPIMIST.....	47
vienva.....	38	XIFAXAN.....	33	ZOMACTON.....	39
VIGAMOX.....	44	XIIDRA.....	44	ZOMACTON (FOR ZOMA-	
VIIBRYD.....	13	XIMINO.....	11	JET 10).....	39
VIIBRYD STARTER PACK.....	13	XOFLUZA (40 MG DOSE).....	17	ZOMIG.....	15
VIMPAT.....	12	XOFLUZA (80 MG DOSE).....	17	ZONEGRAN.....	12
VIOKACE.....	34	XOLEGEL.....	14	zonisamide.....	12
viorele.....	38	XOPENEX HFA.....	47	ZONTIVITY.....	16
VIREAD.....	17	XTAMPZA ER.....	8	ZOVIRAX.....	17
virtussin a/c.....	45	xulane.....	38	ZTLIDO.....	8
virtussin ac w/alc.....	45	XYREM.....	47	ZUBSOLV.....	9
VISTARIL.....	18	XYWAV.....	47	zumandimine.....	38
vitamin d (ergocalciferol).....	32	YASMIN 28.....	38	ZUPLENZ.....	14
VITAPEARL.....	32	YAZ.....	38	ZYCLARA.....	25
VITRAKVI.....	15	YUPELRI.....	47	ZYCLARA PUMP.....	25
VIVELLE-DOT.....	38	yuvafem.....	38	ZYLET.....	44
VIVLODEX.....	9	zafemy.....	38	ZYLOPRIM.....	14
VOGELXO.....	39	ZANAFLEX.....	47	ZYPREXA.....	16
VOGELXO PUMP.....	39	zarah.....	38	ZYPREXA ZYDIS.....	16
volnea.....	38	ZARXIO.....	31		
VOSEVI.....	17	ZCORT 7-DAY.....	39		
VRAYLAR.....	16	ZEBUTAL.....	8		
VTOL LQ.....	8	ZEJULA.....	15		
vyfemla.....	38	ZELNORM.....	33		
vylibra.....	38	ZEMBRACE SYMTOUCH.....	15		
VYTORIN.....	21	zenatane.....	25		
VYVANSE.....	22	ZENPEP.....	34		
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WAKIX.....	47	ZEPATIER.....	17		
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WELCHOL.....	21	ZEPOSIA 7-DAY			
WELLBUTRIN SR.....	13	STARTER PACK.....	22		
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WESTHROID.....	40	ZESTRIL.....	21		
wixela inhub.....	46	ZETIA.....	21		
WP THYROID.....	40	ZETONNA.....	45		
WYNZORA.....	25	ZIAC.....	21		
XALATAN.....	44	ZIEXTENZO.....	31		
XANAX.....	18	ZILXI.....	25		
XANAX XR.....	18	ZIOPTAN.....	44		
XARELTO.....	11	ziprasidone hcl.....	16		
XARELTO STARTER		ZIPSOR.....	9		
PACK.....	11	ZITHROMAX.....	11		
XCOPRI.....	12	ZITHROMAX TRI-PAK.....	11		
XCOPRI (350 MG DAILY		ZITHROMAX Z-PAK.....	11		
DOSE).....	12	ZOCOR.....	21		
XELJANZ.....	42	ZOFRAN.....	14		

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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 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.

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

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

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

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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.

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

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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.

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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 कॉल 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**ភាសាខ្មែរ(Khmer)**សម្រាប់ជំនួយភាសាដទៃយកតម្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានលេខស្របតាមការណែនាំរបស់អ្នក។

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 yániit'igo, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shòqdí ninaaltsoos nít'izí bee nééhozinígíí bine'déq' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodíílinih.

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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