

Your 2020 Prescription Drug List

Advantage 4-Tier



Effective Jan. 1, 2020

This Prescription Drug List (PDL) is accurate as of Jan. 1, 2020 and is subject to change after this date. The next anticipated update will be July 1, 2020. This PDL applies to members of our UnitedHealthcare, Golden Rule, UnitedHealthOne, Oxford, All Savers, Neighborhood Health Plan and River Valley medical plans with a pharmacy benefit subject to the Advantage 4-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 health plan ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, determined 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 twice 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 ID card at any time to check your medication coverage and lower-cost options.

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.

Understanding your Prescription Drug List (continued)

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 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 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 physicians and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, the PDL Management Committee, which includes senior UnitedHealth Group[®] physicians and business leaders, meets to evaluate overall health care value. They also determine 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 equivalent to an over-the-counter drug may be covered if it is determined to be medically necessary.

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 equivalent 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 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 ID card to talk with a pharmacist about finding lower-cost options or a financial assistance program.

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 determine 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.
Tiers 2 and 3	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help reduce your out-of-pocket costs.
Tier 4	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your doctor if they could work for you.

Reading your PDL (continued)

Drug list information.

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

E **May be excluded from coverage or subject to Prior Authorization 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 Program⁴**

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, Golden Rule, Oxford and UnitedHealthOne.

Reading your PDL (continued)

Coverage details.

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

Central Nervous System: Sedatives/Hypnotics

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

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. Medications that require step therapy may require prior authorization (sometimes referred to as precertification) if covered under another benefit.

Diabetes: Continuous Glucose Monitors, Sensors

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

Endocrine: Growth Hormone

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

Infertility

Coverage is determined 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.

This is not a covered benefit for Neighborhood Health Plan.

Medications for Sexual Dysfunction

Coverage is determined 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.

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



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



Visit your plan's member website listed on your 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 solution	1	
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	
apap-caff-dihydrocodeine	4	QL
ARYMO ER	E	PA, ST, QL
BELBUCA	3	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
CONZIP	E	QL
DILAUDID ORAL	4	
DURAGESIC-100	E	PA, ST, QL
DURAGESIC-12	E	PA, ST, QL
DURAGESIC-25	E	PA, ST, QL
DURAGESIC-50	E	PA, ST, QL
DURAGESIC-75	E	PA, ST, QL
DVORAH	E	QL
endocet	1	
ESGIC	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, ST, QL
FIORICET	4	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml	1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	2	
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	

Drug Name	Drug Tier	Requirements & Limits
hydromorphone hcl er	4	PA, ST, QL
hydromorphone hcl oral	1	
hydromorphone hcl rectal	1	
HYSINGLA ER	E	PA, ST, QL
KADIAN	E	PA, ST, QL
lidocaine external ointment	2	QL
lidocaine external patch	3	PA, QL
lidocaine-prilocaine external cream	1	
LIDODERM	E	PA, QL
lorcet	1	
lorcet hd	1	
lorcet plus	1	
LORTAB	4	
MORPHABOND ER	E	PA, ST, QL
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	
morphine sulfate er oral capsule extended release 24 hour	E	PA, ST, QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	
morphine sulfate rectal	1	
MS CONTIN	3	PA, ST, QL
NALOCET	E	QL
NORCO	4	
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO	E	QL
OXYCODONE HCL ER	E	PA, ST, QL
oxycodone hcl oral capsule	1	
oxycodone hcl oral concentrate 100 mg/5ml	1	
oxycodone hcl oral solution	1	
oxycodone hcl oral tablet	1	
oxycodone-acetaminophen	1	
OXYCONTIN	E	PA, ST, QL

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
PERCOCET	E		diclofenac sodium oral	1	
phrenilin forte	3	QL	diclofenac sodium transdermal gel 1 %	E	
premium lidocaine	2	QL	diclofenac sodium transdermal solution	E	
PRIMLEV	E		EC-NAPROSYN	3	
ROXICODONE ORAL TABLET 15 MG, 30 MG	4		ec-naproxen	1	
ROXICODONE ORAL TABLET 5 MG	3		etodolac	1	
ROXYBOND	E	QL	etodolac er	1	
SUBSYS	E	PA, QL	ibu	1	
tramadol hcl er (biphasic)	E	QL	ibuprofen oral suspension	E	
TRAMADOL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	E	QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
tramadol hcl er oral capsule extended release 24 hour 150 mg	1	QL	INDOCIN	3	
tramadol hcl er oral tablet extended release 24 hour	2	QL	indomethacin er	1	
tramadol hcl ir	1		indomethacin oral	1	
trezix	4	QL	ketorolac tromethamine oral	1	
TYLENOL WITH CODEINE #3	4		LODINE	E	
TYLENOL WITH CODEINE #4	4		meloxicam oral	1	
ULTRAM	4		MOBIC	4	
VANATOL LQ	2	PA, QL	nabumetone oral	1	
VANATOL S	2	PA, QL	NAPRELAN	E	
vicodin	E		NAPROSYN ORAL SUSPENSION	4	PA
vicodin es	E		naproxen dr	1	
vicodin hp	E		naproxen oral suspension	1	PA
XTAMPZA ER	2	PA, QL	naproxen oral tablet	1	
zebutal	1	QL	naproxen sodium er	E	
ZOHYDRO ER	4	PA, ST, QL	naproxen sodium oral tablet 275 mg, 550 mg	1	
ZTLIDO	E	PA, QL	PENNSAID	E	
Analgesics - Drugs for Pain and Inflammation			QMIIZ ODT	E	
CELEBREX	E	QL	SPRIX	3	
celecoxib oral	2	QL	TIVORBEX	E	
diclofenac potassium	1		VIVLODEX	E	QL
diclofenac sodium er	1		VOLTAREN TRANSDERMAL GEL 1 %	2	
			ZIPSOR	E	

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
Anti-Addiction / Substance Abuse Treatment Agents		
BUNAVAIL	E	PA, QL
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	QL
CHANTIX	4	PA, H
CHANTIX CONTINUING MONTH PAK	4	PA, H
CHANTIX STARTING MONTH PAK	4	PA, H
EVZIO	E	PA, QL
naloxone hcl injection	1	
naltrexone hcl oral	1	
NARCAN	2	QL
SUBOXONE	E	PA, QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
ACTICLATE	E	
amoxicillin	1	
amoxicillin-potassium clavulanate er	E	
amoxicillin-potassium clavulanate oral	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	
avidoxy	1	
azithromycin oral	1	
BACTRIM	4	
BACTRIM DS	4	
cefadroxil	1	
cefdinir	1	
cefuroxime axetil	1	
CENTANY	4	QL
CENTANY AT	E	
cephalexin	1	
CIPRO ORAL TABLET	4	
ciprofloxacin hcl oral	1	
clarithromycin er	2	

Drug Name	Drug Tier	Requirements & Limits
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4	
CLEOCIN ORAL CAPSULE 75 MG	2	
clindamycin hcl oral	1	
CLINDESSE	2	
coremino	E	PA
DIFICID	3	QL
DORYX	E	
DORYX MPC	E	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	E	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
FLAGYL	4	
KEFLEX	4	
LEVAQUIN ORAL TABLET 500 MG, 750 MG	4	
levofloxacin oral	1	
MACROBID	4	
MACRODANTIN	4	
METROGEL-VAGINAL	E	
metronidazole oral	1	

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
metronidazole vaginal	2	
MINOCIN ORAL CAPSULE 50 MG	E	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 55 mg, 65 mg, 80 mg	E	PA
minocycline hcl er oral tablet extended release 24 hour 135 mg, 45 mg, 90 mg	E	PA
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	E	
MINOLIRA	E	PA
mondoxyne nl oral capsule 100 mg, 50 mg	1	
mondoxyne nl oral capsule 75 mg	E	
morgidox oral	2	
mupirocin calcium	3	QL
mupirocin external	1	QL
nitrofurantoin macrocrystal oral	1	
nitrofurantoin monohydrate macrocrystals	1	
NUVESSA	E	
NUZYRA ORAL	4	QL
okebo	E	
penicillin v potassium	1	
SOLODYN	E	PA
soloxide oral tablet delayed release 150 mg	E	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
vandazole	2	
VIBRAMYCIN ORAL CAPSULE	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	4	
XEPI	3	QL
XIMINO	E	PA
ZITHROMAX ORAL PACKET	4	

Drug Name	Drug Tier	Requirements & Limits
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX ORAL TABLET 600 MG	3	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
BEVYXXA	3	QL
COUMADIN	3	
ELIQUIS	4	QL
ELIQUIS STARTER PACK	4	QL
enoxaparin sodium	2	QL
jantoven	1	
LOVENOX	E	QL
PRADAXA	2	QL
SAVAYSA	4	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	
Anticonvulsants - Drugs for Seizures		
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	3	
carbamazepine oral	1	
CARBATROL	4	
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA, ST
DEPAKOTE SPRINKLES	4	PA, ST
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
epitol	1	
gabapentin oral capsule	1	

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet	1	
KEPPRA ORAL	4	PA, ST
KEPPRA XR	4	PA, ST
LAMICTAL	4	PA, ST
LAMICTAL ODT ORAL KIT	3	PA, ST
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA, ST
LAMICTAL STARTER	4	PA, ST
LAMICTAL XR	3	PA, ST
lamotrigine er	3	PA, ST
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA, ST
lamotrigine starter kit-blue	1	
lamotrigine starter kit-green	1	
lamotrigine starter kit-orange	1	
levetiracetam er	2	
levetiracetam oral	1	
NEURONTIN	4	PA, ST
oxcarbazepine	1	
OXTELLAR XR	E	PA, ST
QUDEXY XR	E	PA, ST
roweepra	1	
roweepra xr	2	
subvenite	1	
subvenite starter kit-blue	1	
subvenite starter kit-green	1	
subvenite starter kit-orange	1	
TEGRETOL	3	
TEGRETOL-XR	4	
TOPAMAX	4	PA, ST
TOPAMAX SPRINKLE	4	PA, ST
topiramate er	E	PA, ST
topiramate oral	1	

Drug Name	Drug Tier	Requirements & Limits
TRILEPTAL	4	PA, ST
TROKENDI XR	E	PA, ST
VIMPAT ORAL	3	PA
ZONEGRAN	4	PA, ST
zonisamide oral	1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT ORAL TABLET 10 MG, 5 MG	3	
ARICEPT ORAL TABLET 23 MG	E	
donepezil hcl oral tablet 10 mg, 5 mg	1	
donepezil hcl oral tablet 23 mg	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	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL
bupropion hcl oral	1	
CELEXA	E	
citalopram hydrobromide	1	
CYMBALTA	E	QL
desvenlafaxine succinate er	2	QL
doxepin hcl oral	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	QL
duloxetine hcl oral capsule delayed release particles 40 mg	E	
EFFEXOR XR	E	
escitalopram oxalate oral solution	3	
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	3	QL

See page 8 for coverage details. Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug Name	Drug Tier	Requirements & Limits
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet 10 mg	3	QL
fluoxetine hcl oral tablet 20 mg	3	
fluoxetine hcl oral tablet 60 mg	E	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	QL
FORFIVO XL	E	QL
LEXAPRO	E	
mirtazapine oral	1	
nortriptyline hcl oral	1	
PAMELOR	4	
paroxetine hcl	1	
paroxetine hcl er	3	QL
PAXIL CR	4	QL
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	4	
PRISTIQ	E	QL
PROZAC	E	
REMERON	4	
REMERON SOLTAB	4	
sertraline hcl oral	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
VIIBRYD	4	QL
VIIBRYD STARTER PACK	4	
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	4	QL
BONJESTA	E	PA

Drug Name	Drug Tier	Requirements & Limits
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
metoclopramide hcl oral solution 5 mg/5ml	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	E	
ondansetron hcl oral	1	
ondansetron odt	1	
phenadoz	1	
prochlorperazine maleate oral	1	
promethazine hcl oral syrup	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal	1	
promethazine-dm	1	
promethegan	1	
REGLAN	4	
scopolamine	3	
TRANSDERM SCOP (1.5 MG)	4	
VARUBI	2	QL
ZOFRAN	4	
ZUPLENZ	E	QL
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
CICLODAN SOLUTION	E	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox treatment	E	
CRESEMBA ORAL	3	
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	4	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG	4	
DIFLUCAN ORAL TABLET 50 MG	3	
EXTINA	4	QL

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Drug Name	Drug Tier	Requirements & Limits
fluconazole oral	1	
GYNAZOLE-1	3	
ketoconazole external cream	1	QL
ketoconazole external foam	3	QL
ketoconazole external shampoo	1	
LOPROX EXTERNAL SHAMPOO	E	
NIZORAL	4	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
PENLAC	E	
terbinafine hcl oral	1	QL
terconazole	1	
XOLEGEL	3	

Antigout Agents - Drugs for Gout

allopurinol oral	1	
COLCHICINE ORAL CAPSULE	E	
COLCHICINE ORAL TABLET	E	
COLCRYS	E	
febuxostat	3	ST, QL
MITIGARE	2	
ULORIC	E	ST, QL
ZYLOPRIM	4	

Antimigraine Agents - Drugs for Migraines

AIMOVIG	2	PA, ST, QL
AMERGE	4	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
EMGALITY (300 MG DOSE)	E	PA, ST, QL
IMITREX ORAL	E	QL
IMITREX STATDOSE REFILL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
IMITREX SUBCUTANEOUS	E	QL

Drug Name	Drug Tier	Requirements & Limits
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
ONZETRA XSAIL	E	QL
RELPAK	E	QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill	1	QL
sumatriptan succinate subcutaneous	1	QL
ZEMBRACE SYMTOUCH	E	QL

Antineoplastics - Drugs for Cancer

abiraterone acetate	E	PA, QL, SP
anastrozole oral	1	
ARIMIDEX	E	
bexarotene	E	SP
BOSULIF	2	PA, ST, QL, SP
capecitabine	E	QL, SP
ERLEADA	2	PA, QL, SP
FEMARA	E	
GLEEVEC	E	PA, QL, SP
IBRANCE	2	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
letrozole oral	1	
mercaptopurine oral	1	
PURIXAN	4	PA, SP
REVLIMID	2	PA, QL, SP
SOLTAMOX	E	
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TARGRETIN EXTERNAL	3	QL, SP
TARGRETIN ORAL	2	SP
TASIGNA	2	PA, ST, QL, SP
VERZENIO	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
XELODA	1	QL, SP
YONSA	E	PA, ST, QL, SP
ZYTIGA	2	PA, QL, SP

Antiparasitics - Drugs for Parasitic Infections

ARAKODA	4	QL
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
KRINTAFEL	1	QL
MALARONE	4	
permethrin external	1	
PLAQUENIL	E	

Antiparkinson Agents - Drugs for Parkinson's Disease

carbidopa-levodopa	1	
carbidopa-levodopa er	1	
DUOPA	4	PA
INBRIJA	3	PA, QL, SP
MIRAPEX	4	
MIRAPEX ER	E	
pramipexole dihydrochloride	1	
pramipexole dihydrochloride er	E	
REQUIP XL	E	
ropinirole hcl	1	
ropinirole hcl er	E	
RYTARY	E	
selegiline hcl oral	1	
SINEMET	4	
SINEMET CR	4	
ZELAPAR	3	

Antiplatelets - Drugs for Heart Attack and Stroke Prevention

BRILINTA	4	QL
clopidogrel bisulfate oral	1	
PLAVIX	E	
ZONTIVITY	4	QL

Drug Name	Drug Tier	Requirements & Limits
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	QL
ABILIFY MYCITE	E	PA, QL
aripiprazole oral solution	3	
aripiprazole oral tablet	2	QL
aripiprazole oral tablet dispersible	2	QL
GEODON ORAL	E	QL
LATUDA	4	QL
olanzapine oral tablet	1	QL
olanzapine oral tablet dispersible	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	3	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	3	QL
SEROQUEL	E	
SEROQUEL XR	E	QL
ziprasidone hcl	2	QL
ZYPREXA ORAL	E	QL
ZYPREXA ZYDIS	E	QL

Antivirals - Drugs for Viral Infections

acyclovir oral	1	
ATRIPLA	E	ST, QL, SP
BARACLUDE ORAL SOLUTION	2	SP
BARACLUDE ORAL TABLET	E	SP
CIMDUO	2	QL, SP
DESCOVY	4	QL, SP
DOVATO	2	QL, SP
entecavir	1	SP
EPCLUSA	2	PA, QL, SP
GENVOYA	4	QL, SP
HARVONI	2	PA, QL, SP
ISENTRESS	2	SP
ISENTRESS HD	2	SP

Drug Name	Drug Tier	Requirements & Limits
JULUCA	2	QL, SP
LEDIPASVIR-SOFOSBUVIR	2	PA, QL, SP
MAVYRET	2	PA, QL, SP
NORVIR ORAL PACKET	2	SP
NORVIR ORAL SOLUTION	2	SP
NORVIR ORAL TABLET	E	SP
ODEFSEY	4	QL, SP
oseltamivir phosphate oral capsule	2	
oseltamivir phosphate oral suspension reconstituted	2	QL
PREZCOBIX	2	SP
PREZISTA	2	SP
ritonavir	2	SP
SITAVIG	E	QL
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
STRIBILD	4	QL, SP
SYMFI	2	QL, SP
SYMFI LO	2	QL, SP
TAMIFLU ORAL CAPSULE	E	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	E	QL
tenofovir disoproxil fumarate	2	SP
TIVICAY	3	SP
TRIUMEQ	2	QL, SP
TRUVADA	4	QL, SP
valacyclovir hcl oral	1	QL
VALTREX	E	QL
VEMLIDY	4	ST, SP
VIREAD ORAL POWDER	3	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP
VIREAD ORAL TABLET 300 MG	E	SP
VOSEVI	2	PA, QL, SP
ZEPATIER	2	PA, ST, QL, SP
ZOVIRAX ORAL	4	

Drug Name	Drug Tier	Requirements & Limits
Anxiolytics - Drugs for Anxiety		
alprazolam er	1	
alprazolam intensol	1	
alprazolam oral	1	
alprazolam xr	1	
ATIVAN ORAL	E	
buspirone hcl oral	1	
clonazepam oral	1	
diazepam intensol	1	
diazepam oral	1	
HALCION	4	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam intensol	1	
lorazepam oral	1	
triazolam	1	
VALIUM	E	
VISTARIL	4	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
LITHOBID	4	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	4	
acetazolamide er	1	
acetazolamide oral	1	
ADALAT CC	4	
ALDACTONE	4	
aliskiren fumarate	3	QL
ALTACE	4	
ALTOPREV	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
amiodarone hcl oral	1		CORGARD	4	
amlodipine besylate oral	1		CORLANOR ORAL TABLET	3	PA, QL
amlodipine besylate-benazepril hcl	1		COZAAR	4	
amlodipine besylate-valsartan	2		CRESTOR	E	QL
atenolol oral	1		diltiazem hcl er coated beads	2	
atenolol-chlorthalidone	1		diltiazem hcl er oral capsule extended release 12 hour	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	QL, H-PA	diltiazem hcl er oral capsule extended release 24 hour	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1	QL	180 mg, 240 mg		
AVALIDE	4		diltiazem hcl oral	1	
AVAPRO	4		dilt-xr	1	
benazepril hcl oral	1		DIOVAN	E	
benazepril-hydrochlorothiazide	1		DIOVAN HCT	E	
BENICAR	E		doxazosin mesylate oral	1	
BENICAR HCT	E		DYAZIDE	4	
BETAPACE	E		EDARBI	3	
BIDIL	2		EDARBYCLOR	3	
bisoprolol fumarate	1		enalapril maleate oral	1	
bisoprolol-hydrochlorothiazide	1		EPANED	4	PA
BYSTOLIC	2		EXFORGE	E	
CALAN	4		EZALLOR SPRINKLE	E	
CALAN SR	4		ezetimibe	2	
CARDIZEM	E		ezetimibe-simvastatin	3	
CARDIZEM CD	E		fenofibrate oral capsule 150 mg, 50 mg	E	
CARDIZEM LA	E		fenofibrate oral tablet 120 mg, 145 mg, 40 mg, 48 mg	E	
CARDURA	4		fenofibrate oral tablet 160 mg, 54 mg	2	
CAROSPIR	4	PA	FENOGLIDE	E	
cartia xt	2		flecainide acetate	1	
carvedilol	1		FLOLIPID	4	PA
CATAPRES	4		furosemide oral	1	
chlorthalidone	1		gemfibrozil oral	1	
clonidine hcl oral	1		GONITRO	E	QL
colesevelam hcl	E		guanfacine hcl	1	
COREG	4		HEMANGEOL	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
hydralazine hcl oral	1		MINIPRESS	4	
hydrochlorothiazide oral	1		minitran	1	
HYZAAR	4		MULTAQ	4	PA
INDERAL LA	E		nadolol oral	1	
irbesartan	1		niacin (antihyperlipidemic)	2	
irbesartan-hydrochlorothiazide	1		niacin er (antihyperlipidemic)	4	
isosorbide mononitrate	1		niacor	2	
isosorbide mononitrate er	1		NIASPAN	2	
KAPSPARGO SPRINKLE	4		nifedipine er	1	
labetalol hcl oral	1		nifedipine er osmotic release	1	
LASIX	4		nifedipine oral	1	
LIPITOR	E	QL	NITRO-BID	2	
LIPOFEN	E		NITRO-DUR	3	
lisinopril oral	1		nitroglycerin er	1	
lisinopril-hydrochlorothiazide	1		nitroglycerin sublingual	1	
LOPID	4		nitroglycerin transdermal	1	
LOPRESSOR	4		nitroglycerin translingual	E	QL
losartan potassium	1		NITROLINGUAL	E	QL
losartan potassium-hctz	1		NITROMIST	4	QL
LOTENSIN	4		NITROSTAT	4	
LOTENSIN HCT	4		nitro-time	1	
LOTREL	4		NORVASC	E	
lovastatin	1	H	olmesartan medoxomil oral	2	
LOVAZA	E	PA	olmesartan medoxomil-hctz	2	
matzim la	2		omega-3-acid ethyl esters	3	PA
MAXZIDE	4		PACERONE ORAL TABLET 100 MG, 400 MG	3	
MAXZIDE-25	4		pacerone oral tablet 200 mg	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		PRALUENT	2	PA, ST, QL, SP
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		PRAVACHOL	4	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1		pravastatin sodium	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	E		prazosin hcl oral	1	
MICARDIS	E		PRINIVIL	4	
			PROCARDIA	4	
			PROCARDIA XL	4	

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Drug Name	Drug Tier	Requirements & Limits
propranolol hcl er	2	
propranolol hcl oral	1	
QBRELIS	4	PA
quinapril hcl	1	
ramipril	1	
RANEXA	E	
ranolazine er	2	
REPATHA	2	PA, ST, QL, SP
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL, SP
REPATHA SURECLICK	2	PA, ST, QL, SP
rosuvastatin calcium	2	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	4	PA
spironolactone oral	1	
TEKTURNA	3	QL
TEKTURNA HCT	3	QL
telmisartan	2	
TENORETIC 100	E	
TENORETIC 50	E	
TENORMIN	E	
TOPROL XL	4	
torseamide	1	
triamterene-hctz	1	
TRICOR	E	
valsartan	2	
valsartan-hydrochlorothiazide	1	
VASCEPA ORAL CAPSULE 0.5 GM	4	PA
VASCEPA ORAL CAPSULE 1 GM	3	PA
VASOTEC	E	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	

Drug Name	Drug Tier	Requirements & Limits
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl oral	1	
VERELAN	4	
VERELAN PM	4	
VYTORIN	E	
WELCHOL	2	
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	4	
ZOCOR	4	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	PA
ADDERALL XR	2	QL
ADHANSIA XR	E	PA, QL
amphetamine-dextroamphetamine	1	PA
amphetamine-dextroamphetamine er	E	QL
APTENSIO XR	E	PA, QL
atomoxetine hcl	3	QL
CONCERTA	2	PA, QL
DEXEDRINE	E	PA
dexmethylphenidate hcl	1	PA
dexmethylphenidate hcl er	3	PA, QL
dextroamphetamine sulfate er	3	PA
dextroamphetamine sulfate oral solution	1	PA
dextroamphetamine sulfate oral tablet	3	PA
FOCALIN	4	PA
FOCALIN XR	E	PA, QL
guanfacine hcl er	2	QL

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Drug Name	Drug Tier	Requirements & Limits
INTUNIV	E	QL
JORNAY PM	E	PA
metadate er	4	PA, QL
METHYLIN	4	PA
methylphenidate hcl er (cd)	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	PA, QL
methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	PA
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	4	PA, QL
methylphenidate hcl er oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	E	PA, QL
methylphenidate hcl er oral tablet extended release 24 hour	E	PA, QL
methylphenidate hcl oral solution	1	PA
methylphenidate hcl oral tablet	1	PA
methylphenidate hcl oral tablet chewable	3	PA
MYDAYIS	E	PA, QL
PROCENTRA	3	PA
QUILLICHEW ER	E	PA, QL
QUILLIVANT XR	E	PA, QL
relexxii	E	PA, QL
RITALIN	4	PA
RITALIN LA	E	PA, QL
STRATTERA	E	QL
VYVANSE	2	PA, QL
ZENZEDI	E	PA

Central Nervous System Agents - Drugs for Multiple Sclerosis

AMPYRA	E	PA, QL, SP
AUBAGIO	3	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
dalfampridine er	2	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
GILENYA	3	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	E	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
PLEGRIDY STARTER PACK	3	PA, QL, SP
REBIF	4	PA, ST, QL, SP
REBIF REBIDOSE	4	PA, ST, QL, SP
REBIF REBIDOSE TITRATION PACK	4	PA, ST, QL, SP
REBIF TITRATION PACK	4	PA, ST, QL, SP
TECFIDERA	2	PA, QL, SP

Central Nervous System Agents - Miscellaneous

AUSTEDO	2	PA, QL, SP
LYRICA	4	ST, QL
LYRICA CR	E	ST, QL
NUEDEXTA	2	PA
pregabalin oral	2	ST, QL
RILUTEK	4	SP
riluzole	1	SP
TIGLUTIK	4	PA

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

cavarest	1	
chlorhexidine gluconate mouth/throat	1	
clinpro 5000	1	
denta 5000 plus	1	
dentagel	1	
fluoridex	1	
fluoridex enhanced whitening	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous mouth/throat solution 2 %	1	
NAFRINSE DAILY/NEUTRAL	2	
NAFRINSE WEEKLY	4	

Drug Name	Drug Tier	Requirements & Limits
neutral sodium fluoride	1	
paroex	1	
PERIDEX	4	
perio gard	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
PREVIDENT MOUTH/THROAT	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride dental	1	

Dermatological Agents - Drugs for Skin Conditions

ABSORICA	E	PA
ACZONE	4	QL
ALA SCALP	4	
ala-cort external cream 1 %	E	
ala-cort external cream 2.5 %	1	
ALDARA	4	QL
ALTRENO	E	PA, QL
amnesteem	2	
ATRALIN	E	PA, QL
AVAR	E	
avar cleanser	1	
AVAR LS CLEANSER	E	
AVAR LS EXTERNAL PAD	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN	3	
AVAR-E LS	3	
avita	E	PA, QL
azelaic acid external	3	

Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
bp 10-1	1	
calcipotriene-betameth diprop	3	QL
calcitriol external	1	QL
CAPEX	2	
CARAC	2	
claravis	2	
CLEOCIN-T EXTERNAL GEL	4	QL
CLEOCIN-T EXTERNAL LOTION	4	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	QL
clindamycin phosphate external swab	1	
CLINDAMYCIN PHOSPHATE GEL 1 % EXTERNAL	E	
clindamycin phosphate gel 1 % external	3	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	2	QL

Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external liquid	1	QL	fluocinolone acetonide external solution	3	QL
clobetasol propionate external lotion	E	QL	fluocinolone acetonide scalp	3	
clobetasol propionate external ointment	2	QL	fluocinonide external cream 0.05 %	1	
clobetasol propionate external shampoo	E	QL	fluocinonide external cream 0.1 %	E	QL
clobetasol propionate external solution	1	QL	fluocinonide external gel	1	
CLOBEX	E	QL	fluocinonide external ointment	1	
CLOBEX SPRAY	3	QL	fluocinonide external solution	1	
clodan external shampoo	E	QL	FLUOROPLEX	4	
clotrimazole-betamethasone external cream	1	QL	FLUOROURACIL EXTERNAL CREAM 0.5 %	4	
clotrimazole-betamethasone external lotion	1		fluorouracil external cream 5 %	1	
dapsone external	E	QL	fluorouracil external solution	1	
DERMA-SMOOTH/FS BODY	4	QL	hydrocortisone external cream 1 %	E	
DERMA-SMOOTH/FS SCALP	4		hydrocortisone external cream 2.5 %	1	
DESONATE	3	ST, QL	hydrocortisone external lotion 2.5 %	1	
desonide external	3	QL	hydrocortisone external ointment 1 %, 2.5 %	1	
DESOWEN	3	QL	imiquimod external	1	QL
DIPROLENE	4		IMIQUIMOD PUMP	E	QL
DIPROLENE AF	4		IMPOYZ	E	QL
DUAC	E	QL	isotretinoin oral	2	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	4	PA, ST, QL, SP	KENALOG EXTERNAL	E	QL
EFUDEX	4		LOTRISONE	4	QL
ELIDEL	4	ST, QL	methoxsalen oral	1	
ELOCON	4		methoxsalen rapid	1	
ENSTILAR	4	QL	METROCREAM	4	
EUCRISA	3	ST, QL	METROGEL	E	
EVOCLIN	4		METROLOTION	4	
FINACEA	4		metronidazole external cream	1	
fluocinolone acetonide body	3	QL	metronidazole external gel 0.75 %	1	
fluocinolone acetonide external cream	3	QL	metronidazole external gel 1 %	E	
fluocinolone acetonide external ointment	2	QL	metronidazole external lotion	1	
			MIRVASO	4	QL
			mometasone furoate external	1	

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Drug Name	Drug Tier	Requirements & Limits
myorisan	2	
neuac external gel	3	QL
NORITATE	E	
OLUX	E	QL
OXSORALEN ULTRA	2	
PICATO	3	QL
pimecrolimus	3	ST, QL
PLEXION	E	
PLEXION CLEANSER	E	
PLEXION CLEANSING CLOTH	E	
RETIN-A	E	PA, QL
RHOFADE	4	PA, QL
rosadan external cream	1	
rosadan external gel	1	
SERNIVO	E	QL
sss 10-5	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external cream 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external emulsion	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 9-4 %, 9-4.5 %	1	
sulfacetamide sodium-sulfur external lotion 10-5 %	1	
sulfacetamide sodium-sulfur external lotion 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sodium-sulfur external suspension 8-4 %	E	
sulfacleanse 8/4	E	
sulfamez wash	1	
SUMADAN WASH	E	

Drug Name	Drug Tier	Requirements & Limits
SUMAXIN	4	
SUMAXIN WASH	3	
SYNALAR	E	QL
TACLONEX EXTERNAL OINTMENT	E	QL
TACLONEX EXTERNAL SUSPENSION	3	
tazarotene external	E	PA, QL
TAZORAC	4	PA, QL
TEMOVATE	4	QL
TEXACORT	2	
TOLAK	E	
tretinoin cream 0.025 % external	3	PA, QL
tretinoin external cream 0.05 %, 0.1 %	3	PA, QL
tretinoin external gel 0.01 %, 0.05 %	E	PA, QL
tretinoin gel 0.025 % external	E	PA, QL
triamcinolone acetone external aerosol solution	2	QL
triamcinolone acetone external cream 0.025 %, 0.1 %	1	
triamcinolone acetone external cream 0.5 %	1	QL
triamcinolone acetone external lotion	1	
triamcinolone acetone external ointment	1	
TRIANEX	E	
triderm external cream 0.1 %	1	
triderm external cream 0.5 %	1	QL
tridesilon	3	QL
VANOS	E	QL
VECTICAL	4	QL
VERDESO	E	QL
zenatane	2	
ZYCLARA	E	QL
ZYCLARA PUMP	E	QL

Drug Name	Drug Tier	Requirements & Limits
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	E	
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	E	
ACCU-CHEK AVIVA PLUS	E	
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL
ACCU-CHEK COMPACT PLUS CARE KIT	E	
ACCU-CHEK COMPACT PLUS TEST STRIPS	E	QL
ACCU-CHEK GUIDE	E	
ACCU-CHEK GUIDE TEST STRIPS	E	QL
ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	E	
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	
BD ULTRA-FINE INSULIN SYRINGES	2	
BD ULTRA-FINE PEN NEEDLES	2	
CONTOUR NEXT MONITOR	2	
CONTOUR NEXT TEST	2	QL
CONTOUR TEST	E	QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC)	3	PA, QL
DEXCOM G4 / G5 / G6 RECEIVER, TRANSMITTER, SENSOR (INCLUDING PLATINUM, PLATINUM PEDIATRIC) DEVICE	3	PA, QL
EASYPLUS BLOOD GLUCOSE TEST	3	QL
ENLITE GLUCOSE SENSOR	E	PA
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE READER	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE SENSOR SYSTEM	3	PA, QL
FREESTYLE PRECISION NEO TEST	E	QL
GUARDIAN CONNECT TRANSMITTER	E	PA, QL
GUARDIAN LINK 3 TRANSMITTER	E	
GUARDIAN SENSOR (3)	3	PA
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
ONETOUCH ULTRA 2	1	
ONETOUCH ULTRA BLUE TEST STRIPS	1	QL
ONETOUCH ULTRA MINI	1	
ONE TOUCH VERIO KIT W/ DEVICE	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE	1	
ONETOUCH VERIO TEST STRIPS	1	QL
ONETOUCH VERIO IQ SYSTEM	1	
ONETOUCH VERIO SYNC SYSTEM KIT W/DEVICE	1	
PRECISION LINK	E	
PRECISION PCX PLUS TEST	E	QL
PRECISION QID MONITOR	E	
PRECISION QID TEST	E	QL
PRECISION SOF-TACT MONITOR	E	
PRECISION SOF-TACT TEST	E	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL
PRECISION XTRA DEVICE	E	
PRECISION XTRA KIT	E	
PRECISION XTRA MONITOR	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
Diabetes - Insulin			Diabetes - Non-Insulin Agents		
ADMELOG	E	QL	NOVOLIN 70/30 VIAL	E	ST, QL
ADMELOG SOLOSTAR	E	QL	NOVOLIN N RELION	E	ST, QL
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT	E	PA, QL	NOVOLIN N VIAL	E	ST, QL
AFREZZA INHALATION POWDER 4 & 8 & 12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT	E	PA	NOVOLIN R RELION	E	ST, QL
BASAGLAR KWIKPEN	1	QL	NOVOLIN R VIAL	E	ST, QL
HUMALOG KWIKPEN	2	QL	NOVOLOG FLEXPEN	E	ST, QL
HUMALOG MIX 50/50 KWIKPEN	2	QL	NOVOLOG PENFILL	E	ST, QL
HUMALOG MIX 50/50 VIAL	1	QL	NOVOLOG U-100 VIAL	E	ST, QL
HUMALOG MIX 75/25 KWIKPEN	2	QL	TOUJEO MAX SOLOSTAR	E	QL
HUMALOG MIX 75/25 VIAL	1	QL	TOUJEO SOLOSTAR	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL	TRESIBA	2	QL
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	QL	TRESIBA FLEXTOUCH	2	QL
HUMALOG U-100 VIAL AND CARTRIDGE SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	QL			
HUMULIN 70/30 KWIKPEN	2	QL	ACTOS	E	QL
HUMULIN 70/30 VIAL	1	QL	ADLYXIN	4	QL
HUMULIN N KWIKPEN	2	QL	ADLYXIN STARTER PACK	4	QL
HUMULIN N VIAL	1	QL	ALOGLIPTIN BENZOATE	E	QL
HUMULIN R U-500 KWIKPEN	2	QL	ALOGLIPTIN-METFORMIN HCL	E	QL
HUMULIN R U-500 VIAL (CONCENTRATED)	1	QL	ALOGLIPTIN-PIOGLITAZONE	E	QL
HUMULIN R VIAL	1	QL	AMARYL	4	
INSULIN LISPRO	E	QL	BYDUREON	2	QL
LANTUS SOLOSTAR	E	QL	BYDUREON BCISE AUTOINJECTOR	2	QL
LANTUS U-100 VIAL	E	QL	BYETTA 10 MCG PEN	2	QL
LEVEMIR U-100 FLEXTOUCH	E	QL	BYETTA 5 MCG PEN	2	QL
LEVEMIR U-100 VIAL	E	QL	FARXIGA	E	ST, QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL	FORTAMET	E	PA
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL	glimepiride	1	
NOVOLIN 70/30 RELION	E	ST, QL	glipizide er	1	
			glipizide ir	1	
			glipizide xl	1	
			GLUCAGON EMERGENCY	2	QL
			GLUCOPHAGE	4	
			GLUCOPHAGE XR	4	PA
			GLUCOTROL	4	

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Drug Name	Drug Tier	Requirements & Limits
GLUCOTROL XL	4	
GLUMETZA	E	PA
glyburide oral	1	
glyburide-metformin	1	
GLYXAMBI	2	ST, QL
INVOKAMET	2	QL
INVOKAMET XR	2	QL
INVOKANA	2	ST, QL
JANUVIA	4	ST, QL
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)	E	PA
metformin hcl er (osm)	E	PA
METFORMIN HCL ORAL SOLUTION	3	
metformin hcl oral tablet	1	
NESINA	2	QL
ONGLYZA	2	QL
OSENI	2	QL
OZEMPIC	3	QL
pioglitazone hcl	1	QL
RIOMET	3	
SOLIQUA	2	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRULICITY	3	QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (2 Pak)	2	QL
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (3 Pak)	3	QL

Drug Name	Drug Tier	Requirements & Limits
Drugs for Blood Disorders		
AFSTYLA	4	PA, SP
ARANESP (ALBUMIN FREE)	2	QL, SP
ELOCTATE	4	PA, SP
HELIXATE FS	E	SP
JIVI	4	PA, SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
MULPLETA	2	PA, QL, SP
NEULASTA	3	SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
RECOMBINATE	4	PA, ST, SP
RETACRIT	2	QL, SP
ZARXIO	2	SP
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
CIALIS ORAL TABLET 10 MG, 20 MG	E	QL
CIALIS ORAL TABLET 2.5 MG, 5 MG	E	ST, QL
IMVEXXY MAINTENANCE PACK	3	QL
IMVEXXY STARTER PACK	3	QL
INTRAROSA	3	QL
LEVITRA	E	QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STAXYN	E	QL
STENDRA	4	PA, QL
tadalafil oral tablet 10 mg, 20 mg	4	QL
tadalafil oral tablet 2.5 mg, 5 mg	4	ST, QL
vardenafil hcl oral tablet	3	QL
vardenafil hcl oral tablet dispersible	E	QL
VIAGRA	E	QL

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Drug Name	Drug Tier	Requirements & Limits
Electrolytes / Vitamins		
DRISDOL	4	
ERGOCAL	3	
ergocalciferol oral capsule	1	
FLORIVA PLUS	3	
folic acid oral tablet 1 mg	1	
klor-con	1	
klor-con 10	1	
klor-con m10	1	
KLOR-CON M15	3	
klor-con m20	1	
klor-con sprinkle	1	
K-TAB	3	
LOKELMA	3	PA, QL
multi-vitamin/fluoride	1	
multivitamin/fluoride oral solution	1	
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	1	
multivitamins/fluoride	1	
mvc-fluoride	1	
POLY-VI-FLOR	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral	1	
potassium citrate er	1	
QUFLORA PEDIATRIC	3	
SYPRINE	3	PA, SP
trientine hcl	E	PA, SP
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
VELTASSA	3	PA, QL
vitamin d (ergocalciferol) oral capsule 50000 unit	1	

Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
ACIPHEX SPRINKLE	E	QL
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	4	
CYTOTEC	4	
DEXILANT	3	QL
misoprostol oral	1	
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral	1	
PROTONIX ORAL	E	
PYLERA	3	QL
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	QL
rabeprazole sodium oral tablet delayed release	2	QL
ranitidine hcl oral capsule	E	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	E	
sucralfate oral tablet	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
ACTIGALL	4	
ANASPAZ	2	
CLENPIQ	3	
COLYTE WITH FLAVOR PACKS	4	
dicyclomine hcl oral	1	
diphenoxylate-atropine	1	
ed-spaz	1	
gavilyte-c	1	H
gavilyte-g	1	QL, H
GOLYTELY ORAL SOLUTION RECONSTITUTED 227.1 GM	2	QL
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM	4	QL

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Drug Name	Drug Tier	Requirements & Limits
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
hyosyne	1	
LEVBID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LOMOTIL	4	
MOTEGRITY	3	PA, QL
MOVANTIK	E	PA, QL
MOVIPREP	3	QL
NULEV	4	
oscimin	1	
oscimin sr	1	
peg 3350/electrolytes	1	H
peg-3350/electrolytes	1	QL, H
PLENVU	3	
PREPOPIK	3	QL
SUPREP BOWEL PREP KIT	3	QL
SYMAX DUOTAB	3	
symax-sl	1	
symax-sr	1	
SYMPROIC	2	PA, QL
TRULANCE	4	PA, ST, QL
URSO 250	4	
URSO FORTE	4	
ursodiol oral	1	
VIBERZI	4	PA, QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CERDELGA	2	PA, SP
CREON	2	
ENDARI	4	PA, QL

Drug Name	Drug Tier	Requirements & Limits
NITYR	2	PA, SP
ORFADIN	E	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
VIOKACE	4	ST
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CUPRIMINE	4	SP
DEPEN TITRATABS	2	SP
DITROPAN XL	3	
D-PENAMINE	2	SP
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE	E	
GELNIQUE	E	
GELNIQUE PUMP	E	
lanthanum carbonate	3	
oxybutynin chloride er	2	
oxybutynin chloride oral	1	
penicillamine oral	4	SP
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
TOVIAZ	3	
VELPHORO	2	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	4	
RAPAFLO	4	
silodosin	3	

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Drug Name	Drug Tier	Requirements & Limits
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	4	
Hormonal Agents - Hormone Replacement and Birth Control		
afirmelle	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
amethia	3	
amethia lo	3	
apri	1	H
ashlyna	3	
aubra	1	H
aubra eq	1	H
aurovela 1.5/30	2	
aurovela 1/20	2	
aurovela 24 fe	3	
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN	4	
ayuna	1	H
azurette	2	
balziva	2	
bekyree	2	
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	3	
blisovi fe 1.5/30	1	H
briellyn	2	
camila	1	H
camrese	3	
camrese lo	3	
chateal	1	H

Drug Name	Drug Tier	Requirements & Limits
chateal eq	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
cryselle-28	1	H
cyclafem 1/35	1	H
cyred	1	H
cyred eq	1	H
dasetta 1/35	1	H
daysee	3	
deblitane	1	H
delyla	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	
DEPO-SUBQ PROVERA 104	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dotti	E	QL
drospiren-eth estrad-levomefol	E	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
ELESTRIN	3	
elinest	1	H
emoquette	1	H
enskyce	1	H
errin	1	H
estarylla	1	H
ESTRACE ORAL	4	
ESTRACE VAGINAL	3	
estradiol oral	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.025 mg/24hr transdermal (generic for Minivelle)	2	QL	isibloom	1	H
estradiol patch twice weekly 0.025 mg/24hr transdermal (generic for Vivelle-Dot)	E	QL	jasmiel	3	
estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic for Minivelle)	2	QL	jencycla	1	H
estradiol patch twice weekly 0.0375 mg/24hr transdermal (generic for Vivelle-Dot)	E	QL	jolessa	2	H
estradiol patch twice weekly 0.05 mg/24hr transdermal (generic for Minivelle)	2	QL	juleber	1	H
estradiol patch twice weekly 0.05 mg/24hr transdermal (generic for Vivelle-Dot)	E	QL	junel 1.5/30	2	
estradiol patch twice weekly 0.075 mg/24hr transdermal (generic for Minivelle)	2	QL	junel 1/20	2	
estradiol patch twice weekly 0.075 mg/24hr transdermal (generic for Vivelle-Dot)	E	QL	junel fe 1.5/30	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal (generic for Minivelle)	2	QL	junel fe 1/20	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal (generic for Vivelle-Dot)	E	QL	junel fe 24	3	
estradiol transdermal patch weekly (generic for Climara)	1	QL	kalliga	1	H
estradiol vaginal cream	E		kariva	2	
estradiol vaginal tablet	2		kurvelo	1	H
ESTRING	2	QL	larin 1.5/30	2	
ESTROGEL	3	QL	larin 1/20	2	
EVAMIST	2		larin 24 fe	3	
falmina	1	H	larin fe 1.5/30	1	H
fayosim	E		larin fe 1/20	1	H
femynor	1	H	larissia	1	H
gianvi	3		lessina	1	H
hailey 24 fe	3		levonorgest-eth est & eth est	E	
heather	1	H	levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
incassia	1	H	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
introvale	2	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	
			LOESTRIN 1.5/30 (21)	4	
			LOESTRIN 1/20 (21)	4	
			LOESTRIN FE 1.5/30	4	
			LOESTRIN FE 1/20	4	
			loryna	3	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
LOSEASONIQUE	4		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
low-ogestrel	1	H	norlyda	1	H
lo-zumandimine	3		norlyroc	1	H
lutera	1	H	nortrel 0.5/35 (28)	1	H
lyza	1	H	nortrel 1/35 (21)	1	H
marlissa	1	H	nortrel 1/35 (28)	1	H
medroxyprogesterone acetate intramuscular	1	H	NUVARING	2	H
medroxyprogesterone acetate oral	1		ocella	3	
melodetta 24 fe	E		ogestrel	2	
MENOSTAR	3	QL	orsythia	1	H
mibelas 24 fe	E		ORTHO MICRONOR	4	
microgestin 1.5/30	2		ORTHO TRI-CYCLEN LO	E	
microgestin 1/20	2		ORTHO-NOVUM 1/35 (28)	4	
microgestin fe 1.5/30	1	H	philith	2	
microgestin fe 1/20	1	H	pimtrea	2	
mili	1	H	pirmella 1/35	1	H
MINASTRIN 24 FE	E		portia-28	1	H
MINIVELLE	E	QL	PREMARIN ORAL	3	
MIRCETTE	4		PREMARIN VAGINAL	3	
mono-linyah	1	H	PREMPHASE	3	
NATAZIA	2		PREMPRO	3	
necon 0.5/35 (28)	1	H	previfem	1	H
nikki	3		progesterone micronized oral	2	
nora-be	1	H	PROMETRIUM	E	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	1	H	PROVERA	4	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg(24)	3		QUARTETTE	E	
norethin ace-eth estrad-fe oral tablet chewable	E		reclipsen	1	H
norethindrone acetate oral	1		rivelsa	E	
norethindrone acet-ethinyl est	2		SAFYRAL	E	
norethindrone oral	1	H	SEASONIQUE	4	
norgestimate-eth estradiol	1	H	setlakin	2	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2		sharobel	1	H
			simliya	2	

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Drug Name	Drug Tier	Requirements & Limits
simpesse	3	
sprintec 28	1	H
sronyx	1	H
syeda	3	
tarina 24 fe	3	
tarina fe 1/20	1	H
tarina fe 1/20 eq	1	H
TAYTULLA	E	
tri femynor	1	H
tri-estarylla	1	H
tri-linyah	1	H
tri-lo-estarylla	2	
tri-lo-marzia	2	
tri-lo-mili	2	
tri-lo-sprintec	2	
tri-mili	1	H
tri-previfem	1	H
tri-sprintec	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
tulana	1	H
tydemy	E	
VAGIFEM	E	
vienva	1	H
viorele	2	
VIVELLE-DOT	2	QL
vyfemla	2	
vylibra	1	H
wera	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zarah	3	
zumandimine	3	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Oral Steroids		
CORTEF	4	
DECADRON	E	
deltasone oral tablet 20 mg	1	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DEXPAK 10 DAY	4	
DEXPAK 13 DAY	4	
DEXPAK 6 DAY	4	
DXEVO 11-DAY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET 32 MG	3	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
MILLIPRED	2	
MILLIPRED DP	2	
MILLIPRED DP 12-DAY	2	
ORAPRED ODT	4	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral	1	
prednisone intensol	1	
prednisone oral	1	
RAYOS	E	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY	3	
TAPERDEX 7-DAY	3	

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Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Other		
cabergoline	2	
DDAVP INJECTION	4	
DDAVP ORAL	4	
desmopressin acetate injection	1	
desmopressin acetate oral	1	
GENOTROPIN	E	PA, QL, SP
GENOTROPIN MINIQUICK	E	PA, QL, SP
HUMATROPE	E	PA, QL, SP
NOCDURNA	3	PA, QL
NOCTIVA	E	PA, QL
NORDITROPIN FLEXPRO	E	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
OMNITROPE	E	PA, QL, SP
ORILISSA	4	PA, QL
STIMATE	3	
ZOMACTON	E	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM	2	PA, QL
ANDROGEL	E	PA, QL
ANDROGEL PUMP	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA	E	PA, QL
METHITEST	2	
methyltestosterone oral	2	
NATESTO	E	PA, QL
STRIANT	3	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	

Drug Name	Drug Tier	Requirements & Limits
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/1.25gm (1.62%) transdermal	E	PA, QL
testosterone gel 40.5 mg/2.5gm (1.62%) transdermal	E	PA, QL
testosterone gel 50 mg/5gm (1%) transdermal	E	PA, QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%)	E	PA, QL
testosterone transdermal solution	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA
Hormonal Agents - Thyroid		
ARMOUR THYROID	3	
CYTOMEL	E	
euthyrox	1	
levo-t	1	
levothyroxine sodium oral	1	
levothyroxine-liothyronine oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NATURE-THROID	3	
np thyroid	1	
SYNTHROID	2	
TAPAZOLE	4	
TIROSINT	E	
TIROSINT-SOL	4	
unithroid	1	
WESTHROID	3	
WP THYROID	3	

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Drug Name	Drug Tier	Requirements & Limits
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ASTAGRAF XL	E	SP
AZASAN	3	
azathioprine oral	1	
CELLCEPT	E	SP
CIMZIA PREFILLED KIT	2	PA, QL, SP
CIMZIA STARTER KIT	2	PA, QL, SP
COSENTYX (300 MG DOSE)	3	PA, ST, QL, SP
COSENTYX 150 MG/ML	3	PA, ST, QL, SP
COSENTYX SENSOREADY (300 MG)	3	PA, ST, QL, SP
COSENTYX SENSOREADY PEN	3	PA, ST, QL, SP
cyclosporine modified	1	SP
ENBREL	4	PA, ST, QL, SP
ENBREL MINI	4	PA, ST, QL, SP
ENBREL SURECLICK	4	PA, ST, QL, SP
ENVARUSUS XR	E	SP
FIRAZYR	4	PA, QL, SP
gengraf	1	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-PS/UV/ADOL HS START	2	PA, QL, SP
icatibant acetate	E	PA, QL, SP
IMURAN	E	
methotrexate oral	1	
methotrexate sodium oral	1	
mycophenolate mofetil	1	SP
mycophenolate sodium	2	SP

Drug Name	Drug Tier	Requirements & Limits
MYFORTIC	E	SP
NEORAL	E	SP
OLUMIANT	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
OTREXUP	E	ST, QL
PROGRAF ORAL	E	SP
RAPAMUNE ORAL SOLUTION	4	SP
RAPAMUNE ORAL TABLET	E	SP
RASUVO	4	ST, QL
RINVOQ	2	PA, QL, SP
SILIQ	E	PA, ST, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	SP
sirolimus oral tablet	1	SP
SKYRIZI (150 MG DOSE)	2	PA, QL, SP
STELARA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	SP
TAKHZYRO	2	PA, QL, SP
TALTZ	E	PA, ST, QL, SP
TREMFYA	2	PA, QL, SP
TREXALL	2	
XELJANZ	2	PA, ST, QL, SP
XELJANZ XR	2	PA, ST, QL, SP
Infertility Agents		
chorionic gonadotropin intramuscular	4	SP
CRINONE VAGINAL GEL 4 %	4	ST
CRINONE VAGINAL GEL 8 %	4	PA, ST
ENDOMETRIN	2	PA
FOLLISTIM AQ	2	SP
ganirelix acetate solution 250 mcg/0.5ml subcutaneous (Ferring)	4	QL, SP

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Drug Name	Drug Tier	Requirements & Limits
ganirelix acetate solution 250 mcg/0.5ml subcutaneous (Merck/ Organon)	2	QL, SP
HCG	E	
NOVAREL	3	SP
pregnyl	1	SP

Inflammatory Bowel Disease Agents

ANALPRAM HC	4	
ANALPRAM HC SINGLES	4	
ANALPRAM-HC RECTAL CREAM	4	
ANALPRAM-HC RECTAL LOTION	3	
APRISO	2	
ASACOL HD	E	
AZULFIDINE	4	
AZULFIDINE EN-TABS	4	
budesonide er	E	
budesonide oral	2	
CANASA	E	
CORTIFOAM	2	
DELZICOL	E	
DIPENTUM	3	
ENTOCORT EC	E	
hydrocortisone ace-pramoxine rectal	1	
LIALDA	2	
mesalamine oral	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	
PENTASA	E	
PROCORT	E	
PROCTOFOAM HC	2	
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	3	
UCERIS RECTAL	2	

Drug Name	Drug Tier	Requirements & Limits
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium	1	
BINOSTO	E	QL
BONIVA ORAL	4	
calcitriol oral	1	
FORTEO	3	PA, SP
FOSAMAX	4	
ibandronate sodium oral	2	
ROCALTROL	4	
TYMLOS	3	PA, SP
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
BESIVANCE	3	
CILOXAN OPHTHALMIC OINTMENT	3	
CILOXAN OPHTHALMIC SOLUTION	4	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	H
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LASTACFT	3	QL
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	4	QL
LOTEMAX SM	3	QL
loteprednol etabonate	3	QL
MAXITROL	4	
MOXEZA	4	

Drug Name	Drug Tier	Requirements & Limits
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	QL
olopatadine hcl ophthalmic solution 0.2 %	E	QL
PATADAY	E	QL
PATANOL	E	QL
PAZEO	E	QL
polymyxin b-trimethoprim	1	
POLYTRIM	4	
PRED FORTE	4	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	
tobramycin-dexamethasone	2	
TOBREX OPHTHALMIC OINTMENT	3	
TOBREX OPHTHALMIC SOLUTION	4	
VIGAMOX	E	

Ophthalmic Agents - Drugs for Glaucoma

ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	2	QL
BETIMOL	2	QL
bimatoprost ophthalmic	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL

Drug Name	Drug Tier	Requirements & Limits
brimonidine tartrate ophthalmic solution 0.2 %	1	
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF OPHTHALMIC SOLUTION 22.3-6.8 MG/ML	E	QL
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf ophthalmic solution 22.3-6.8 mg/ml	E	QL
ISTALOL	4	
latanoprost ophthalmic	1	
LUMIGAN	2	
RHOPRESSA	E	QL
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	1	
timolol maleate ophthalmic solution 0.5 % (daily)	3	
TIMOPTIC	4	
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	4	
TRAVATAN Z	2	QL
VYZULTA	E	ST, QL
XALATAN	E	
XELPROS	3	QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

CEQUA	E	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	E	PA, QL
XIIDRA	4	PA, QL

Otic Agents - Drugs for Ear Conditions

CIPRODEX	3	
FLOXIN OTIC	E	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

Drug Name	Drug Tier	Requirements & Limits
Respiratory - Drugs for Anaphylaxis		
AUVI-Q	E	QL
epinephrine solution auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3ml injection (generic EPIPEN)	2	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI	2	QL
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
ASTEPRO	E	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	3	
azelastine hcl nasal solution 0.15 %	E	
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	E	
bromfed dm	1	
cyproheptadine hcl oral	1	
fluticasone propionate nasal	2	QL
hydrocodone polst-cpm polst er	3	PA, QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
OMNARIS	E	QL
promethazine-codeine	1	PA, QL
pseudoephedrine-bromphen-dm	1	
TESSALON PERLES	4	
TUSSICAPS	3	QL
XHANCE	E	QL
ZETONNA	3	QL

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
ADVAIR DISKUS	3	QL, RS
ADVAIR HFA	3	QL, RS
AIRDUO RESPICLICK 113/14	E	QL
AIRDUO RESPICLICK 232/14	E	QL
AIRDUO RESPICLICK 55/14	E	QL
albuterol sulfate er	1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (ProAir HFA or Proventil HFA)	3	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (Ventolin HFA)	E	QL
albuterol sulfate inhalation	1	
albuterol sulfate oral	1	
ALVESCO	1	QL
ANORO ELLIPTA	3	QL
ARCAPTA NEOHALER	3	QL
ARNUITY ELLIPTA	3	QL
ASMANEX (120 METERED DOSES)	1	QL
ASMANEX (14 METERED DOSES)	1	QL
ASMANEX (30 METERED DOSES)	1	QL
ASMANEX (60 METERED DOSES)	1	QL
ASMANEX (7 METERED DOSES)	1	QL
ASMANEX HFA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
budesonide inhalation	2	QL
COMBIVENT RESPIMAT	3	QL
FLOVENT DISKUS	3	QL

Drug Name	Drug Tier	Requirements & Limits
FLOVENT HFA	3	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	E	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	QL
INCRUSE ELLIPTA	2	QL
ipratropium-albuterol	2	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
PERFOROMIST	3	QL
PROAIR HFA	3	QL
PROAIR RESPICLICK	3	QL
PROVENTIL HFA	3	QL
PULMICORT FLEXHALER	4	ST, QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	2	QL
wixela inhub	E	QL, RS
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	2	PA, QL, SP
KITABIS PAK	E	PA, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI NEBULIZER	E	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin nebulization solution 300 mg/5ml inhalation	E	PA, QL, SP
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	3	PA, QL, SP
ambrisentan	2	PA, QL, SP
bosentan	2	PA, QL, SP
LETAIRIS	E	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	4	PA, QL, SP
tadalafil (pah)	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
TRACLEER 32 MG	2	PA, SP
TYVASO	2	PA, SP
TYVASO REFILL	2	PA, SP
TYVASO STARTER	2	PA, SP
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral	1	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
cyclobenzaprine hcl er	E	
cyclobenzaprine hcl oral	1	
FEXMID	4	

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Drug Name	Drug Tier	Requirements & Limits
metaxall oral tablet 800 mg	3	
metaxalone	3	
methocarbamol oral	1	
ROBAXIN-750	4	
SKELAXIN	E	
SOMA ORAL TABLET 250 MG	E	
SOMA ORAL TABLET 350 MG	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
ZANAFLEX	4	
Sleep Disorder Agents		
AMBIEN	E	QL
AMBIEN CR	E	QL
EDLUAR	E	QL
eszopiclone	2	QL
INTERMEZZO	E	QL
LUNESTA	E	QL
modafinil	2	PA, QL
PROVIGIL	E	PA, QL
RESTORIL	4	
temazepam	1	
zolpidem tartrate er	E	QL
zolpidem tartrate oral	1	QL
zolpidem tartrate sublingual	E	QL
ZOLPIMIST	4	ST, QL

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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.

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

تنبیه: 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, नि:शुल्क 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)**សម្រាប់ជំនួយភាសាដទៃយុត្តិធម៌ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដើម្បីមានទំនាក់ទំនងសម្រាប់ការប្រឹក្សាសម្រាប់អ្នក។

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.

DÍI BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'igo, saad beę áka'anída'awo'ígíí, t'áa jíík'eh, bee ná'ahóót'i'. T'áa shqodí ninaaltsoos niit'izí bee nééhozinígíí bine'déę t'áa jíík'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

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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