2026 Prescription Drug List

Effective: September 1, 2026

UnitedHealthcare & affiliated companies

United Healthcare

Table of contents

2026 Prescription Drug List

Introduction

The UnitedHealthcare Prescription Drug List (PDL)[1] provides a list of the most commonly prescribed medications in various therapeutic classes. This list is intended for use with UnitedHealthcare health plans and affiliated companies' pharmacy benefit plan designs. The PDL applies only to prescription medications dispensed to outpatients and does not include inpatient medications or medications obtained or administered in a physician's office. The PDL does not define benefit coverage. Benefit coverage is decided by the member's pharmacy benefit plan.[2] This means that there may be medications listed on the PDL that are not covered under a particular member's pharmacy benefit plan.

You may also access PDL information by visiting **UHCprovider.com**.

Prescription Drug List overview

Tier decisions are made by our PDL Management Committee based on clinical, economic and other factors. The PDL Management Committee is compromised of senior UnitedHealth Group physician and business leaders. The UnitedHealthcare Pharmacy & Therapeutics (P&T) Committee, comprising of physicians and pharmacists, reviews new and existing medications. They then provide clinical guidance to the PDL Management Committee. Guidance is based on similarities and differences compared with other medications that treat the same disease or condition.

The tier placement of a medication on the PDL may change. While medications change tiers infrequently, such changes may occur up to 3 times per calendar year. Additionally, when a brand-name medication becomes available as a generic, the tier status and coverage of the brand-name medication and its corresponding generic will be evaluated. When a medication changes tiers, your patient may be required to pay more or less for that medication. These changes may occur without prior notice to you or your patient. However, you may visit our website at **UHCprovider.com** or use the PreCheck MyScript® app for the most up-to-date information for a particular medication. Your patient can also find the most up-to-date tier status and cost[3,8] information for a medication by visiting our member website at **myuhc.com®** and/or calling the toll-free member phone number located on their member ID card.

Tier designations

Prescription medications are categorized within 3 tiers on the PDL.[4] Each tier is assigned a cost,[3] which is determined by the member's pharmacy benefit plan. You may refer to the PDL as a guide to select the most appropriate medication with the lowest member cost for your patients.

Drug tier	Includes	Helpful tips
Tier 1	$ **Lowest cost** Tier 1 medications are your patient's lowest cost option.	Members can maximize their cost savings when you prescribe Tier 1 medications, if you decide they are appropriate for your patient's treatment.
Tier 2	$$ **Mid-range cost** Tier 2 medications are your patient's mid-range cost option.	Consider Tier 2 medications if no Tier 1 medication is appropriate to treat your patient's condition.
Tier 3	$$$ **Highest cost** Tier 3 medications are your patient's highest cost option.	If your patient is currently taking a medication in Tier 3, you may want to determine if there is an appropriate alternative in Tier 1 or Tier 2.

You and your patient make decisions about health care and medication treatments.

If the member has a "closed" pharmacy benefit (such as a 2-tier pharmacy benefit plan that does not cover medications classified in Tier 3 of this PDL), medications in Tier 3 are generally not covered, except under certain processes consistent with applicable law.

Some members have a Tier 4 prescription plan, and these medications are noted as T4 throughout the document. Members with a Tier 4 prescription plan should refer to their enrollment materials, check the Medication Pricing/ Coverage information on our member website or call the toll-free member phone number provided on their member ID card for more information about their benefit plan.

Not all medications are represented in this PDL. Only the most commonly prescribed medications are included.

Over-the-counter and therapeutically equivalent medications

For some conditions, you and your patient may decide that an over-the-counter (OTC) medication is the best treatment. According to UnitedHealthcare benefit design, OTC medications are defined as medications that do not require a prescription by federal or state law to be dispensed. In some instances, OTC medications are listed on the PDL for reference purposes only. OTC medications may cost less than the member's out-of-pocket expense for prescription medications.

Therapeutically Equivalent means that medications can be expected to produce essentially the same efficacy or adverse event profile. Our benefit designs allow us to exclude a medication if determined to be Therapeutically Equivalent to another covered product or OTC option.

If the patient or physician requests a medication we have excluded based on determination of Therapeutic Equivalent, the patient may be required to pay the entire cost of the medication as it may not be covered under the member's pharmacy benefit. Please refer to the member's pharmacy benefit plan.

Symbols

E	May be excluded from coverage
H	May be part of health care reform preventive[5]
H-PA	May be part of health care reform preventive with prior authorization[5]
MC	Multiple copay
PA	Prior authorization required[6]
QL	Quantity limit
RS	May be eligible for the Refill and Save Program
SP	Specialty medication
ST	Step therapy[7]
T4	May be covered on Tier 4 in select benefits

Generic medication policy

Many generic medications are included on the PDL in Tier 1; however, generic medications can be placed into any tier of the PDL. When a generic medication does not offer significant financial savings, it may be placed in the same tier or a higher tier than the brand medication. Generic medications are noted in italic font.

Note that when a brand-name medication becomes available as a generic, that brand-name product may move to a higher tier or be excluded from coverage by the member's plan. Members may be required to pay more for a prescription when a higher-tier brand-name product is dispensed. The member's cost-share is determined by the pharmacy benefit plan. When generic substitution conflicts with state regulations or restrictions, the pharmacist must obtain approval from the prescribing physician or other health care professional to substitute the generic equivalent.

Specialty medications

Some members may have coverage for self-administered injectable and oral specialty medications through their pharmacy benefit plan. You will find these medications included in the body of this document within the appropriate therapeutic categories. UnitedHealthcare has a specialty pharmacy program that requires most specialty medications to be obtained through a designated specialty pharmacy. These medications are noted by SP throughout the document. The specialty pharmacy program includes designated specialty pharmacies, each

selected based on their clinical expertise for the targeted therapeutic classes, quality of services, and cost. Their pharmacists are trained to help educate patients for these specialty medications, which may help improve treatment adherence.

Participating members should be instructed to call the toll-free member number on their member ID card where a representative will answer questions about our program and then transfer them to a specialty pharmacy based on their particular specialty medication prescription.

Medications requiring prior authorization and other pharmacy programs

Select medications may require prior authorization to be eligible for coverage under the member's pharmacy benefit plan. Such medications are noted with a **PA**. Depending on your patients' benefit and/or medication, a coverage review may apply to determine coverage under the pharmacy benefit. The pharmacy benefit may exclude coverage of medications for certain uses.

Clinical criteria for **PA** medications are available on our website at **UHCprovider.com**. The criteria reflect UnitedHealthcare's P&T Committee decisions.

Some benefit plans may include our Step Therapy[7] program. Step Therapy requires prior authorization and offers a "stepwise" approach to therapy for certain high-cost medications and requires that a member first try a more cost-effective medication before another high-cost medication. Step Therapy medications are noted as **ST**.

Quantity limits define the maximum supply of medication per copayment or period of time. Quantity limits are based on several factors that may include FDA-approved dosing guidelines as defined in the product package insert, medical literature, guidelines or supportive data. Quantity limit medications are noted as **QL**.

The Refill and Save Program encourages members to adhere to their treatment regimens by rewarding them with a discounted copayment/coinsurance for refilling their prescription within the defined time period. Eligible medications are noted as **RS**.

How to obtain prior authorization

Use the PreCheck MyScript app on Link. By using the PreCheck MyScript app, you can now run a pharmacy trial claim and get real-time prescription coverage detail for your patients who are UnitedHealthcare benefit plan members. This will allow you to check current prescription coverage and price, including out-of-pocket prescription costs for UnitedHealthcare members at their selected pharmacy, as well as:

- Get information on lower-cost prescription alternatives, if available, to help save members money.
- See which prescriptions currently require prior authorization, or are non-covered or non-preferred.
- Request prior authorization and receive status and results.

The app is now available to all Link users; to access, sign in to **UHCprovider.com**, then select the Link Marketplace from your Link dashboard and search for the PreCheck MyScript app. Add the app to your dashboard and start using it.

Below are also options to obtain authorization:

- Online: Prior authorizations can also be submitted online by signing in to **optumrx.com** > Healthcare Professionals > Prior Authorizations.
- By Phone: Call the Optum Rx prior authorization team at **1-800-711-4555**.

[1] In certain documents the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your patient's benefit coverage.

[2] Where differences are noted, the benefit plan documents will govern.

[3] UnitedHealthcare operates a wide number of benefit programs and products, and some benefit programs may have alternative benefit designs. Physicians should always check the member's specific benefit prior to prescribing medications.

[4] In certain documents Tier 1 was referred to as "generics;" Tier 2 was referred to as "preferred brands" or "brand-name" on the PDL; and Tier 3 was referred to as "non-preferred brands," "not on the PDL," or "brand-name not on the PDL." These changes in descriptive terms do not affect your patient's benefit coverage.

[5] Health Care Reform drug lists may vary by plan; your patient can find the most up-to-date tier status and cost information for a particular medication by visiting myuhc.com and/or calling the toll-free member phone number on their member ID card.

[6] Depending on your patients' benefit and/or medication, notification or medical necessity criteria will be applied to determine if covered under the pharmacy benefit.

[7] For New Jersey fully insured members, this program is referred to as First Start.

[8] In accordance with HCR/ACA requirements, providers may request a zero dollar coverage exception review for preventive medications. Please access uhcprovider.com > Drug List and Pharmacy > Additional Resources > Patient Protection and Affordable Care Act $0 Cost-share Preventive Medications Exemption Requests (Commercial members) or call the toll-free number on the member's health plan ID card.

Drug name	Drug tier	Requirements & limits
Analgesics - Drugs for pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	4	QL
ascomp-codeine	1	QL
bac (butalbital-acetamin-caff)	1	QL
BELBUCA	3	PA, QL
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	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
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	
butorphanol tartrate nasal	2	QL
endocet	1	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
glydo	1	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml	1	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydromorphone hcl oral tablet	1	QL
JOURNAVX	4	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL
oxycodone hcl oral tablet	1	QL
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
premium lidocaine external ointment 5 %	2	QL
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL
tramadol hcl er tablet extended release	2	(generic for Ultram ER), QL
tramadol hcl oral tablet 50 mg	1	QL
tramadol-acetaminophen	1	QL
XTAMPZA ER	4	PA, QL
ZTLIDO	3	PA, QL
Analgesics - Drugs for pain and inflammation		
aspirin 81 oral tablet delayed release	E	H
BAYER LOW DOSE ORAL TABLET CHEWABLE	E	H
celecoxib oral	2	
diclofenac potassium oral tablet 50 mg	2	
diclofenac sodium er	3	
diclofenac sodium oral	1	
diclofenac-misoprostol	3	
ec-naproxen	1	
etodolac	2	
etodolac er	3	
flurbiprofen oral	1	
hydrocodone-ibuprofen	1	QL
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
ketorolac tromethamine oral	1	
mefenamic acid oral	3	
meloxicam oral tablet	1	
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	1	QL
morphine sulfate oral solution	1	QL
nabumetone oral	1	
naproxen dr	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet	2	
piroxicam oral	2	
sulindac oral	1	
Anti-addiction / Substance abuse treatment agents		
acamprosate calcium	1	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
bupropion hcl er (smoking det)	1	H
disulfiram oral	1	
eq nicotine step 3	1	H
ft naloxone hcl	1	QL
gnp naloxone hcl	1	QL
habitrol	1	H
KLOXXADO	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	QL
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	4	H
NICORETTE MOUTH/THROAT GUM	4	H
NICORETTE STARTER KIT	4	H
nicotine	1	H
nicotine mini	1	H
nicotine mouth/throat gum	1	H
nicotine polacrilex	1	H
nicotine polacrilex mini	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
OPVEE	1	QL
REXTOVY	1	QL
THRIVE	4	H
varenicline	3	H
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for infections		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
azithromycin oral	1	
BLUJEPA	4	QL
cefadroxil	1	
cefdinir	1	
cefixime oral capsule	3	
cefpodoxime proxetil oral tablet	1	
cefprozil	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clarithromycin oral suspension reconstituted	2	
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate vaginal	2	
CLINDESSE	2	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
dicloxacillin sodium	1	
doxycycline hyclate oral capsule	2	
doxycycline hyclate oral tablet 100 mg	2	
doxycycline hyclate oral tablet 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension reconstituted	3	
doxycycline monohydrate oral tablet	1	
erythromycin base oral tablet	1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
fidaxomicin	3	QL
fosfomycin tromethamine	3	
gentamicin sulfate external	1	QL
levofloxacin oral tablet	1	
LIKMEZ	4	
linezolid oral tablet	2	
methenamine hippurate	1	
metronidazole oral tablet 250 mg, 500 mg	1	
metronidazole vaginal	2	
minocycline hcl oral capsule	1	
moxifloxacin hcl oral	3	
mupirocin cream	3	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
NUZYRA ORAL	4	QL
penicillin v potassium	1	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
vancomycin hcl oral capsule	1	
VANDAZOLE	4	
XACIATO	2	QL
XEPI EXTERNAL CREAM 1 %	3	
XIFAXAN	3	PA, QL
Anticoagulants - Drugs to treat or prevent blood clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
jantoven	1	
rivaroxaban oral tablet	2	QL
warfarin sodium oral	1	
XARELTO	2	QL
Anticonvulsants - Drugs for seizures		
APTIOM	4	PA
BRIVIACT ORAL SOLUTION	4	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	4	
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
DEPAKOTE SPRINKLES	4	PA
diazepam rectal	1	QL
DILANTIN	3	
divalproex sodium er	2	
divalproex sodium oral capsule delayed release sprinkle	2	
divalproex sodium oral tablet delayed release	1	
EPIDIOLEX	3	PA, SP
epitol oral tablet 200 mg	1	
eslicarbazepine acetate	3	PA
ethosuximide oral	1	
felbamate oral tablet	1	
FYCOMPA ORAL SUSPENSION	4	PA
FYCOMPA ORAL TABLET	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	4	PA
KEPPRA XR	4	PA
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	2	
lacosamide oral tablet	2	
LAMICTAL ORAL TABLET	4	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
lamotrigine er	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	3	PA
levetiracetam er	2	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LIBERVANT BUCCAL FILM 10 MG, 15 MG, 5 MG, 7.5 MG	3	PA, QL
MOTPOLY XR	3	PA
NAYZILAM	3	PA, QL
ONFI	4	PA
oxcarbazepine	1	
perampanel oral tablet	2	PA
phenobarbital oral elixir 20 mg/5ml	1	
phenobarbital oral tablet	1	
phenytek	1	
phenytoin sodium extended	1	
primidone oral tablet 125 mg	1	
primidone oral tablet 250 mg, 50 mg	1	
roweepra	1	
rufinamide oral suspension 40 mg/ml	3	
rufinamide oral tablet	3	PA
subvenite oral tablet	1	
SYMPAZAN	4	PA
TEGRETOL ORAL TABLET	4	
TEGRETOL-XR	4	
TOPAMAX	4	PA
TOPAMAX SPRINKLE	4	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	4	PA
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	4	PA
XCOPRI	3	PA
ZONEGRAN	4	PA
ZONISADE	4	PA
zonisamide oral	1	
Antidementia agents - Drugs for Alzheimer's disease and dementia		
donepezil hcl oral tablet	1	
memantine hcl er	1	
memantine hcl oral tablet	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants - Drugs for depression		
amitriptyline hcl oral	1	
AUVELITY	4	ST, QL
bupropion hcl er (sr)	1	
bupropion hcl oral	1	
citalopram hydrobromide oral solution 10 mg/5ml	1	
citalopram hydrobromide oral tablet	1	
clomipramine hcl oral	3	
desipramine hcl oral	1	
desvenlafaxine succinate er	3	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
escitalopram oxalate oral solution	2	
escitalopram oxalate oral tablet	1	
FETZIMA	4	ST, QL
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	3	
fluvoxamine maleate	1	
fluvoxamine maleate er	3	
imipramine hcl oral	1	
mirtazapine oral	1	
nortriptyline hcl oral capsule	1	
olanzapine-fluoxetine hcl	2	QL
paroxetine hcl er	3	
paroxetine hcl oral tablet	1	
RALDESY	4	PA
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
vilazodone hcl	3	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for nausea and vomiting		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
dronabinol	1	
granisetron hcl oral	2	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
scopolamine	3	
Antifungals - Drugs for fungal infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
econazole nitrate external cream	2	
fluconazole oral	1	
griseofulvin microsize oral	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	4	PA, ST, QL
ketoconazole external cream	1	QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
terbinafine hcl oral	1	
terconazole	1	
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout agents - Drugs for gout		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral	2	
colchicine-probenecid	1	
febuxostat	3	
MITIGARE	2	
probenecid	1	
Antimigraine agents - Drugs for migraines		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA, ST, QL
almotriptan malate	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
frovatriptan succinate	3	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW	4	PA, QL
rizatriptan benzoate oral tablet dispersible	1	QL
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous	1	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
Antimyasthenic agents - Drugs to treat myasthenia gravis		
pyridostigmine bromide er oral tablet extended release	1	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Drugs to treat infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for cancer		
ALECENSA	2	PA, QL, SP
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
AUGTYRO	2	PA, QL, SP
BESREMI	4	PA, QL, SP
bicalutamide	1	
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	2	
ENSACOVE	2	PA, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA	2	PA, QL, SP
exemestane	2	H-PA
GAVRETO	4	PA, QL, SP
hydroxyurea oral	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
ICLUSIG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMKELDI	4	PA, QL, SP
KISQALI	2	PA, QL, SP
KOSELUGO ORAL CAPSULE	3	PA, QL, SP
lederle leucovorin	1	
LENVIMA	2	PA, QL, SP
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
mercaptopurine oral tablet	1	
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
RETEVMO	4	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	4	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TEPMETKO	4	PA, QL, SP
TRUQAP	2	PA, QL, SP
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XTANDI	2	PA, QL, SP
ZEJULA	2	PA, QL, SP
ZELBORAF	2	PA, QL, SP
Antiparasitics - Drugs for parasitic infections		
albendazole oral	3	QL
ARAKODA	4	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
hydroxychloroquine sulfate oral	1	
ivermectin oral tablet 3 mg	1	PA, QL
ivermectin oral tablet 6 mg	1	PA
mefloquine hcl	1	
nitazoxanide oral	2	QL
permethrin external	1	
spinosad	3	
Antiparkinson agents - Drugs for Parkinson's disease		
amantadine hcl oral capsule	1	
amantadine hcl oral solution 50 mg/5ml	1	
amantadine hcl oral tablet	1	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
CREXONT	4	ST
entacapone	1	
INBRIJA	3	PA, QL, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	2	
ropinirole hcl	1	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for heart attack and stroke prevention		
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	3	
ticagrelor	3	QL
Antipsychotics - Drugs for mood misorders		
aripiprazole oral solution	2	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	4	PA, ST, QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
FANAPT	4	QL
fluphenazine hcl oral tablet	1	
haloperidol oral	1	
lurasidone hcl	2	QL
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	4	QL
risperidone	1	
VRAYLAR	4	QL
VRAYLAR	4	QL
ziprasidone hcl	2	
Antivirals - Drugs for viral infections		
acyclovir external ointment	3	QL
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5ml	1	
acyclovir oral tablet	1	
BIKTARVY	4	QL
CIMDUO	2	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY ORAL TABLET 120-15 MG	4	QL
DESCOVY ORAL TABLET 200-25 MG	4	QL, H
DOVATO	2	QL
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H
entecavir	1	
EPCLUSA	2	PA, QL, SP

Drug name	Drug tier	Requirements & limits
famciclovir oral	2	
GENVOYA	4	QL
HARVONI	2	PA, ST, QL, SP
ISENTRESS HD	2	
ISENTRESS ORAL TABLET	2	
JULUCA	2	QL
LAGEVRIO	2	QL
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP
MAVYRET	2	PA, QL, SP
ODEFSEY	4	QL
oseltamivir phosphate oral	2	
PAXLOVID	2	QL
PIFELTRO	3	
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
ritonavir	1	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP
SYMFI	2	QL
tenofovir disoproxil fumarate	1	H-PA
TIVICAY	3	
TRIUMEQ	2	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
valacyclovir hcl oral	1	QL
valganciclovir hcl oral tablet	1	
VOSEVI	2	PA, QL, SP
XOFLUZA	3	QL
Anxiolytics - Drugs for anxiety		
alprazolam er	1	
alprazolam oral	1	
alprazolam xr	1	
buspirone hcl oral	1	
chlordiazepoxide hcl	1	
clonazepam oral	1	
clorazepate dipotassium	1	
diazepam oral solution	1	
diazepam oral tablet	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
estazolam	1	
hydroxyzine hcl oral syrup 10 mg/5ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral	1	
lorazepam intensol	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet	1	
triazolam	1	
Bipolar agents - Drugs for mood disorders		
lithium carbonate er	1	
lithium carbonate oral	1	
Cardiovascular agents - Drugs for heart and circulation conditions		
acebutolol hcl oral	1	
acetazolamide er	1	
acetazolamide oral	1	
aliskiren fumarate	3	
amiloride hcl oral	1	
amiloride-hydrochlorothiazide	1	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	2	
ARBLI	4	PA
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	4	PA
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA
atorvastatin calcium oral tablet 40 mg, 80 mg	1	
benazepril hcl oral	1	
benazepril-hydrochlorothiazide	1	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	

Drug name	Drug tier	Requirements & limits
candesartan cilexetil	3	
candesartan cilexetil-hctz	3	
captopril oral	1	
cartia xt	2	
carvedilol	1	
chlorthalidone	1	
cholestyramine light	1	
cholestyramine oral	1	
clonidine hcl oral	1	
clonidine patch weekly	3	
colesevelam hcl oral tablet	2	
colestipol hcl oral tablet	1	
CORLANOR ORAL TABLET	3	PA, QL
digoxin oral tablet	1	
diltiazem hcl er beads	2	
diltiazem hcl er coated beads	2	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	2	
diltiazem hcl oral	1	
dilt-xr	1	
dofetilide	2	
doxazosin mesylate oral	1	
enalapril maleate oral solution	3	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
eplerenone	2	
ezetimibe	2	
ezetimibe-simvastatin	3	
felodipine er	1	
fenofibrate micronized	2	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
fenofibric acid oral capsule delayed release	2	
flecainide acetate	1	
fluvastatin sodium	1	
fosinopril sodium	1	
furosemide oral	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
indapamide	1	
INZIRQO	4	PA
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorb dinitrate-hydralazine	2	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate er	1	
ivabradine hcl	3	PA, QL
KAPSPARGO SPRINKLE	4	
KERENDIA	4	PA, QL
labetalol hcl oral	1	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LODOCO	4	QL
LOPRESSOR ORAL SOLUTION	4	PA
losartan potassium oral	1	
losartan potassium-hctz	1	
lovastatin oral	1	H
matzim la	2	
metolazone	1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol-hydrochlorothiazide	1	
mexiletine hcl oral	1	
midodrine hcl	1	
minoxidil oral	1	
MULTAQ	4	PA
nadolol oral	1	
nebivolol hcl	3	
NEXLETOL	2	PA, ST, QL
NEXLIZET	2	PA, ST, QL
niacin er (antihyperlipidemic)	2	
nifedipine er	1	
nifedipine er osmotic release	1	
nifedipine oral	1	
NITRO-BID	2	
nitroglycerin rectal	3	QL
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NORLIQVA	4	PA
olmesartan medoxomil oral	2	
olmesartan medoxomil-hctz	2	
omega-3-acid ethyl esters	2	
pentoxifylline er	1	
perindopril erbumine	2	
pindolol	1	
pravastatin sodium	1	
prazosin hcl oral	1	
prevalite	1	
propafenone hcl	1	
propafenone hcl er	3	
propranolol hcl er	2	
propranolol hcl oral	1	
ramipril	1	
ranolazine er	2	
REPATHA	2	QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
REPATHA SURECLICK	2	QL
rosuvastatin calcium oral	2	
sacubitril-valsartan	2	PA, QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA
simvastatin oral tablet 80 mg	1	
sotalol hcl (af)	1	
sotalol hcl oral	1	
spironolactone oral suspension	3	PA
spironolactone oral tablet	1	
spironolactone-hctz	1	
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
TEKTURNA	3	
telmisartan	2	
telmisartan-hctz	2	
tiadylt er	2	
torsemide	1	
trandolapril	1	
triamterene oral	3	
triamterene-hctz	1	
valsartan oral tablet	2	
valsartan-hydrochlorothiazide	1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
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	
VERQUVO	4	PA, QL
VYNDAQEL	2	PA, QL, SP
Central nervous system agents - Drugs for attention deficit disorder		
amphetamine sulfate	2	
amphetamine-dextroamphetamine	1	
amphetamine-dextroamphetamine er	2	QL
amphet-dextroamphet 3-bead er	3	QL
atomoxetine hcl	3	QL
AZSTARYS	3	ST, QL
clonidine hcl er	2	
dexmethylphenidate hcl	1	
dexmethylphenidate hcl er	2	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL
dextroamphetamine sulfate oral solution	1	
FOCALIN	4	
guanfacine hcl er	2	
JORNAY PM	3	ST, QL
lisdexamfetamine dimesylate	3	QL
methylphenidate hcl er (cd)	2	QL
methylphenidate hcl er (la)	2	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
methylphenidate hcl er oral tablet extended release	2	QL
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	3	
ONYDA XR	3	QL
XELSTRYM	3	PA, QL
Central nervous system agents - Drugs for multiple sclerosis		
AVONEX	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT	3	PA, QL, SP
PLEGRIDY	3	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL, SP
Central nervous system agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
INGREZZA	2	PA, QL, SP
INGREZZA SPRINKLE	2	PA, QL, SP
LYRICA ORAL CAPSULE	4	PA
NUEDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	4	QL
TEGLUTIK	3	PA, SP
TIGLUTIK	3	PA, SP
VEOZAH	4	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
Dental and oral agents - Drugs for mouth and throat conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	4	
DENTAGEL	4	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	4	
JUST RIGHT 5000	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	

Drug name	Drug tier	Requirements & limits
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	
PREVIDENT MOUTH/THROAT	3	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride 5000 ppm dental cream 1.1 %	1	
sodium fluoride dental	1	
sodium fluoride mouth/throat	1	
triamcinolone acetonide mouth/throat	1	
Dermatological agents - Drugs for skin conditions		
accutane	2	
acitretin	1	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL
ADBRY	2	PA, QL, SP
AKLIEF	4	PA, QL
alclometasone dipropionate external cream	1	
amnesteem	2	
AMZEEQ	4	QL
ANZUPGO	4	PA, QL, SP
AVAR CLEANSER	4	
azelaic acid external	3	
AZELEX	3	QL
benzoyl peroxide-erythromycin	1	QL
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external lotion	3	
betamethasone dipropionate aug external ointment	3	
betamethasone dipropionate external cream	2	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	2	
betamethasone valerate external cream	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
brimonidine tartrate external	3	PA, QL
calcipotriene external cream	2	QL
calcipotriene external ointment	2	
calcipotriene external solution	1	QL
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	2	
clindacin	3	
clindacin etz external swab	1	
clindacin-p	1	
clindamycin phos (twice-daily) gel 1 % external	2	(generic for Cleocin-T), QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phos-benzoyl perox gel 1-5 % external	4	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clobetasol prop emollient base	2	QL
clobetasol propionate e	2	QL
clobetasol propionate external cream 0.05 %	2	QL
clobetasol propionate external gel	2	QL
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external solution	1	QL
clotrimazole-betamethasone	1	
dapsone external	3	QL
DERMA-SMOOTHE/FS BODY	4	QL
DERMA-SMOOTHE/FS SCALP	4	
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
desoximetasone external cream	1	QL
desoximetasone external ointment	3	QL
diclofenac sodium external gel 3 %	2	PA, QL
DRYSOL	4	
DUPIXENT	2	PA, QL, SP
EBGLYSS	2	PA, QL, SP
ENSTILAR	4	QL
erythromycin external	1	
EUCRISA	3	ST, QL
FINACEA EXTERNAL FOAM	4	
fluocinolone acetonide body	3	QL
fluocinolone acetonide external cream	3	QL
fluocinolone acetonide external ointment	2	QL
fluocinolone acetonide external solution	1	QL
fluocinolone acetonide scalp	3	
fluocinonide external cream 0.05 %	1	
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
fluorouracil external cream 5 %	1	
fluticasone propionate external cream	1	
fluticasone propionate external ointment	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
halobetasol propionate external cream	2	QL
halobetasol propionate external ointment	2	QL
hydrocortisone external cream 2.5 %	1	
hydrocortisone external lotion 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
hydrocortisone valerate external cream	2	QL
imiquimod external cream 5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
KLISYRI	4	ST, QL
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external lotion	1	
MIRVASO	2	PA, QL
mometasone furoate external	1	
NEMLUVIO	2	PA, QL, SP
neuac	3	QL
OPZELURA	4	PA, QL, SP
PANRETIN	3	
pimecrolimus	3	QL
podofilox external solution	1	
RHOFADE	4	PA, QL
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	4	QL
STARJEMZA SUBCUTANEOUS	2	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
TACLONEX	3	QL
tacrolimus external	2	QL
TREMFYA	2	PA, QL, SP
tretinoin external cream	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 0.025 %, 0.1 %, 0.5 %	1	
triderm	1	QL
urea external cream 20 %, 40 %, 45 %	1	
VTAMA	4	PA, QL
WEZLANA SUBCUTANEOUS	2	PA, QL, SP
ZELSUVMI	4	QL
zenatane	2	
ZILXI	4	PA, ST, QL
ZORYVE	4	PA, QL
Diabetes - Glucose monitoring and supplies		
ACCU-CHEK FASTCLIX LANCET	1	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1	
ACCU-CHEK GUIDE	2	
ACCU-CHEK GUIDE KIT W/ DEVICE	2	
ACCU-CHEK GUIDE TEST STRIPS	2	QL
ACCU-CHEK SOFTCLIX LANCET	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
AQ INSULIN SYRINGE	2	QL
AQINJECT PEN NEEDLE	2	QL
BD AUTOSHIELD DUO PEN NEEDLES	2	QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
BD BLUNT FILL NEEDLE	2	
BD BLUNT FILL NEEDLE W/ FILTER	2	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
BD ECLIPSE SHIELDED NEEDLE	2	
BD PEN NEEDLE ULTRAFINE	2	QL
BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
BD ULTRA-FINE INSULIN SYRINGES	2	QL
BD ULTRA-FINE PEN NEEDLES	2	QL
CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT PRECISION POLY HUB	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CEQUR SIMPLICITY 2U 8PK	3	ST
CONTOUR NEXT EZ KIT W/ DEVICE	1	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	1	
CONTOUR NEXT GEN TEST STRIPS	1	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	1	
CONTOUR NEXT ONE KIT	1	
CONTOUR PLUS BLUE KIT W/ DEVICE	1	
CONTOUR PLUS TEST STRIP	1	QL
DEXCOM G6 RECEIVER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL
DEXCOM G7 SENSOR	3	PA, QL
DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
DROPSAFE SICURA	2	
EMBECTA INSULIN SYRINGE	2	QL
FREESTYLE LIBRE 14 DAY READER	3	PA, QL
FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA, QL
FREESTYLE LIBRE 2 READER	3	PA, QL
FREESTYLE LIBRE 2 SENSOR	3	PA, QL
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA, QL
FREESTYLE LIBRE 3 READER	3	PA, QL
FREESTYLE LIBRE 3 SENSOR	3	PA, QL
GVOKE HYPOPEN	2	QL
GVOKE KIT	2	QL
GVOKE PFS	2	QL
INPEN	3	ST
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM, 32G X 4 MM	2	QL
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
LANCETS	1	
MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
NOVOFINE PEN NEEDLE	2	QL
NOVOFINE PLUS PEN NEEDLE	2	QL
NOVOPEN ECHO	3	
OMNIPOD 5 DEXCOM INTRO KIT	2	PA, QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
OMNIPOD 5 DEXCOM PODS	2	PA, QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
OMNIPOD 5 LIBRE PODS	2	PA
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	2	PA, QL
RELION GLUCOSE TEST STRIPS	4	QL
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES	2	QL
TECHLITE PLUS PEN NEEDLES	2	QL
TWIIST REFILL KIT/INFUSION SET	2	PA, QL
TWIIST STARTER KIT	2	PA, QL
VERISAFE SAFETY STERILE NEEDLE	2	
Diabetes - Insulin		
HUMALOG CARTRIDGE	2	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	QL
HUMULIN R VIAL	1	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV VIAL	1	QL
NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	ST, QL
NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION	2	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
Diabetes - Non-insulin agents		
acarbose oral	1	
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	2	QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide er	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin hcl	2	
GLUCAGON EMERGENCY KIT	2	
glucagon emergency kit injection solution reconstituted 1 mg	2	
glyburide	1	
glyburide-metformin	1	
GLYXAMBI	2	QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL (2-pack)
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL (3-pack)
metformin hcl er	1	
metformin hcl oral solution	3	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
MOUNJARO	2	PA, QL
nateglinide	2	QL
OZEMPIC	2	PA, QL
pioglitazone hcl	1	QL
pioglitazone hcl-metformin hcl	2	QL
repaglinide	2	QL
RYBELSUS	2	PA, QL
saxagliptin hcl	2	QL
saxagliptin-metformin er	2	QL
SOLIQUA	2	QL
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	3	QL
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	3	QL
SYNJARDY	2	QL
SYNJARDY XR	2	QL
TRADJENTA	2	QL
TRIJARDY XR	2	QL
TRULICITY	2	PA, QL
ZEGALOGUE	2	QL
Drugs for blood disorders		
ADVATE	2	SP
ADYNOVATE	2	SP
AFSTYLA	2	SP
ALPROLIX	3	SP
ALTUVIIIO	2	SP
ALVAIZ	4	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML	2	QL, SP
BENEFIX	2	SP
DOPTELET	4	PA, QL, SP
ELOCTATE	2	SP
FABHALTA	2	PA, QL, SP
heparin sodium (porcine) +rfid	1	
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HYMPAVZI	2	PA, QL, SP
IDELVION	3	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	2	SP
NIVESTYM	2	SP
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT	2	SP
RECOMBINATE	2	SP
RETACRIT	2	QL, SP
TAVALISSE	4	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA	2	SP
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, QL, SP
WILATE	2	SP
ZARXIO	2	SP
Drugs for sexual dysfunction		
ADDYI	4	PA, QL
IMVEXXY	2	QL
INTRAROSA	4	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
tadalafil oral	2	QL
vardenafil hcl oral tablet	3	QL
VYLEESI	4	PA, QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
Electrolytes / Vitamins		
CO-NATAL FA	2	
cyanocobalamin injection solution 1000 mcg/ml	1	
cyanocobalamin nasal	3	
DENTA 5000 PLUS SENSITIVE	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2	
ergocalciferol oral capsule	1	
FLUORIMAX 5000 SENSITIVE	3	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	E	H
klor-con	1	
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
K-PHOS-NEUTRAL	2	
levocarnitine oral solution	1	
levocarnitine sf	1	
LOKELMA	3	PA, QL
MATRONEX	3	
M-NATAL PLUS	3	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
multivitamin w/fluoride tablet chewable 1 mg oral	1	
multi-vitamin/fluoride	1	
multivitamin/fluoride oral tablet chewable	1	
NASCOBAL	3	
NEONATAL COMPLETE	3	
NEONATAL PLUS	3	
NIVA-PLUS	3	
ONE VITE WOMENS PLUS	3	
PHOSPHA 250 NEUTRAL	2	
phosphorous	1	
phospho-trin 250 neutral	1	
pnv 27-ca/fe/fa	1	
pnv-dha	3	
potassium chloride crys er	1	
potassium chloride er	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution	1	
potassium citrate er	1	
potassium citrate-citric acid	1	
prenatal oral tablet 27-1 mg	1	
prenatal plus	1	
prenatal plus vitamin/mineral	1	
PRENATE ENHANCE	3	
PRENATE MINI	3	
PRENATE RESTORE	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
SE-NATAL 19 ORAL TABLET	3	
sod citrate-citric acid oral solution 500-334 mg/5ml	1	
sod fluoride-potassium nitrate	1	
sodium fluoride 5000 enamel	1	
sodium fluoride 5000 sensitive	1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1	H
sodium fluoride oral tablet chewable	1	H
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
VELTASSA	3	PA, QL
VITAFOL FE+	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
VITAMEDMD ONE RX/ QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITATHELY WITH GINGER	3	
WESCAP-PN DHA	4	
Gastrointestinal agents - Drugs for acid reflux and ulcer		
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/ tetracyclin	3	QL
cimetidine oral	1	
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
Gastrointestinal agents - Drugs for bowel, intestine and stomach conditions		
bisacodyl oral tablet delayed release 5 mg	E	H
BYLVAY	4	PA, QL, SP
BYLVAY (PELLETS)	4	PA, QL, SP
chlordiazepoxide-clidinium	4	
clearlax	E	H
CLENPIQ	3	QL

Drug name	Drug tier	Requirements & limits
constulose	1	
cromolyn sodium oral	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution 10 mg/5ml	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
enulose	1	
gavilax oral powder	E	H
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
gentlelax oral powder 17 gm/ scoop	E	H
glycolax	E	H
glycopyrrolate oral solution	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sl	1	
hyoscyamine sulfate sublingual	1	
IQIRVO	4	PA, ST, QL, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral packet 20 gm	3	
lactulose oral solution	1	
LEVSIN/SL	4	
LINZESS	2	PA, QL
LIVDELZI	4	PA, ST, QL, SP
lubiprostone	2	PA, QL
magnesium citrate oral solution	E	H
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	3	QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
OSCIMIN SUBLINGUAL	4	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
polyethylene glycol 3350 oral powder	E	H
prucalopride succinate	3	PA, QL
REZDIFFRA	4	PA, QL
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	QL
SYMPROIC	2	PA, QL
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL
Genetic or enzyme disorder - Drugs for replacement, modification, treatment		
ATTRUBY	2	PA, QL, SP
CREON	2	
EVRYSDI	2	PA, QL, SP
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
STRENSIQ	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
XPHOZAH	4	PA, QL
ZENPEP	2	
Genitourinary agents - Drugs for bladder, genital and kidney conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
EDEX (2 CARTRIDGE)	3	QL
EDEX (6 CARTRIDGE)	3	QL
ELMIRON	4	ST
me/naphos/mb/hyo1	1	
mirabegron er	3	ST
oxybutynin chloride er	2	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
tolterodine tartrate	3	
trospium chloride	3	
UROGESIC-BLUE	2	
VANRAFIA	4	PA, QL, SP
VELPHORO	4	ST
Genitourinary agents - Drugs for prostate conditions		
alfuzosin hcl er	1	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
TEZRULY	4	PA
Hormonal agents - Hormone replacement and birth control		
abigale	1	
abigale lo	2	
afirmelle	1	H
aftera	1	H
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

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

Drug name	Drug tier	Requirements & limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	4	QL
DEPO-SUBQ PROVERA 104	1	QL, H
desogestrel-ethinyl estradiol	1	H
DIVIGEL	3	
dolishale	1	H
dotti	2	QL
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
econtra one-step	1	H
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
estradiol oral	1	
estradiol patch twice weekly	2	QL
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3	
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
estradiol valerate intramuscular	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg	2	
estradiol-norethindrone acet oral tablet 1-0.5 mg	1	
estratest f.s. oral tablet 1.25-2.5 mg	1	
ESTRING	2	QL
estrogens conjugated	3	
ethynodiol diac-eth estradiol	1	H
etonogestrel-ethinyl estradiol	1	H
EVAMIST	2	
falmina	1	H
feirza 1.5/30	1	H
feirza 1/20	1	H
FEMRING	3	QL
finzala	1	H
fyavolv	1	
galbriela	1	H
gallifrey	1	
hailey 1.5/30	1	H
hailey 24 fe	1	H
hailey fe 1.5/30	1	H
hailey fe 1/20	1	H
haloette vaginal ring 0.12-0.015 mg/24hr	1	H
heather	1	H
her style	1	H
iclevia	2	H
incassia	1	H
introvale	2	H
isibloom	1	H
jaimiess	1	H
jasmiel	3	
jencycla	1	H
jinteli	1	
jolessa	2	H
joyeaux	1	H
juleber	1	H

Drug name	Drug tier	Requirements & limits
junel 1.5/30	1	H
junel 1/20	1	H
junel fe 1.5/30	1	H
junel fe 1/20	1	H
junel fe 24	1	H
kaitlib fe	1	H
kalliga	1	H
kariva	1	H
kelnor 1/35	1	H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H
kurvelo	1	H
larin 1.5/30	1	H
larin 1/20	1	H
larin 24 fe	1	H
larin fe 1.5/30	1	H
larin fe 1/20	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	1	H
leena oral tablet 0.5/1/ 0.5-35 mg-mcg	1	H
lessina	1	H
levonest	1	H
levonorgest-eth est & eth est	1	H
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg	1	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
levonorgest-eth estradiol-iron	1	H
levonorgestrel	1	H
levonorgestrel-ethinyl estrad	1	H
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
lojaimiess	1	H
loryna	3	
low-ogestrel	1	H
lo-zumandimine	3	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
luizza 1.5/30	1	H
luizza 1/20	1	H
lutera	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
meleya	1	H
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	1	
minzoya	1	H
mono-linyah	1	H
my choice	1	H
my way	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
new day	1	H
nikki	3	
nora-be	1	H
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	1	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/ 1-35 mg-mcg	1	H
norethin-eth estradiol-fe	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
nylia 1/35	1	H
nylia 7/7/7	1	H
ocella oral tablet 3-0.03 mg	3	
opcicon one-step	1	H
OPILL	1	H
option 2	1	H
orquidea	1	H
philith	1	H
pimtrea	1	H
PLAN B ONE-STEP	1	H
portia-28	1	H
PREMARIN ORAL	3	
PREMARIN VAGINAL	3	
PREMPHASE	3	
PREMPRO	3	
progesterone intramuscular	1	
progesterone oral	2	
react oral tablet 1.5 mg	1	H
reclipsen	1	H
rivelsa	1	H
rosyrah	1	H

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
setlakin	2	H
sharobel	1	H
shewise	1	H
simliya	1	H
simpesse	1	H
SLYND	4	PA, ST
sprintec 28	1	H
sronyx	1	H
syeda	3	
take action	1	H
tarina 24 fe	1	H
tarina fe 1/20 eq	1	H
tilia fe	1	H
tri-estarylla	1	H
tri-legest fe	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-sprintec	1	H
trivora (28)	1	H
tri-vylibra	1	H
tri-vylibra lo	2	
turqoz	1	H
TYBLUME	1	H
tydemy	1	H
valtya 1/35	1	H
valtya 1/50	1	H
velivet	1	H
vestura	3	
vienva	1	H
viorele	1	H
volnea	1	H
vyfemla	1	H
vylibra	1	H
wera	1	H
wymzya fe	1	H
xarah fe	1	H
xelria fe	1	H
xulane	3	H
YASMIN 28	2	
YAZ	2	
yuvafem	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal agents - Oral steroids		
CORTEF	4	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
fludrocortisone acetate oral	1	
hydrocortisone oral	1	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
Hormonal agents - Other		
cabergoline	2	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	4	PA, QL, SP
NORDITROPIN FLEXPRO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
SKYTROFA	4	PA, QL, SP
Hormonal agents - Testosterone replacement		
KYZATREX	4	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	4	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL
Hormonal agents - Thyroid		
ARMOUR THYROID	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML	2	PA
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG	3	
levo-t	1	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liomny	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	

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
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP
AMJEVITA	2	PA, QL, SP
AMJEVITA-PED 15KG TO <30KG	2	PA, SP
ANDEMBRY	2	PA, QL, SP
azathioprine oral tablet 100 mg, 75 mg	3	
azathioprine oral tablet 50 mg	1	
BIMZELX	3	PA, ST, QL, SP
CIMZIA	2	PA, QL, SP
COSENTYX	2	PA, QL, SP
cyclosporine modified oral capsule	1	
cyclosporine oral	1	
EMPAVELI	2	PA, QL, SP
ENBREL	2	PA, QL, SP
ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
gengraf	1	
HAEGARDA	2	PA, QL, SP
HUMIRA*	E	PA, QL, SP
HYFTOR	4	PA, QL
JYLAMVO	4	PA
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	4	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.
* Members currently on therapy may be allowed to continue.

Drug name	Drug tier	Requirements & limits
mycophenolate sodium	2	
mycophenolic acid	2	
MYHIBBIN	1	
OLUMIANT	3	PA, ST, QL, SP
OMVOH SUBCUTANEOUS	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
OTEZLA	2	PA, QL, SP
PROGRAF ORAL CAPSULE	4	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMPONI	2	PA, QL, SP
sirolimus oral tablet	1	
SKYRIZI	2	PA, QL, SP
SOTYKTU	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TREXALL	2	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	4	PA, QL, SP
XELJANZ	2	PA, QL, SP
XELJANZ XR	2	PA, QL, SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
Immunological agents - Drugs for vaccination		
ABRYSVO	3	H
ADACEL	3	H
AFLURIA PRESERVATIVE FREE	3	H
AREXVY	3	H
BEXSERO	3	H
BOOSTRIX	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
CAPVAXIVE	3	H
COMIRNATY	3	H
COMIRNATY 5-11 YEARS	3	H
ENGERIX-B	2	H
FLUAD	3	H
FLUARIX	3	H
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
FLULAVAL	3	H
FLUMIST	3	H
FLUZONE HIGH-DOSE	3	H
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
HAVRIX	3	H
HEPLISAV-B	3	H
IPOL	2	H
MENQUADFI	3	H
MENVEO	3	H
M-M-R II	2	H
MNEXSPIKE	3	H
PNEUMOVAX 23	2	H
PREVNAR 20	3	H
PRIORIX	3	H
RECOMBIVAX HB	2	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	H
SPIKEVAX	3	H
SPIKEVAX 6M-11Y	3	H
TRUMENBA	3	H
TWINRIX	3	H
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	H
VARIVAX	3	H
Infertility agents		
CETROTIDE	4	PA, ST, QL, SP

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP
CLOMID	2	
clomiphene citrate oral	2	
ENDOMETRIN	2	
FOLLISTIM AQ	2	QL, SP
FYREMADEL	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
GONAL-F	4	ST, SP
MENOPUR	4	QL, SP
NOVAREL	3	SP
OVIDREL	4	SP
PREGNYL	3	SP
progesterone vaginal	2	
Inflammatory bowel disease agents		
ANUCORT-HC	2	
APRISO	1	
balsalazide disodium	1	
budesonide oral	2	
budesonide rectal	2	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocort-pramoxine (perianal)	1	
mesalamine oral capsule delayed release 400 mg	2	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine rectal enema	1	QL
mesalamine rectal suppository	2	QL
PROCTOFOAM HC	2	
procto-med hc	1	
sulfasalazine oral	1	
UCERIS ORAL	3	
Metabolic bone disease agents - Drugs for osteoporosis		
alendronate sodium oral tablet	1	
BONSITY	3	PA, SP
calcitonin (salmon) injection	3	
calcitonin (salmon) nasal	2	
ibandronate sodium oral	2	
raloxifene hcl	2	H-PA
risedronate sodium oral tablet	3	
TERIPARATIDE	3	PA, SP
TYMLOS	3	PA, SP
Metabolic bone disease agents - Other		
calcitriol oral capsule	1	
cinacalcet hcl	1	
YORVIPATH	4	PA, QL, SP
Ophthalmic agents - Drugs for eye allergy, infection and inflammation		
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
epinastine hcl	3	QL
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
FML FORTE	3	
FML LIQUIFILM	4	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic suspension	3	QL
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth	1	
NEVANAC	4	
ofloxacin ophthalmic	1	
polymyxin b-trimethoprim	1	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
sulfacetamide sodium ophthalmic	1	
TOBRADEX	3	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
XDEMVY	4	PA, QL
ZIRGAN	3	
ZYLET	3	
Ophthalmic agents - Drugs for glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	4	QL
bimatoprost ophthalmic solution 0.03 %	2	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brinzolamide	2	QL
COMBIGAN	2	QL
dorzolamide hcl ophthalmic	1	
dorzolamide hcl-timolol mal	2	
ISTALOL	4	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
methazolamide oral	1	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol hemihydrate	2	QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	
travoprost (bak free)	3	QL
ZIOPTAN	3	ST, QL
Ophthalmic agents - Drugs for miscellaneous eye conditions		
atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
cyclopentolate hcl ophthalmic	1	
difluprednate	3	
MIEBO	4	PA, QL
RESTASIS	4	PA, QL
TRYPTYR	4	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
XIIDRA	4	PA, QL
Otic agents - Drugs for ear conditions		
acetic acid otic	1	
CIPRO HC	4	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	3	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
flac otic oil 0.01 %	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	
Respiratory - Drugs for anaphylaxis		
AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
NEFFY	4	QL
Respiratory tract / Pulmonary agents - Drugs for allergies, cough, cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
benzonatate oral capsule 100 mg, 200 mg	1	
carbinoxamine maleate oral tablet 4 mg	1	
cyproheptadine hcl oral	1	
flunisolide nasal	3	
fluticasone propionate nasal	2	
hydrocod poli-chlorphe poli er	3	PA, QL
hydrocodone bit-homatrop mbr oral solution	1	PA, QL
hydromet	1	PA, QL
HYPERSAL	2	
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral solution	3	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	

Drug name	Drug tier	Requirements & limits
ODACTRA	4	PA, QL
olopatadine hcl nasal	3	
PALFORZIA (1 MG DAILY DOSE)	3	PA
PALFORZIA INITIAL DOSE 1-3YRS	3	PA, QL
PALFORZIA INITIAL DOSE 4-17YRS	3	PA, QL
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL
promethazine-codeine	1	PA, QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
PULMOSAL	2	
RHAPSIDO	2	PA, QL, SP
sodium chloride inhalation	1	
Respiratory tract / Pulmonary agents - Drugs for asthma and COPD		
acetylcysteine inhalation	1	
ADVAIR HFA	3	QL, RS
AEROCHAMBER HOLDING CHAMBER	3	
AEROCHAMBER PLS FLOVU MTHPIECE	3	
AEROCHAMBER PLUS FLO-VU DEVICE	3	
AEROCHAMBER PLUS FLO-VU INTERM	3	
AEROCHAMBER2GO ANTI-STATIC	3	
AIRSUPRA	3	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for Ventolin HFA), QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL
albuterol sulfate inhalation	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Drug name	Drug tier	Requirements & limits
albuterol sulfate oral syrup 2 mg/5ml	1	
ANORO ELLIPTA	3	QL
ARNUITY ELLIPTA	1	QL
ATROVENT HFA	3	QL
BEVESPI AEROSPHERE	2	QL
BREO ELLIPTA	3	QL, RS
BREZTRI AEROSPHERE	3	QL, RS
budesonide inhalation	2	QL
COMBIVENT RESPIMAT	3	QL
EASIVENT	3	
EASIVENT MASK LARGE	3	
EASIVENT MASK MEDIUM	3	
EASIVENT MASK SMALL	3	
FASENRA PEN	4	PA, QL, SP
FLEXICHAMBER	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
GRASTEK	4	PA, QL
INSPIREASE	3	
ipratropium bromide inhalation	1	
ipratropium-albuterol	2	
levalbuterol hcl inhalation	3	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
MICROCHAMBER	3	
montelukast sodium oral packet	2	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NUCALA	4	PA, QL, SP
PERFOROMIST	4	QL
PROCHAMBER VHC	3	
QVAR REDIHALER	1	QL
roflumilast	2	QL
SEREVENT DISKUS	2	QL
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
theophylline er oral tablet extended release 12 hour	1	
TRELEGY ELLIPTA	3	QL, RS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	2	
VORTEX VALVE CHAMBER-PEDI MASK	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	3	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
wixela inhub	3	QL, RS
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
XOPENEX HFA	3	QL
YUPELRI	4	PA, QL
zafirlukast	1	
Respiratory tract / Pulmonary agents - Drugs for cystic fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
Respiratory tract / Pulmonary agents - Drugs for pulmonary fibrosis		
JASCAYD	4	PA, QL, SP
OFEV	4	PA, QL, SP

Drug name	Drug tier	Requirements & limits
Respiratory tract / Pulmonary agents - Drugs for pulmonary hypertension		
ADEMPAS	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
TADLIQ	3	PA, QL, SP
TYVASO	2	PA, SP
TYVASO DPI	2	PA, QL, SP
Skeletal muscle relaxants - Drugs for muscle pain and spasm		
baclofen oral suspension	3	PA
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 500 mg	2	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
dantrolene sodium oral	1	
metaxalone oral tablet 400 mg, 800 mg	3	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	2	
tizanidine hcl oral tablet	1	
Sleep disorder agents		
armodafinil	2	QL
BELSOMRA	4	QL
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
modafinil oral	2	QL
ramelteon	3	QL
sodium oxybate	4	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYWAV	4	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.

Index

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

ማሳሰቢያ፦ አማርኛ (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا كنت تتحدث **اللغة العربية** (Arabic)، ستتوفر لك خدمات المساعدة اللغوية المجانيّة والمراسلات المجانيّة بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة .اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

দেখুন: আপনি যদি **বাংলায়** (Bengali-Bangala) কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বড় মুদ্রণের মতো অন্যান্য ফরম্যাটে যোগাযোগগুলি আপনার জন্য বিনামূল্যে উপলব্ধ। আপনার সদস্যের পরিচয়পত্রের কার্ডের টোল-ফ্রি নম্বরে কল করুন

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ** (Cambodian-Mon-Khmer)
សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត
ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

請注意：如果您說**中文** (Chinese - Traditional)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ΠΡΟΣΟΧΗ: Εάν μιλάτε **ελληνικά** (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

ધ્યાન આપો: જો તમે **ગુજરાતી (Gujarati)** બોલતા હો તો વિના મૂલ્યે ભાષાકીય મદદરૂપ સેવાઓ અને અન્ય ફોર્મેટમાં વિના મૂલ્યે સંચાર, જેમ કે મોટી પ્રિન્ટ, તમારા માટે ઉપલબ્ધ છે. તમારા સભ્ય ઓળખ કાર્ડ પરના ટોલ-ફ્રી નંબર પર કૉલ કરો.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

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

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

ໝາຍເຫດ: ຖ້າຫາກທ່ານເວົ້າ**ພາສາລາວ (Lao)**, ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່.
ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

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

توجه: اگر په ژبان **فارسی (Persian-Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

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

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

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

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

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

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

โปรดทราบ หากคุณ**พูดภาษาไทย (Thai)** ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

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

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

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

United Healthcare