



2026 Premium Standard Formulary

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



Call the number on your member ID card.



Visit your plan's website on your member ID card or log on to the Optum Rx app to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, Optum Rx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. If your medication is not listed here, please visit your plan's website or call the number on your member ID card.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor.

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

If a medication changes tiers, you may have to pay a different amount for that medication.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or is similar to another prescription or over-the-counter (OTC) medication.

What if my doctor wants me to keep taking my excluded medication?

You, your authorized representative, or your doctor can start a request for coverage by calling the number on your member ID card. Your doctor will need to submit information for the review. If approved, you may keep filling your prescription for the excluded medication, but you may pay a higher cost. If not approved, you may pay the full cost of the prescription.



About this formulary

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

Medication tips

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

Generic medications contain the same active ingredients (offer the same effect) as brand-name medications, but they often cost less. In some situations, brand-name medications could be lower in cost.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a lower-cost option could be right for you.

What if I am taking a specialty medication?

Specialty medications are used to treat complex conditions and are generally higher in cost. Please note, not all specialty medications are listed in the formulary. Call the number on the back of your member ID card to learn more about where you can fill your specialty prescriptions.



Over-the-counter medications (OTC)

Talk to your doctor about OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

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

Drug tier	Includes	Helpful tips
Tier 1	\$ Lower-cost generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost brand name and some generics	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.
Tier E	⊗ Excluded	May not be covered or need prior authorization. Lower-cost options are available and covered.

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 decides how these medications may be covered.

M	Authorized generic or cobranded product
PA	Prior authorization - Your doctor is required to give Optum Rx more information to determine coverage.
QL	Quantity limit - Medication may be limited to a certain quantity.
SP	Specialty medication - Medication is designated as specialty.
ST	Step therapy - Must try lower-cost medication(s) before a higher-cost medication can be covered
3P	Tier 3 preferred
++	Benefit design options - Coverage is determined by your prescription medication benefit plan.

Premium Standard Formulary

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
acetaminophen-codeine oral tablet	1	QL
APADAZ	E	
apap-caff-dihydrocodeine	1	QL
bac (butalbital-acetamin-caff)	1	
BELBUCA	2	PA; QL
BENZHYDROCODON E-ACETAMINOPHEN	E	
butalbital-apap-caffeine oral capsule	1	
butalbital-apap-caffeine oral tablet	1	
BUTRANS	E	
CONZIP	E	
DILAUDID ORAL	E	
endocet	1	QL
FIORICET	E	
FIORICET/CODEINE	E	
hydrocodone-acetaminophen	1	QL
hydromorphone hcl oral tablet	1	QL
HYSINGLA ER	2	PA; QL
JOURNAVX	3	QL
morphine sulfate er oral tablet extended release	1	PA; QL
MS CONTIN	E	
NUCYNTA	E	
NUCYNTA ER	E	
OXYCODONE HCL	E	
oxycodone hcl oral solution	1	QL

Drug Name	Drug Tier	Notes
oxycodone hcl oral tablet	1	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT	E	M
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
OXYCONTIN	2	PA; QL
PERCOCET	E	
ROXICODONE	E	
ROXYBOND	E	
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	E	M
TRAMADOL HCL ORAL SOLUTION	E	M
tramadol hcl oral tablet	1	QL
XTAMPZA ER	2	PA; QL
Analgesics - Drugs for Pain and Inflammation		
ARTHROTEC	E	
CELEBREX	E	
celecoxib oral	1	QL
COXANTO	E	
DICLOFENAC PATCH 1.3%	E	M
diclofenac potassium oral tablet	1	
diclofenac sodium oral	1	
DUEXIS ORAL TABLET 800-26.6 MG	E	
ELYXYB	E	
FENOPRON	E	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
FLECTOR	E	
ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	E	
indomethacin oral capsule	1	
ketorolac tromethamine oral	1	QL
LICART	E	
meloxicam oral tablet	1	
nabumetone oral	1	
NAPRELAN	3	
naproxen oral tablet	1	
OXAPROZIN ORAL CAPSULE	E	M
PENNSAID	E	
RELAFEN DS	E	
SPRIX	E	
TOLECTIN 600	E	
VIMOVO	E	
ZIPSOR	E	
Anesthetics		
lidocaine external ointment 5 %	1	
lidocaine external patch 5 %	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	
LIDODERM	E	
TRIDACAINE II	E	
TRIDACAINE III	E	
ZTLIDO	E	

Drug Name	Drug Tier	Notes
Anti-Addiction / Substance Abuse Treatment Agents		
BRIXADI	3	SP
BRIXADI (WEEKLY)	3	SP
buprenorphine hcl sublingual	1	
buprenorphine hcl-naloxone hcl	1	
KLOXXADO	2	
naltrexone hcl oral	1	
OPVEE	2	
REXTOVY	2	
SUBLOCADE	3	SP
SUBOXONE	E	
varenicline tartrate	1	++; QL
ZIMHI	3	
ZUBSOLV	2	
Antibacterials		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin-potassium clavulanate	1	
azithromycin oral	1	
cefadroxil oral capsule	1	
cefdinir	1	
cefpodoxime proxetil oral tablet	1	
cefuroxime axetil	1	
cephalexin	1	
ciprofloxacin hcl oral	1	
clarithromycin oral tablet	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
CLEOCIN VAGINAL	E	
clindamycin hcl oral	1	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
DIFICID	3	
DORYX MPC	E	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	E	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral tablet	1	
levofloxacin oral tablet	1	
LIKMEZ	E	
metronidazole oral tablet	1	
metronidazole vaginal	1	
minocycline hcl oral capsule	1	
moxifloxacin hcl oral	1	
mupirocin ointment	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	E	
NUVESSA	E	

Drug Name	Drug Tier	Notes
NUZYRA ORAL	3	QL
penicillin v potassium oral tablet	1	
SEYSARA	3	ST
SILVADENE	E	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim pediatric	1	
TARGADOX	E	
XACIATO	3	
XIFAXAN ORAL TABLET 200 MG	E	
Anticoagulants		
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	1	
jantoven	1	
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTOM	E	
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST
CARBATROL	E	
DEPAKOTE	E	
DEPAKOTE ER	E	
DEPAKOTE SPRINKLES	E	
DILANTIN INFATABS	E	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
DILANTIN ORAL CAPSULE 100 MG	E	
DILANTIN-125	E	
divalproex sodium er	1	
divalproex sodium oral tablet delayed release	1	
ELEPSIA XR	E	
EPIDIOLEX	3	PA; SP
EPRONTIA	E	
FYCOMPA	3	
gabapentin oral capsule	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GABARONE	E	
KEPPRA ORAL	E	
KEPPRA XR	E	
lacosamide oral tablet	1	
LAMICTAL	E	
LAMICTAL ODT	E	
LAMICTAL STARTER	E	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
lamotrigine er	1	
lamotrigine oral tablet	1	
levetiracetam er	1	
levetiracetam intravenous	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE	E	Made by Prasco.; M

Drug Name	Drug Tier	Notes
MOTPOLY XR	3	ST
NAYZILAM	3	QL
NEURONTIN	E	
ONFI	E	
oxcarbazepine	1	
OXTELLAR XR	E	
primidone oral	1	
roweepra	1	
SABRIL	E	SP
SPRITAM	E	
subvenite	1	
SYMPAZAN	3	PA
TEGRETOL	E	
TEGRETOL-XR	E	
TOPAMAX	E	
TOPAMAX SPRINKLE	E	
topiramate oral tablet	1	
TRILEPTAL	E	
TROKENDI XR	E	
VALTOCO 10 MG DOSE	3	QL
VALTOCO 15 MG DOSE	3	QL
VALTOCO 20 MG DOSE	3	QL
VALTOCO 5 MG DOSE	3	QL
VIGADRONE	E	SP
VIMPAT	E	
XCOPRI	3	ST
ZONEGRAN	E	
ZONISADE	E	
zonisamide oral	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADLARITY	E	
donepezil hcl oral tablet	1	
KISUNLA	E	SP
LEQEMBI	E	SP
memantine hcl oral tablet	1	
NAMZARIC	E	
Antidepressants		
amitriptyline hcl oral	1	
AUVELITY	E	
bupropion hcl er (sr)	1	QL
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	M
bupropion hcl oral	1	
CELEXA	E	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	E	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral	1	QL
EFFEXOR XR	E	

Drug Name	Drug Tier	Notes
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate	1	
FORFIVO XL	E	
LEXAPRO	E	
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl oral tablet	1	
PAXIL	E	
PAXIL CR	E	
PRISTIQ	E	
PROZAC	E	
SERTRALINE HCL ORAL CAPSULE	E	
sertraline hcl oral tablet	1	
SPRAVATO (56 MG DOSE)	3	PA; SP
SPRAVATO (84 MG DOSE)	3	PA; SP
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
VENLAFAXINE BESYLATE ER	E	
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	QL
venlafaxine hcl er oral tablet extended release 24 hour	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
vilazodone hcl	1	QL
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	3	PA; QL
Antiemetics - Drugs for Nausea and Vomiting		
GIMOTI	E	
meclizine hcl oral tablet	1	++
metoclopramide hcl oral tablet	1	
ondansetron hcl +rfid	1	
ondansetron hcl injection solution	1	
ondansetron hcl oral solution	1	QL
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	
prochlorperazine maleate oral	1	
promethazine hcl injection	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
SANCUSO	E	
scopolamine	1	
VARUBI (180 MG DOSE)	3	QL
Antifungals		
BREXAFEMME	E	
ciclodan	1	++

Drug Name	Drug Tier	Notes
ciclopirox external solution	1	++
clotrimazole external cream	1	
clotrimazole mouth/throat	1	
clotrimazole-betamethasone external cream	1	
CRESEMBA INTRAVENOUS	3	
CRESEMBA ORAL	3	PA
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	E	
ketoconazole external cream	1	
ketoconazole external shampoo	1	
klayesta	1	
nyamyc	1	
nystatin external	1	
nystatin mouth/throat	1	
nystop	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
TOLSURA	E	
VIVJOA	E	
Antigout Agents		
allopurinol oral	1	
colchicine oral tablet	1	
GLOPERBA	E	
MITIGARE	E	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO- INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY	E	
CAMBIA	E	
eletriptan hydrobromide	1	QL
EMGALITY	2	PA; QL
IMITREX	E	
IMITREX STATDOSE REFILL	E	
IMITREX STATDOSE SYSTEM	E	
MAXALT	E	
MAXALT-MLT	E	
naratriptan hcl	1	QL
NURTEC	2	PA; QL
ONZETRA XSAIL	E	
QULIPTA	2	PA; QL
RELPAX	E	
REYVOW	E	
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate subcutaneous solution auto-injector	1	QL
TOSYMRA	E	
TREXIMET	E	
TRUDHESA	E	
UBRELVY	2	PA; QL
ZAVZPRET	3	PA; QL
ZEMBRACE SYMTOUCH	E	
ZOMIG ORAL	E	

Drug Name	Drug Tier	Notes
Antimyasthenic Agents		
VYVGART	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP; QL
Antineoplastics - Drugs for Cancer		
abiraterone acetate	1	PA; SP
AFINITOR	E	SP
AFINITOR DISPERZ	E	SP
AKEEGA	E	SP
ALECENSA	2	PA; SP
ALUNBRIG	2	PA; SP; QL
ALYMSYS	E	SP
anastrozole oral	1	
ANKTIVA	3	PA; SP
ARIMIDEX	E	
AUGTYRO	3	PA; SP
BELRAPZO	E	SP
BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS	E	Made by Apotex; SP
BENDAMUSTINE HCL SOLUTION 100 MG/4ML INTRAVENOUS	E	Made by Baxter; SP
BESREMI	3	PA; SP
CABOMETYX ORAL TABLET 20 MG	2	PA; SP; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	2	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
CALQUENCE	3	PA; SP
capecitabine	1	SP
COSELA	E	SP
COTELLIC	3	PA; SP
DANZITEN	3	PA; SP
DARZALEX FASPRO	E	SP
ERIVEDGE	3	PA; SP
ERLEADA	3	PA; SP
FOTIVDA	E	SP
GAVRETO	3	PA; SP
GLEEVEC	E	SP
HERCESSI	E	SP
HERZUMA	E	SP
ICLUSIG ORAL TABLET 10 MG, 15 MG	3	PA; SP; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	3	PA; SP
IDHIFA	3	PA; SP; QL
IMBRUVICA ORAL CAPSULE	3	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	3	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	SP
IMBRUVICA ORAL TABLET 420 MG	3	PA; SP; QL
IMKELDI	3	PA; SP
INQOVI	E	SP
KANJINTI	2	PA; SP
KISQALI (200 MG DOSE)	3	PA; SP
KISQALI (400 MG DOSE)	3	PA; SP

Drug Name	Drug Tier	Notes
KISQALI (600 MG DOSE)	3	PA; SP
KOSELUGO	3	PA; SP
lenalidomide	1	PA; SP
letrozole oral	1	
LUMAKRAS	3	PA; SP
LYNPARZA	2	PA; SP
MEKINIST	3	PA; SP
MVASI	2	PA; SP
NIKTIMVO	E	SP
NUBEQA	3	PA; SP
ODOMZO	3	PA; SP
OGIVRI	E	SP
OJJAARA	E	SP
ONTRUZANT	E	SP
ORGOVYX	3	PA; SP
PANRETIN	3	
PEMAZYRE	E	SP
PHESGO	2	PA; SP
PIQRAY	3	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG	3	PA; SP; QL
POMALYST ORAL CAPSULE 3 MG, 4 MG	3	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG	3	PA; SP
RETEVMO ORAL TABLET 40 MG, 80 MG	3	PA; SP; QL
REVLIMID	2	PA; SP
REZLIDHIA	E	SP
RIABNI	E	SP
ROZLYTREK	3	PA; SP
RUBRACA	E	SP
RUXIENCE	2	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
RYDAPT	3	PA; SP
RYLAZE	E	SP
SCSEMBLIX ORAL TABLET 100 MG	3	PA; SP
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; SP; QL
SPRYCEL	E	SP
STIVARGA	2	PA; SP
SUTENT	E	SP
TABRECTA	3	PA; SP
TAFINLAR	3	PA; SP
TAGRISSE ORAL TABLET 40 MG	3	PA; SP; QL
TAGRISSE ORAL TABLET 80 MG	3	PA; SP
TALZENNA	E	SP
tamoxifen citrate oral	1	
TARGRETIN ORAL	E	SP
TASIGNA	3	PA; SP
TAZVERIK	E	SP
TEPMETKO	E	SP
TRAZIMERA	2	PA; SP
TREANDA	E	SP
TRUQAP	3	PA; SP
TRUXIMA	E	SP
VEGZELMA	E	SP
VERZENIO	3	PA; SP
VITRAKVI	3	PA; SP
VIVIMUSTA	E	SP
XALKORI	E	SP
XTANDI	3	PA; SP
YONSA	E	SP
ZEJULA ORAL TABLET 100 MG	2	PA; SP; QL

Drug Name	Drug Tier	Notes
ZEJULA ORAL TABLET 200 MG, 300 MG	2	PA; SP
ZELBORAF	3	PA; SP
ZIRABEV	2	PA; SP
ZYTIGA	E	SP
Antiparasitics		
ARAKODA	3	
atovaquone-proguanil hcl	1	
EMVERM	2	
hydroxychloroquine sulfate oral	1	
NATROBA	E	
PLAQUENIL	E	
SOVUNA	E	
Antiparkinson Agents		
benztropine mesylate oral	1	
carbidopa-levodopa oral tablet	1	
CREXONT	3	ST
DHIVY	E	
GOCOVRI	E	
NEUPRO	3	
ONGENTYS	3	ST
pramipexole dihydrochloride	1	
ropinirole hcl	1	
RYTARY	3	ST
Antiplatelets		
BRILINTA	E	
clopidogrel bisulfate oral	1	
PLAVIX	E	
prasugrel hcl	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
TAVALISSE	3	PA; SP
YOSPRALA	E	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
ABILIFY ASIMTUFII	3	++
ABILIFY MAINTENA	3	++
aripiprazole oral tablet	1	QL
ARISTADA	3	++
ARISTADA INITIO	3	++
ERZOFRI	3	++
INVEGA HAFYERA	3	ST; ++
INVEGA SUSTENNA	3	++
INVEGA TRINZA	3	++
LATUDA	E	
lurasidone hcl	1	QL
LYBALVI	E	
olanzapine oral tablet	1	QL
quetiapine fumarate	1	QL
quetiapine fumarate er	1	QL
REXULTI	3	QL
RISPERDAL	E	
risperidone oral tablet	1	QL
RYKINDO	3	++
SAPHRIS	E	
SECUADO	E	
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY	3	++
VRAYLAR	3	QL
ziprasidone hcl	1	QL
ZYPREXA	E	

Drug Name	Drug Tier	Notes
Antivirals		
acyclovir external ointment	1	QL
acyclovir oral capsule	1	
acyclovir oral tablet	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	3	
CABENUVA	2	
CIMDUO	2	
DESCOVY ORAL TABLET 120-15 MG	3	
DESCOVY ORAL TABLET 200-25 MG	3	PA
DOVATO	2	
emtricitabine-tenofovir df	1	
EPCLUSA	2	PA; SP; QL
HARVONI	2	PA; SP; QL
JULUCA	2	
LEDIPASVIR-SOFOSBUVIR	E	M; SP
MAVYRET	2	PA; SP; QL
oseltamivir phosphate oral	1	QL
PAXLOVID (150/100)	2	QL
PAXLOVID (300/100 & 150/100)	2	QL
PAXLOVID (300/100)	2	QL
PREZCOBIX ORAL TABLET 800-150 MG	2	
SOFOSBUVIR-VELPATASVIR	E	M; SP
SYMFI	2	
SYMTUZA	3	
TAMIFLU	E	
TRIUMEQ	2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
TRUVADA	E	
valacyclovir hcl oral	1	QL
VALTREX	E	
VEMLIDY	E	
VOCABRIA	E	
VOSEVI	2	PA; SP; QL
XOFLUZA (40 MG DOSE)	3	QL
XOFLUZA (80 MG DOSE)	3	QL
ZOVIRAX	E	
Anxiolytics - Drugs for Anxiety		
alprazolam oral tablet	1	QL
ATIVAN ORAL	E	
bupirone hcl oral	1	
clonazepam oral	1	QL
diazepam oral tablet	1	
hydroxyzine hcl oral	1	
hydroxyzine pamoate oral	1	
KLONOPIN	E	
lorazepam oral tablet	1	QL
LOREEV XR	E	
triazolam	1	QL
VALIUM	E	
XANAX	E	
XANAX XR	E	
Bipolar Agents - Drugs for Mood Disorders		
lithium carbonate er	1	
lithium carbonate oral	1	

Drug Name	Drug Tier	Notes
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	2	SP
ADYNOVATE	3	SP
AFSTYLA	3	SP
ALPROLIX	3	SP
ALTUVIIIIO	3	SP
ARANESP (ALBUMIN FREE)	2	PA; SP
BENEFIX	2	SP
DOPTELET	3	PA; SP
ELOCTATE	3	SP
EMPAVELI	3	PA; SP
EPOGEN	E	SP
ESPEROCT	3	SP
FABHALTA	3	PA; SP; QL
FULPHILA	E	SP
FYLNETRA	E	SP
GRANIX	E	SP
IDELVION	3	SP
JIVI	3	SP
KOATE	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
NEULASTA	3	PA; SP
NEULASTA ONPRO	3	PA; SP
NEUPOGEN	E	SP
NIVESTYM	2	PA; SP
NOVOEIGHT	2	SP
NUWIQ	2	SP
NYPOZI	E	SP
NYVEPRIA	E	SP
PIASKY	E	SP
PROCRIT	2	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
PROMACTA	3	PA; SP
REBINYN	3	SP
RECOMBINATE	2	SP
RELEUKO	E	SP
RETACRIT	2	PA; SP
ROLVEDON	E	SP
SEVENFACT	E	SP
SOLIRIS	3	PA; SP
STIMUFEND	E	SP
tranexamic acid oral	1	
UDENYCA	3	PA; SP
UDENYCA ONBODY	3	PA; SP
ULTOMIRIS	3	PA; SP
VAFSEO	E	
VOYDEYA	3	PA; SP; QL
WILATE	2	SP
XYNTHA	2	SP
XYNTHA SOLOFUSE	2	SP
ZARXIO	2	PA; SP
ZIEXTENZO	E	SP
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ALTACE ORAL CAPSULE 2.5 MG	E	
amiodarone hcl oral	1	
amlodipine besylate oral	1	
amlodipine besylate-benazepril hcl	1	
amlodipine besylate-valsartan	1	
amlodipine-olmesartan	1	
ASPRUZYO SPRINKLE	E	

Drug Name	Drug Tier	Notes
ATACAND	E	
atenolol oral	1	
ATORVALIQ	E	
atorvastatin calcium oral	1	
ATTRUBY	E	SP
AVAPRO	E	
AZOR	E	
benazepril hcl oral	1	
BENICAR	E	
BENICAR HCT	E	
bisoprolol fumarate oral	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	E	
CAMZYOS	E	SP
candesartan cilexetil	1	
CARDIZEM LA	E	
cartia xt	1	
carvedilol	1	
CATAPRES-TTS-1	E	
CATAPRES-TTS-2	E	
CATAPRES-TTS-3	E	
chlorthalidone	1	
clonidine hcl oral	1	
COLESTID	E	
colestipol hcl oral tablet	1	
CONJUPRI	E	
COREG	E	
COREG CR	E	
COZAAR	E	
CRESTOR	E	
diltiazem hcl er coated beads	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
DIOVAN	E	
DIOVAN HCT	E	
doxazosin mesylate oral	1	
EDARBI	3	ST
EDARBYCLOR	3	ST
enalapril maleate oral tablet	1	
ENTRESTO ORAL CAPSULE SPRINKLE	2	QL
ENTRESTO ORAL TABLET	E	
EXFORGE	E	
EXFORGE HCT	E	
ezetimibe	1	
fenofibrate micronized	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate oral tablet	1	
flecainide acetate	1	
FUROSCIX	E	
furosemide oral tablet	1	
gemfibrozil oral	1	
guanfacine hcl	1	
HEMANGEOL	3	PA
hydralazine hcl oral	1	
hydrochlorothiazide oral	1	
HYZAAR	E	
icosapent ethyl	1	PA
INDERAL LA	E	
INDERAL XL	E	
INNOPRAN XL	E	
INPEFA	E	
irbesartan	1	

Drug Name	Drug Tier	Notes
irbesartan-hydrochlorothiazide	1	
isosorbide mononitrate er	1	
KAPSPARGO SPRINKLE	E	
KATERZIA	E	
labetalol hcl oral	1	
LASIX	E	
LEQVIO	E	
LESCOL XL	E	
LEVAMLODIPINE MALEATE	E	M
LIPITOR	E	
lisinopril oral	1	
lisinopril-hydrochlorothiazide	1	
LIVALO	E	
LODOCO	E	
losartan potassium oral	1	
losartan potassium-hctz	1	
LOTREL	E	
lovastatin oral	1	
LOVAZA	E	
metoprolol succinate er	1	
metoprolol tartrate oral	1	
MICARDIS	E	
MICARDIS HCT	E	
midodrine hcl	1	
minoxidil oral	1	
MULTAQ	3	
nadolol oral	1	
nebivolol hcl	1	
NEXLETOL	2	PA; QL
NEXLIZET	2	PA; QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
nifedipine er	1	
nifedipine er osmotic release	1	
nitroglycerin sublingual	1	
NITROSTAT	E	
NORLIQVA	3	PA
NORVASC	E	
olmesartan medoxomil oral	1	
olmesartan medoxomil-hctz	1	
omega-3-acid ethyl esters	1	
PRALUENT	E	
pravastatin sodium	1	
prazosin hcl oral	1	
propranolol hcl er	1	
propranolol hcl oral tablet	1	
QUESTRAN	E	
QUESTRAN LIGHT	E	
ramipril	1	
ranolazine er	1	
REPATHA	2	ST; QL
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	2	ST; QL
REPATHA SURECLICK	2	ST; QL
rosuvastatin calcium oral	1	
simvastatin oral	1	
SOAANZ	E	

Drug Name	Drug Tier	Notes
spironolactone oral tablet	1	
TEKTURNA	2	
telmisartan	1	
TENORMIN	E	
TIKOSYN	E	
TOPROL XL	E	
toremide	1	
triamterene-hctz	1	
TRIBENZOR	E	
TRICOR	E	
VALSARTAN ORAL SOLUTION	E	M
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASCEPA	2	PA
verapamil hcl er oral tablet extended release	1	
VERQUVO	3	PA; QL
VYNDAMAX	3	PA; SP; QL
VYNDAQEL	3	PA; SP; QL
VYTORIN	E	
WELCHOL	E	
ZESTRIL	E	
ZETIA	E	
ZOCOR	E	
ZYPITAMAG	E	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL	E	
ADDERALL XR	E	
ADZENYS XR-ODT	E	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
amphetamine-dextroamphetamine	1	QL
amphetamine-dextroamphetamine er	1	QL
amphet-dextroamphet 3-bead er	1	QL
atomoxetine hcl	1	QL
AZSTARYS	2	ST; QL
clonidine hcl er	1	
COTEMPLA XR-ODT	E	
DAYTRANA	E	
dexmethylphenidate hcl	1	QL
dexmethylphenidate hcl er	1	QL
dextroamphetamine sulfate oral tablet	1	QL
DYANAVAL XR	E	
EVEKEO	E	
FOCALIN	E	
FOCALIN XR	E	
guanfacine hcl er	1	
INTUNIV	E	
JORNAY PM	3	ST; QL
lisdexamfetamine dimesylate	1	QL
METADATE CD	E	
methylphenidate hcl er	1	QL
methylphenidate hcl er (cd)	1	QL
methylphenidate hcl er (la)	1	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	QL

Drug Name	Drug Tier	Notes
methylphenidate hcl er (xr)	1	QL
methylphenidate hcl oral tablet	1	QL
MYDAYIS	E	
QELBREE	E	
QUILLICHEW ER	E	
QUILLIVANT XR	E	
RELEXXII	3	ST; QL
RITALIN	E	
RITALIN LA	E	
VYVANSE ORAL CAPSULE	3	ST; QL
XELSTRYM	E	
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	SP
AUBAGIO	E	SP
AVONEX PEN	2	PA; SP; QL
AVONEX PREFILLED	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
COPAXONE	E	SP
dalfampridine er	1	PA; SP; QL
dimethyl fumarate oral	1	PA; SP; QL
GILENYA ORAL CAPSULE 0.5 MG	E	SP
KESIMPTA	2	PA; SP; QL
MAVENCLAD	3	PA; SP; QL
MAYZENT	3	PA; SP; QL
MAYZENT STARTER PACK	3	PA; SP; QL
PLEGRIDY	E	SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
PLEGRIDY STARTER PACK	E	SP
PONVORY	E	SP
PONVORY STARTER PACK	E	SP
REBIF	E	SP
REBIF REBIDOSE	E	SP
REBIF REBIDOSE TITRATION PACK	E	SP
REBIF TITRATION PACK	E	SP
TASCENSO ODT	E	SP
TECFIDERA	E	SP
VUMERITY	2	PA; SP; QL
ZEPOSIA	3	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	3	PA; SP; QL
ZEPOSIA STARTER KIT	3	PA; SP; QL
Central Nervous System Agents - Miscellaneous		
ADIPEX-P	E	
AUSTEDO	3	PA; SP; QL
AUSTEDO XR	3	PA; SP; QL
AUSTEDO XR PATIENT TITRATION	3	PA; SP; QL
CONTRACE	E	
DAYBUE	E	SP
GRALISE	3	ST; QL
HORIZANT	3	PA; QL
IMCIVREE	E	SP
INGREZZA	3	PA; SP; QL
LYRICA	E	
LYRICA CR	E	
phentermine hcl oral capsule	1	++

Drug Name	Drug Tier	Notes
phentermine hcl oral tablet 37.5 mg	1	++
pregabalin oral capsule	1	QL
QSYMIA	2	PA; ++
RADICAVA ORS	2	PA; SP
RADICAVA ORS STARTER KIT	2	PA; SP
SAXENDA	2	PA; ++; QL
TEGLUTIK	2	PA; QL
VYLEESI	3	PA; ++; QL
WAINUA	3	PA; SP; QL
WEGOVI	2	PA; ++; QL
ZEPBOUND SUBCUTANEOUS SOLUTION	E	
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA; ++; QL
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
chlorhexidine gluconate mouth/throat	1	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
perigard	1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA	E	
ABSORICA LD	3	PA
ACANYA	E	
acutane	1	
ACZONE	E	
ADBRY	2	PA; SP; QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
AKLIEF	3	PA
ALA SCALP	E	
ala-cort	1	
amnesteem	1	
AMZEEQ	3	
ARAZLO	E	
azelaic acid external	1	
BENZAMYCIN	E	
betamethasone dipropionate external	1	
CABTREO	E	
CALCIPOTRIENE EXTERNAL FOAM	E	M
CIBINQO	2	PA; SP; QL
claravis	1	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	
clindamycin phos (once-daily)	1	
clindamycin phos (twice-daily)	1	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	E	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	

Drug Name	Drug Tier	Notes
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	E	M
clobetasol propionate external cream 0.05 %	1	
clobetasol propionate external foam	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX	E	
CLOBEX SPRAY	E	
clodan	1	
CLODERM	E	
CORDRAN	E	
desonide external cream	1	
desonide external ointment	1	
DIFFERIN EXTERNAL CREAM	E	
DIFFERIN EXTERNAL GEL 0.3 %	E	
DIFFERIN EXTERNAL LOTION	E	
doxycycline	E	
DUOBRII	E	
DUPIXENT	2	PA; SP; QL
EBGLYSS	2	PA; SP; QL
ELIDEL	E	
EMROSI	E	
ENSTILAR	3	QL
EPIDUO	E	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
EPIDUO FORTE	3	
EPSOLAY	E	
EUCRISA	2	ST
FABIOR	E	
FINACEA EXTERNAL FOAM	3	
finasteride oral tablet 1 mg	1	
fluocinonide external cream	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
fluorouracil external cream 5 %	1	
HALOG	E	
hydrocortisone external cream 1 %, 2.5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1	
HYDROCORTISONE EXTERNAL SOLUTION	E	M
HYFTOR	E	
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump	1	ST
IMPOYZ	E	
isotretinoin oral	1	
KLISYRI (250 MG)	3	ST
KLISYRI (350 MG)	3	ST
LEXETTE	E	
LITFULO	3	PA; SP; QL
METROGEL	E	

Drug Name	Drug Tier	Notes
metronidazole external cream	1	
metronidazole external gel	1	
MICORT HC	E	
MIRVASO	2	
mometasone furoate external	1	
NEMLUVIO	2	PA; SP; QL
NORITATE	E	
ONEXTON	1	
OPZELURA	2	ST; QL
ORACEA	E	
pimecrolimus	1	ST; QL
PROPECIA	E	
QBREXZA	3	QL
RETIN-A	E	
RETIN-A MICRO GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	E	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	3	PA; ++
RHOFADE	E	
SANTYL	3	QL
SOFDRA	3	QL
SOOLANTRA	3	
SORILUX	E	
TACLONEX	3	QL
tacrolimus external	1	QL
TAZAROTENE EXTERNAL FOAM	E	
TAZORAC	E	
TOPICORT SPRAY	E	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
tretinoin external	1	++
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbbase	1	
triderm	1	
TWYNEO	3	
ULTRAVATE	E	
VECTICAL	E	
VTAMA	2	ST
WINLEVI	E	
WYNZORA	3	QL
YCANTH	3	PA
zenatane	1	
ZIANA	E	
ZILXI	3	ST
ZORYVE EXTERNAL CREAM	2	ST
ZORYVE EXTERNAL FOAM	E	
ZYCLARA	E	
ZYCLARA PUMP	E	
Diabetes - Antidiabetic Agents		
ALOGLIPTIN BENZOATE	E	
ALOGLIPTIN-METFORMIN HCL	E	
ALOGLIPTIN-PIOGLITAZONE	E	
BEXAGLIFLOZIN	E	M
BRENZAVVY	E	

Drug Name	Drug Tier	Notes
DAPAGLIFLOZIN PRO-METFORMIN ER	E	M
DAPAGLIFLOZIN PROPANEDIOL	E	M
FARXIGA	2	
glimepiride	1	
glipizide er	1	
glipizide ir	1	
glyburide oral	1	
GLYXAMBI	2	
INVOKAMET	E	
INVOKAMET XR	E	
INVOKANA	E	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
metformin hcl er	1	
metformin hcl er (mod)	E	
metformin hcl er (osm)	E	
metformin hcl oral tablet 1000 mg, 500 mg, 750 mg, 850 mg	1	
metformin hcl oral tablet 625 mg	E	
MOUNJARO	2	PA; QL
ONGLYZA	E	
OZEMPIC	2	PA; QL
pioglitazone hcl	1	
RYBELSUS	2	PA; QL
SEGLUROMET	E	
SITAGLIPT BASE-METFORM HCL ER	E	
SITAGLIPTIN	E	M

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
SITAGLIPTIN BASE-METFORMIN HCL	E	
SOLIQUA	2	
STEGLATRO	E	
STEGLUJAN	E	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
TRIJARDY XR	2	
TRULICITY	2	PA; QL
TZIELD	E	
VICTOZA	E	
XIGDUO XR	2	
ZITUVIMET	E	
ZITUVIMET XR	E	
ZITUVIO	E	
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	2	++
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	++
BIGFOOT UNITY PROGRAM	E	
CEQUR SIMPLICITY 2U 10PK	2	++
CONTOUR NEXT EZ KIT W/DEVICE	2	++
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2	++
CONTOUR NEXT MONITOR KIT W/DEVICE	2	++
CONTOUR NEXT ONE KIT	2	++

Drug Name	Drug Tier	Notes
CONTOUR NEXT GEN TEST STRIPS	2	++; QL
CONTOUR PLUS BLUE KIT W/DEVICE	2	++
CONTOUR PLUS TEST STRIP	2	++; QL
CONTOUR TEST STRIPS	2	++; QL
DEXCOM G6 RECEIVER	2	PA; ++
DEXCOM G6 SENSOR	2	PA; ++
DEXCOM G6 TRANSMITTER	2	PA; ++
DEXCOM G7 RECEIVER	2	PA; ++
DEXCOM G7 SENSOR	2	PA; ++
ENLITE GLUCOSE SENSOR	3	PA; ++
EVERSENSE 365 SENSOR/HOLDER	E	
EVERSENSE 365 SMART TRANSMIT	E	
EVERSENSE SENSOR/HOLDER	E	
EVERSENSE SMART TRANSMITTER	E	
FREESTYLE INSULINX TEST STRIPS	E	
FREESTYLE LIBRE 14 DAY READER	E	
FREESTYLE LIBRE 14 DAY SENSOR	E	
FREESTYLE LIBRE 2 READER	E	
FREESTYLE LIBRE 2 SENSOR	E	
FREESTYLE LIBRE 3 READER	E	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
FREESTYLE LIBRE 3 SENSOR	E	
FREESTYLE LITE TEST STRIPS	E	
FREESTYLE TEST STRIPS	E	
GUARDIAN 4 GLUCOSE SENSOR	3	PA; ++
GUARDIAN 4 TRANSMITTER	3	PA; ++
GUARDIAN LINK 3 TRANSMITTER	3	PA; ++
GUARDIAN REAL-TIME CHARGER	3	++
GUARDIAN REAL-TIME REPLACE PED	3	PA; ++
GUARDIAN REAL-TIME TEST PLUG	3	++
GUARDIAN SENSOR 3	3	PA; ++
INPEN 100-BLUE-LILLY-HUMALOG	3	++
INPEN 100-BLUE-NOVOLOG-FIASP	3	++
INPEN 100-GREY-LILLY-HUMALOG	3	++
INPEN 100-GREY-NOVOLOG-FIASP	3	++
INPEN 100-PINK-LILLY-HUMALOG	3	++
INPEN 100-PINK-NOVOLOG-FIASP	3	++
ONETOUCH ULTRA TEST STRIPS	E	
ONETOUCH ULTRA 2 KIT W/DEVICE	E	
ONETOUCH ULTRA BLUE TEST	E	

Drug Name	Drug Tier	Notes
ONETOUCH ULTRA TEST STRIPS	E	
ONETOUCH VERIO FLEX SYSTEM	E	
ONETOUCH VERIO TEST STRIPS	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	E	
PRECISION XTRA BLOOD GLUCOSE STRIPS	E	
SIMPLERA SENSOR	3	PA; ++
SIMPLERA SYNC SENSOR	3	PA; ++
SIMPLERA SYSTEM	3	PA; ++
TEMPO REFILL	E	
TEMPO SMART BUTTON	E	
TEMPO WELCOME	E	
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	2	++
BAQSIMI TWO PACK	2	++
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED	2	Made by Fresenius; ++
GVOKE HYPOPEN 1-PACK	E	
GVOKE HYPOPEN 2-PACK	E	
GVOKE KIT	E	
GVOKE PFS	E	
ZEGALOGUE	2	++
Diabetes - Insulins		
ADMELOG	1	++

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
ADMELOG SOLOSTAR	1	++
APIDRA SOLOSTAR	1	++
APIDRA VIAL	1	++
BASAGLAR KWIKPEN	1	++
BASAGLAR TEMPO PEN	E	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	++
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	2	++
FIASP	1	++
FIASP FLEXTOUCH	1	++
FIASP PENFILL	1	++
FIASP PUMPCART	1	++
HUMALOG	1	++
HUMALOG KWIKPEN	1	++
HUMALOG MIX 50/50 KWIKPEN	1	++
HUMALOG MIX 75/25 KWIKPEN	1	++
HUMALOG MIX 75/25 VIAL	1	++
HUMALOG TEMPO PEN	E	
HUMALOG U-100 JUNIOR KWIKPEN	1	++
HUMULIN 70/30 KWIKPEN	1	++
HUMULIN 70/30 VIAL	1	++
HUMULIN N KWIKPEN	1	++

Drug Name	Drug Tier	Notes
HUMULIN N VIAL	1	++
HUMULIN R U-500 KWIKPEN	1	++
HUMULIN R U-500 VIAL	1	++
HUMULIN R VIAL	1	++
INSULIN ASP PROT & ASP FLEXPEN	E	
INSULIN ASPART	E	
INSULIN ASPART FLEXPEN	E	
INSULIN ASPART PENFILL	E	
INSULIN ASPART PROT & ASPART	E	
INSULIN DEGLUDEC	E	
INSULIN DEGLUDEC FLEXTOUCH	E	
INSULIN GLARGINE MAX SOLOSTAR	E	
INSULIN GLARGINE SOLOSTAR	E	
INSULIN GLARGINE-YFGN	E	
INSULIN LISPRO	1	++
INSULIN LISPRO (1 UNIT DIAL)	1	++
INSULIN LISPRO JUNIOR KWIKPEN	1	++
INSULIN LISPRO PROT & LISPRO	1	++
LANTUS SOLOSTAR	1	++
LANTUS U-100 VIAL	1	++
LYUMJEV KWIKPEN	1	++
LYUMJEV TEMPO PEN	E	
LYUMJEV VIAL	1	++

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
NOVOLIN 70/30 FLEXPEN	1	++
NOVOLIN 70/30 FLEXPEN RELION	E	
NOVOLIN 70/30 RELION	E	
NOVOLIN 70/30 VIAL	1	++
NOVOLIN N FLEXPEN	1	++
NOVOLIN N FLEXPEN RELION	E	
NOVOLIN N RELION	E	
NOVOLIN N VIAL	1	++
NOVOLIN R FLEXPEN	1	++
NOVOLIN R FLEXPEN RELION	E	
NOVOLIN R RELION	E	
NOVOLIN R VIAL	1	++
NOVOLOG 70/30 FLEXPEN RELION	E	
NOVOLOG FLEXPEN	1	++
NOVOLOG FLEXPEN RELION	E	
NOVOLOG MIX 70/30 FLEXPEN	1	++
NOVOLOG MIX 70/30 RELION	E	
NOVOLOG MIX 70/30 VIAL	1	++
NOVOLOG PENFILL	1	++
NOVOLOG RELION	E	
NOVOLOG U-100 VIAL	1	++
REZVOGLAR KWIKPEN	1	++
SEMGLEE (YFGN)	E	
TOUJEO MAX SOLOSTAR	1	++
TOUJEO SOLOSTAR	1	++

Drug Name	Drug Tier	Notes
TRESIBA	E	
TRESIBA FLEXTOUCH	E	
Electrolytes / Minerals / Metals / Vitamins		
ACCRUFER	E	
CARNITOR ORAL	E	
CARNITOR SF	E	
CUVRIOR	E	SP
cyanocobalamin injection solution 1000 mcg/ml	1	++
cyanocobalamin nasal	1	++
ergocalciferol oral capsule	1	++
folic acid oral tablet 1 mg	1	++
JYNARQUE	1	PA; SP; QL
klor-con 10	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
klor-con oral tablet extended release	1	
LOKELMA	3	
NASCOBAL	3	++
POKONZA	E	
potassium chloride crys er	1	
potassium chloride er	1	
potassium citrate er	1	
SYPRINE	E	SP
tolvaptan oral tablet therapy pack	E	Made by Lupin.; SP
tolvaptan tablet 15 mg oral	1	PA; SP; QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
tolvaptan tablet 15 mg oral	E	Made by Lupin.; SP
tolvaptan tablet 30 mg oral	1	PA; SP; QL
tolvaptan tablet 30 mg oral	E	Made by Lupin.; SP
VELTASSA	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	++
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	
CARAFATE ORAL TABLET	E	
DEXILANT	E	
dexlansoprazole	1	++; QL
esomeprazole magnesium oral capsule delayed release	1	++; QL
famotidine oral suspension reconstituted	1	++
famotidine oral tablet 20 mg, 40 mg	1	++
KONVOMEF	E	
lansoprazole oral capsule delayed release	1	++; QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	
omeprazole oral capsule delayed release	1	QL

Drug Name	Drug Tier	Notes
omeprazole-sodium bicarbonate	E	
pantoprazole sodium oral tablet delayed release	1	QL
PREVACID	E	
PREVACID SOLUTAB	E	
PROTONIX ORAL TABLET DELAYED RELEASE	E	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	E	M
rabeprazole sodium oral tablet delayed release	1	++; QL
sucralfate oral	1	
VOQUEZNA	E	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
AMITIZA	E	
CLENPIQ	3	
constulose	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n with flavor pack	1	
glycopyrrolate oral tablet 1 mg, 2 mg	1	QL
GOLYTELY	E	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
IBSRELA	E	
IQIRVO	3	PA; SP; QL
lactulose oral solution	1	
LINZESS	2	ST; QL
LIVDELZI	3	PA; SP; QL
loperamide hcl oral capsule	1	
lubiprostone	1	QL
MOTOFEN	E	
MOVANTIK	E	
MOVIPREP	E	
na sulfate-k sulfate-mg sulf	1	
peg 3350-kcl-na bicarb-nacl	1	
peg-3350/electrolytes	1	
PLENVU	E	
PYLERA	2	
REBYOTA	3	PA; SP
RELISTOR	E	
RELTONE	E	
REZDIFFRA	E	
SUFLAVE	3	
SUPREP BOWEL PREP KIT	3	
SUTAB	3	
SYMPROIC	2	ST; QL
TALICIA	2	
TRULANCE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	M
VIBERZI	3	PA; QL
VOQUEZNA DUAL PAK	2	

Drug Name	Drug Tier	Notes
VOQUEZNA TRIPLE PAK	2	
VOWST	E	SP
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
AMONDYS 45	E	SP
BUPHENYL	E	SP
CERDELGA	3	PA; SP
CREON	2	
DUVYZAT	E	SP
ELEVIDYS	E	SP
ELFABRIO	E	SP
EXONDYS 51	E	SP
FABRAZYME	2	PA; SP
JAVYGTOR	E	SP
KUVAN	E	SP
OLPRUVA (2 GM DOSE)	E	SP
OLPRUVA (3 GM DOSE)	E	SP
OLPRUVA (4 GM DOSE)	E	SP
OLPRUVA (5 GM DOSE)	E	SP
OLPRUVA (6 GM DOSE)	E	SP
OLPRUVA (6.67 GM DOSE)	E	SP
ORFADIN	3	PA; SP
PALYNZIQ	E	SP
PANCREAZE	E	
PERTZYE	E	
PHEBURANE	3	PA; SP
RAVICTI	E	SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
STRENSIQ	2	PA; SP
VILTEPSO	E	SP
VIOKACE	E	
VYONDYS 53	E	SP
ZENPEP	2	
ZOLGENSMA	3	PA; SP
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	3	
CIALIS	E	
CUPRIMINE	E	SP
ELMIRON	E	
GEMTESA	E	
mirabegron er	1	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	E	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
OXLUMO	3	PA; SP
oxybutynin chloride er	1	
oxybutynin chloride oral tablet	1	
penicillamine oral capsule	E	SP
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	++; QL
solifenacin succinate	1	
STENDRA	E	
tadalafil oral	1	++; QL

Drug Name	Drug Tier	Notes
THIOLA	3	SP
THIOLA EC	3	SP
tolterodine tartrate er	1	
TOVIAZ	E	
VANRAFIA	3	PA; SP; QL
VELPHORO	E	
VENXXIVA	E	SP
VESICARE	E	
VESICARE LS ORAL SUSPENSION 5 MG/5ML	E	
VIAGRA	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	1	
finasteride oral tablet 5 mg	1	
tamsulosin hcl	1	
Hormonal Agents - Adrenal		
ALKINDI SPRINKLE	E	
CORTEF	E	
CORTISONE ACETATE ORAL	E	
dexamethasone oral tablet	1	
EMFLAZA	E	SP
fludrocortisone acetate oral	1	
HEMADY	E	
hydrocortisone oral	1	
KENALOG-40	E	
methylprednisolone oral	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS	E	
Hormonal Agents - Men's Health		
ANDROGEL PUMP	E	
AVEED	E	
AZMIRO	E	
DEPO-TESTOSTERONE	E	
JATENZO	E	
NATESTO	E	
TESTIM	E	
TESTOPEL	E	
testosterone cypionate intramuscular	1	PA; QL
testosterone transdermal gel	1	PA; QL
TLANDO	E	
UNDECATREX	E	M
VOGELXO	E	
VOGELXO PUMP	E	
XYOSTED	E	
Hormonal Agents - Pituitary		
ACTHAR	2	PA; SP
ACTHAR GEL	2	PA; SP
cabergoline	1	
CETROTIDE	E	SP
CORTROPHIN	2	PA; SP
CORTROPHIN GEL	2	PA; SP

Drug Name	Drug Tier	Notes
desmopressin acetate oral	1	
FOLLISTIM AQ	2	PA; ++; SP
ganirelix acetate	1	PA; Made by Organon; ++; SP
GENOTROPIN	E	SP
GENOTROPIN MINIQUICK	E	SP
GONAL-F	E	SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNT/1.44ML	E	SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	E	SP
HUMATROPE	E	SP
ISTURISA	E	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
LUPRON DEPOT-PED (1-MONTH)	2	PA; SP; QL
LUPRON DEPOT-PED (3-MONTH)	2	PA; SP; QL
LUPRON DEPOT-PED (6-MONTH)	2	PA; SP; QL
MENOPUR	3	PA; ++; SP
MYCAPSSA	E	SP
NGENLA	3	PA; ++; SP
NORDITROPIN FLEXPPO	2	PA; ++; SP
NUTROPIN AQ NUSPIN 10	3	PA; ++; SP
NUTROPIN AQ NUSPIN 20	3	PA; ++; SP
NUTROPIN AQ NUSPIN 5	3	PA; ++; SP
OMNITROPE	2	PA; ++; SP
ORLISSA	2	PA; QL
OVIDREL	3	PA; ++; SP
RECORLEV	E	SP
SANDOSTATIN	E	SP
SIGNIFOR	E	SP
SKYTROFA	3	PA; ++; SP
SOGROYA	E	SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	3	PA; SP
TRIPTODUR	2	PA; SP; QL
ZOMACTON	E	SP
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	3	

Drug Name	Drug Tier	Notes
Hormonal Agents - Sex Hormones and Birth Control		
afirmelle	1	++
altavera	1	++
ANNOVERA	3	++; QL
apri	1	++
aubra eq	1	++
aurovela 1.5/30	1	++
aurovela 1/20	1	++
aurovela 24 fe	1	++
aurovela fe 1.5/30	1	++
aurovela fe 1/20	1	++
aviane	1	++
ayuna	1	++
BALCOLTRA	3	++
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	++
blisovi fe 1.5/30	1	++
blisovi fe 1/20	1	++
camila	1	++
chateal eq	1	++
CLIMARA	E	
CLIMARA PRO	2	
cyred eq	1	++
deblitane	1	++
DELESTROGEN	E	
delyla	1	++
DIVIGEL	3	
dotti	1	
drospirenone-ethinyl estradiol	1	++
DUAVEE	2	
ELESTRIN	3	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
eluryng	1	++
emzahn	1	++
ENDOMETRIN	2	++
enilloring	1	++
enskyce	1	++
errin	1	++
estarylla	1	++
ESTRACE	E	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
estradiol oral	1	
estradiol transdermal	1	
estradiol vaginal	1	
estradiol-norethindrone acet	1	
ESTROGEL	E	
etonogestrel-ethinyl estradiol	1	++
EVAMIST	3	
falmina	1	++
feirza 1.5/30	1	++
feirza 1/20	1	++
gallifrey	1	
hailey 1.5/30	1	++
hailey 24 fe	1	++
hailey fe 1.5/30	1	++
hailey fe 1/20	1	++
haloette	1	++
heather	1	++
IMVEXXY MAINTENANCE PACK	2	
IMVEXXY STARTER PACK	2	
incassia	1	++
isibloom	1	++

Drug Name	Drug Tier	Notes
jasmiel	1	++
jencycla	1	++
juleber	1	++
junel 1.5/30	1	++
junel 1/20	1	++
junel fe 1.5/30	1	++
junel fe 1/20	1	++
junel fe 24	1	++
kalliga	1	++
kurvelo	1	++
KYLEENA	3	++
larin 1.5/30	1	++
larin 1/20	1	++
larin 24 fe	1	++
larin fe 1.5/30	1	++
larin fe 1/20	1	++
lessina	1	++
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-30 mg- mcg	1	++
levora 0.15/30 (28)	1	++
LO LOESTRIN FE	E	
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
loryna	1	++
lo-zumandimine	1	++
luteria	1	++
lyleq	1	++
lyllana	1	
lyza	1	++
marlissa	1	++

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
medroxyprogesterone acetate intramuscular	1	++; QL
medroxyprogesterone acetate oral	1	
meleya	1	++
microgestin 1.5/30	1	++
microgestin 1/20	1	++
microgestin fe 1.5/30	1	++
microgestin fe 1/20	1	++
mili	1	++
mimvey	1	
MIRENA (52 MG)	3	++
mono-linyah	1	++
MYFEMBREE	2	PA; QL
NATAZIA	2	++
NEXTSTELLIS	E	
nikki	1	++
nora-be	1	++
norelgestromin-eth estradiol	1	++
norethin ace-eth estrad-fe oral tablet	1	++
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	++
norethindrone oral	1	++
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	++
norgestimate-ethinyl estradiol triphasic	1	++
norlyroc	1	++
ocella	1	++
ORIAHNN	2	PA; QL
portia-28	1	++

Drug Name	Drug Tier	Notes
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone intramuscular	1	
progesterone oral	1	
PROMETRIUM	E	
reclipsen	1	++
SAFYRAL	E	
sharobel	1	++
SKYLA	3	++
SLYND	E	
sprintec 28	1	++
sronyx	1	++
syeda	1	++
tarina 24 fe	1	++
tarina fe 1/20 eq	1	++
tri-estarylla	1	++
tri-linyah	1	++
tri-lo-estarylla	1	++
tri-lo-marzia	1	++
tri-lo-mili	1	++
tri-lo-sprintec	1	++
tri-mili	1	++
tri-sprintec	1	++
tri-vylibra	1	++
tri-vylibra lo	1	++
TWIRLA	E	
VAGIFEM	E	
vestura	1	++
vienva	1	++
VIVELLE-DOT	E	
vylibra	1	++

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
xulane	1	++
YASMIN 28	E	
YAZ	E	
yuvaferm	1	
zafemy	1	++
zumandimine	1	++
Hormonal Agents - Thyroid		
ADTHYZA	3	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	E	
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	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	M
levothyroxine sodium oral tablet	1	
levoxyl	1	
liothyronine sodium oral	1	
methimazole oral	1	
NIVA THYROID	3	
RENTHYROID	3	
SYNTHROID	E	
THYQUIDITY	E	
TIROSINT	E	
TIROSINT-SOL	E	
unithroid	1	

Drug Name	Drug Tier	Notes
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	SP
ABRILADA (2 PEN)	E	SP
ABRILADA (2 SYRINGE)	E	SP
ACTEMRA ACTPEN	3	PA; 3P; SP; QL
ACTEMRA INTRAVENOUS	3	PA; 3P; SP
ACTEMRA SUBCUTANEOUS	3	PA; 3P; SP; QL
ADALIMUMAB-AACF (2 PEN)	E	SP
ADALIMUMAB-AACF (2 SYRINGE)	E	SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	SP
ADALIMUMAB-AATY (1 PEN)	E	SP
ADALIMUMAB-AATY (2 PEN)	E	SP
ADALIMUMAB-AATY (2 SYRINGE)	E	SP
ADALIMUMAB-AATY CD/UC/HS START	E	SP
ADALIMUMAB-ADAZ	E	SP
ADALIMUMAB-ADBM (2 PEN)	E	SP
ADALIMUMAB-ADBM (2 SYRINGE)	E	SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
ADALIMUMAB-ADB(M/UC/HS STRT)	E	SP
ADALIMUMAB-ADB(M/PS/UV STARTER)	E	SP
ADALIMUMAB-FKJP (2 PEN)	E	SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	SP
ADALIMUMAB-RYVK (2 PEN)	E	SP
ADALIMUMAB-RYVK (2 SYRINGE)	E	SP
ALYGLO	E	SP
AMJEVITA	2	PA; SP; QL
ASCENIV	E	SP
AVSOLA	2	PA; SP
azathioprine oral	1	
BENLYSTA	3	PA; SP
BIMZELX	3	PA; SP; QL
BIVIGAM	3	PA; SP
CIMZIA	2	PA; SP; QL
CIMZIA (2 SYRINGE)	2	PA; SP; QL
CIMZIA-STARTER	2	PA; SP; QL
CINRYZE	E	SP
COSENTYX (300 MG DOSE)	E	SP
COSENTYX 150 MG/ML	E	SP
COSENTYX SENSOREADY (300 MG)	E	SP
COSENTYX SENSOREADY PEN	E	SP
COSENTYX UNOREADY	E	SP
CUTAQUIG	3	PA; SP

Drug Name	Drug Tier	Notes
CYLTEZO (2 PEN)	E	SP
CYLTEZO (2 SYRINGE)	E	SP
CYLTEZO-CD/UC/HS STARTER	E	SP
CYLTEZO-PSORIASIS/UV STARTER	E	SP
ENBREL	2	PA; SP; QL
ENBREL MINI	2	PA; SP; QL
ENBREL SURECLICK	2	PA; SP; QL
ENTYVIO PEN	3	PA; SP; QL
FIRAZYR	E	SP
HADLIMA	E	SP
HADLIMA PUSHTOUCH	E	SP
HAEGARDA	3	PA; SP; QL
HIZENTRA	3	PA; SP
HULIO (2 PEN)	E	SP
HULIO (2 SYRINGE)	E	SP
HUMIRA (1 PEN)	E	SP
HUMIRA (2 PEN)	E	SP
HUMIRA (2 SYRINGE)	E	SP
HUMIRA-CD/UC/HS STARTER	E	SP
HUMIRA-PSORIASIS/UEIT STARTER	E	SP
HYRIMOZ	E	SP
HYRIMOZ-CROHNS/UC STARTER	E	SP
HYRIMOZ-PED<40KG CROHN STARTER	E	SP
HYRIMOZ-PED>=40KG CROHN START	E	SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
HYRIMOZ-PLAQ PSOR/UEVEIT START	E	SP
HYRIMOZ-PLAQUE PSORIASIS START	E	SP
IMULDOSA	E	SP
INFLECTRA	2	PA; SP
INFLIXIMAB	E	SP
JOENJA	E	SP
JYLAMVO	3	PA
leflunomide oral	1	
LUPKYNIS	E	SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
mycophenolic acid	1	
MYHIBBIN	3	
OLUMIANT	3	PA; SP; QL
OMVOH	2	PA; SP; QL
OMVOH (300 MG DOSE)	2	PA; SP; QL
ORENCIA CLICKJECT	3	PA; 3P; SP; QL
ORENCIA INTRAVENOUS	3	PA; 3P; SP
ORENCIA SUBCUTANEOUS	3	PA; 3P; SP; QL
ORLADEYO	3	PA; SP; QL
OTEZLA	2	PA; SP; QL

Drug Name	Drug Tier	Notes
OTREXUP SUBCUTANEOUS SOLUTION AUTO- INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	E	
OTULFI	E	SP
PANZYGA	3	PA; SP
PRIVIGEN	3	PA; SP
PYZCHIVA INTRAVENOUS	E	SP
PYZCHIVA SUBCUTANEOUS SOLUTION	E	SP
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	E	SP
RASUVO	2	PA; QL
REMICADE	E	SP
RENFLXIS	E	SP
REZUROCK	E	SP
RINVOQ	2	PA; SP; QL
RINVOQ LQ	2	PA; SP; QL
RUCONEST	3	PA; SP; QL
SAJAZIR	E	SP
SELARSDI	E	SP
SIMLANDI (1 PEN)	E	SP
SIMLANDI (1 SYRINGE)	E	SP
SIMLANDI (2 PEN)	E	SP
SIMLANDI (2 SYRINGE)	E	SP
SIMPONI	2	PA; SP; QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
SIMPONI ARIA	2	PA; SP
SKYRIZI INTRAVENOUS	2	PA; SP
SKYRIZI PEN	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS	2	PA; SP; QL
SOTYKTU	2	PA; SP; QL
STELARA	E	SP
STEQEYMA	E	SP
tacrolimus oral	1	
TAKHZYRO	3	PA; SP; QL
TALTZ	2	PA; SP; QL
TOFIDENCE	E	SP
TREMFYA INTRAVENOUS	2	PA; SP
TREMFYA SUBCUTANEOUS	2	PA; SP; QL
TREXALL	3	
TYENNE	E	SP
USTEKINUMAB	E	SP
USTEKINUMAB-AEKN	E	SP
USTEKINUMAB-TTWE	E	SP
VELSIPITY	2	PA; SP; QL
WEZLANA INTRAVENOUS	2	PA; SP
WEZLANA SUBCUTANEOUS	2	PA; SP; QL
XELJANZ	2	PA; SP; QL
XELJANZ XR	2	PA; SP; QL
XEMBIFY	3	PA; SP
YESINTEK INTRAVENOUS	2	PA; SP
YESINTEK SUBCUTANEOUS	2	PA; SP; QL
YUFLYMA (1 PEN)	E	SP
YUFLYMA (2 PEN)	E	SP

Drug Name	Drug Tier	Notes
YUFLYMA (2 SYRINGE)	E	SP
YUFLYMA-CD/UC/HS STARTER	E	SP
YUSIMRY	E	SP
ZYMFENTRA (1 PEN)	E	SP
ZYMFENTRA (2 PEN)	E	SP
ZYMFENTRA (2 SYRINGE)	E	SP
Inflammatory Bowel Disease Agents		
APRISO	1	
budesonide oral	1	
CANASA	E	
CORTIFOAM	3	
DIPENTUM	E	
hydrocortisone (perianal)	1	
LIALDA	E	
mesalamine er oral capsule 0.375 gm	E	
mesalamine oral tablet delayed release	1	
PENTASA	E	
PROCTOFOAM HC	2	
procto-med hc	1	
sulfasalazine oral	1	
TARPEYO	E	SP
UCERIS ORAL	E	
UCERIS RECTAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
alendronate sodium oral tablet 10 mg	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
alendronate sodium oral tablet 35 mg, 70 mg	1	QL
BONSITY	2	PA; SP
FORTEO	E	SP
PROLIA	2	PA; SP; QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	1	PA; SP
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	2	PA; Made by Alvogen; SP
TYMLOS	2	PA; SP
Metabolic Bone Disease Agents - Other		
calcitriol oral capsule	1	
RAYALDEE	3	
SENSIPAR	E	
Miscellaneous Therapeutic Agents		
BD PEN NEEDLE MICRO ULTRAFINE	2	++
BD PEN NEEDLE MINI ULTRAFINE	2	++
BD PEN NEEDLE NANO ULTRAFINE	2	++
BD PEN NEEDLE ORIG ULTRAFINE	2	++
BD PEN NEEDLE SHORT ULTRAFINE	2	++
BD ULTRA-FINE PEN NEEDLES	2	++
BYLVAY	3	PA; SP
BYLVAY (PELLETS)	3	PA; SP
DOJOLVI	E	

Drug Name	Drug Tier	Notes
DUROLANE	2	PA; ++
DYSPORT	2	PA
ENDARI	3	PA
EUFLEXXA	2	PA; ++
FIRDAPSE	E	SP
GEL-ONE	E	
GELSYN-3	2	PA; ++
GENVISC 850	E	
GIVLAARI	3	PA; SP
HYALGAN	E	
HYMOVIS	E	
ILET CONTACT DETACH 23" 6MM	3	++
ILET INFUSION-INSET 23" 6MM	3	++
ILET INFUSION-INSET 32" 6MM	3	++
ILET STARTER - CONTACT DETACH	3	++
ILET STARTER KIT - INSET 23"	3	++
ILET STARTER KIT - INSET 32"	3	++
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; QL
LIVMARLI ORAL SOLUTION	E	SP
MONOVISC	E	
MYOBLOC	2	PA
NOVOFINE PEN NEEDLE	2	++
NOVOFINE PLUS PEN NEEDLE	2	++
OMNIPOD 5 DEXCOM INTRO KIT	2	++

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
OMNIPOD 5 DEXCOM PODS	2	++
OMNIPOD 5 LIBRE PODS	2	++
OMNIPOD DASH INTRO KIT	2	++
OMNIPOD DASH PODS	2	++
ORTHOVISC	E	
PALFORZIA	E	
PALFORZIA (1 MG DAILY DOSE)	E	
PALFORZIA INITIAL DOSE 1-3YRS	E	
PALFORZIA INITIAL DOSE 4-17YRS	E	
PHEXXI	E	
SUPARTZ FX	E	
SYNOJOYNT	E	
SYNVISC	E	
SYNVISC ONE	E	
TAVNEOS	E	SP
TRILURON	E	
TRIVISC	E	
TWIIST REFILL KIT	2	++
TWIIST REFILL KIT/INFUSION SET	2	++
TWIIST STARTER KIT	2	++
VEOZAH	E	
VISCO-3	E	
XEOMIN	2	PA
XPHOZAH	E	
YORVIPATH	3	PA; SP; QL

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
AZASITE	3	
azelastine hcl ophthalmic	1	
BEPREVE	E	
BESIVANCE	3	
BROMSITE	E	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
EYSUVIS	3	PA; QL
FLAREX	3	
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
LOTEMAX OPTHALMIC SUSPENSION	E	
LOTEMAX SM	3	
moxifloxacin hcl ophthalmic	1	
neomycin-polymyxin-dexameth	1	
NEVANAC	E	
ofloxacin ophthalmic	1	
PRED FORTE	E	
prednisolone acetate ophthalmic	1	
PROLENSA	E	
TOBRADEX ST	3	
tobramycin ophthalmic	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
tobramycin-dexamethasone	1	
VIGAMOX	E	
XDEMVIY	E	
ZERVIATE	E	
Ophthalmic Agents - Drugs for Glaucoma		
acetazolamide oral	1	
ALPHAGAN P	E	
AZOPT	E	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
brimonidine tartrate-timolol	1	
COMBIGAN	E	
COSOPT	E	
COSOPT PF	E	
dorzolamide hcl-timolol mal	1	
dorzolamide hcl-timolol mal pf	1	
IYUZEH	E	
latanoprost ophthalmic	1	
LUMIGAN	2	QL
QLOSI	E	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
SIMBRINZA	2	
timolol maleate (once-daily)	1	
timolol maleate ocudose	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf	1	

Drug Name	Drug Tier	Notes
TIMOPTIC OCUDOSE	E	
TRAVATAN Z	E	
VUITY	E	
VYZULTA	E	
XALATAN	E	
ZIOPTAN	E	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
BEOVU	E	SP
BYOOVIZ	E	SP
CEQUA	3	PA; QL
cyclosporine ophthalmic	E	
LATISSE	E	
LUCENTIS	E	SP
MIEBO	2	PA; QL
polymyxin b-trimethoprim	1	
RESTASIS	1	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
TYRVAYA	3	PA; QL
VERKAZIA	E	
VEVYE	E	
XIIDRA	2	PA; QL
ZYLET	3	
Otic Agents - Drugs for Ear Conditions		
ciprofloxacin-dexamethasone	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
azelastine hcl nasal	1	QL
azelastine-fluticasone	1	QL
benzonatate	1	
bromphen-pseudoeph-dm	1	
cetirizine hcl oral solution	1	++
CLARINEX	E	
CLARINEX-D 12 HOUR	E	
cyproheptadine hcl oral tablet	1	
DYMISTA	E	
fluticasone propionate nasal	1	++
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	++
mometasone furoate nasal	1	++; QL
OMNARIS	3	++; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm	1	
QNASL	3	++; QL
QNASL CHILDRENS	3	++; QL
RYALTRIS	3	QL
XHANCE	E	

Drug Name	Drug Tier	Notes
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	E	
ADVAIR HFA	1	QL
AIRSUPRA	2	QL
albuterol sulfate hfa	1	QL
albuterol sulfate inhalation	1	QL
ALVESCO	E	
ANORO ELLIPTA	2	QL
ARNUIITY ELLIPTA	2	QL
ASMANEX (120 METERED DOSES)	E	
ASMANEX (14 METERED DOSES)	E	
ASMANEX (30 METERED DOSES)	E	
ASMANEX (60 METERED DOSES)	E	
ASMANEX HFA	E	
ATROVENT HFA	3	QL
AUVI-Q	3	
BEVESPI AEROSPHERE	E	
BREO ELLIPTA	1	QL
brey-na	E	
BREZTRI AEROSPHERE	2	QL
BROVANA	E	
budesonide inhalation	1	QL
budesonide-formoterol fumarate	E	
COMBIVENT RESPIMAT	2	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
DUAKLIR PRESSAIR	E	
DULERA	E	
epinephrine injection solution auto-injector	1	
EPIPEN JR 2-PAK	E	
ESBRIET	E	SP
FASENRA	2	PA; SP; QL
FASENRA PEN	2	PA; SP; QL
FLUTICASONE FUROATE ELLIPTA	E	M
FLUTICASONE FUROATE-VILANTEROL	E	M
FLUTICASONE PROPIONATE DISKUS	E	M
FLUTICASONE PROPIONATE HFA	E	M
FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	E	M
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	ST; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	E	M
INCRUSE ELLIPTA	E	

Drug Name	Drug Tier	Notes
ipratropium-albuterol	1	QL
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	E	M
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
NEFFY	3	
NUCALA	2	PA; SP; QL
OFEV	3	PA; SP
OHTUVAYRE	E	
PERFOROMIST	3	QL
PROAIR RESPICLICK	E	
PULMICORT FLEXHALER	E	
PULMICORT SUSPENSION	E	
QVAR REDIHALER	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR	E	
SPIRIVA HANDIHALER	1	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	1	QL
TEZSPIRE	2	PA; SP; QL
tiotropium bromide monohydrate	E	
TRELEGY ELLIPTA	2	QL
TUDORZA PRESSAIR	E	
UMECLIDINIUM-VILANTEROL	E	M
VENTOLIN HFA	E	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
wixela inhub	1	ST; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	2	PA; SP
XOPENEX HFA	E	
YUPELRI	3	QL
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BETHKIS	E	SP
BRONCHITOL	E	SP
CAYSTON	E	SP
KITABIS PAK (W/ NEBULIZER)	E	SP
PULMOZYME	2	PA; SP
TOBI NEBULIZER	E	SP
TOBI PODHALER	3	SP; QL
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	E	M; SP
TRIKAFTA	3	PA; SP; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	SP
ADEMPAS	2	PA; SP; QL
LETAIRIS	E	SP

Drug Name	Drug Tier	Notes
OPSUMIT	2	PA; SP; QL
OPSYNVI	E	SP
ORENITRAM	3	PA; SP
ORENITRAM MONTH 1	3	PA; SP; QL
ORENITRAM MONTH 2	3	PA; SP; QL
ORENITRAM MONTH 3	3	PA; SP; QL
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML	E	SP
REVATIO	E	SP
sildenafil citrate oral suspension reconstituted	1	PA; SP; QL
sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
TADLIQ	E	SP
TRACLEER 62.5 MG, 125 MG	E	SP
treprostinil solution 100 mg/20ml injection	1	PA; SP
treprostinil solution 100 mg/20ml injection	1	PA; Made by Sandoz; SP
treprostinil solution 20 mg/20ml injection	1	PA; SP
treprostinil solution 20 mg/20ml injection	1	PA; Made by Sandoz; SP
treprostinil solution 200 mg/20ml injection	1	PA; SP
treprostinil solution 200 mg/20ml injection	1	PA; Made by Sandoz; SP
treprostinil solution 50 mg/20ml injection	1	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
treprostinil solution 50 mg/20ml injection	1	PA; Made by Sandoz; SP
TYVASO	3	PA; SP; QL
TYVASO DPI INSTITUTIONAL KIT	3	PA; SP; QL
TYVASO DPI MAINTENANCE KIT	3	PA; SP; QL
TYVASO DPI TITRATION KIT	3	PA; SP; QL
TYVASO REFILL KIT	3	PA; SP; QL
TYVASO STARTER KIT	3	PA; SP; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
AMRIX	E	
baclofen oral tablet	1	
carisoprodol oral	1	
cyclobenzaprine hcl oral	1	
FLEQSUVY	E	
methocarbamol oral	1	
NORGESIC	E	
NORGESIC FORTE	E	
ORPHENGESIC FORTE	E	M
OZOBAX DS	E	
SOMA	E	
tizanidine hcl oral	1	
ZANAFLEX	E	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	1	PA; QL
BELSOMRA	3	QL

Drug Name	Drug Tier	Notes
DAYVIGO	E	
doxepin hcl oral tablet	1	QL
eszopiclone	1	QL
HETLIOZ	E	SP
HETLIOZ LQ	E	SP
LUMRYZ	E	SP
LUMRYZ STARTER PACK	E	SP
LUNESTA	E	
modafinil oral	1	PA; QL
NUVIGIL	E	
PROVIGIL	E	
QUVIVIQ	E	
RESTORIL	E	
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	3	PA; Made by Hikma; M; SP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	Made by Amneal; M; SP
SUNOSI	2	PA; QL
temazepam	1	QL
WAKIX	3	PA; SP; QL
XYREM	E	SP
XYWAV	3	PA; SP; QL
zolpidem tartrate er	1	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	E	
zolpidem tartrate oral tablet	1	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

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AUBAGIO.....	21	BD ULTRA-FINE INSULIN		bromphen-pseudoeph-dm.....	44
abra eq.....	34	SYRINGES.....	28	BROMSITE.....	42
AUGTYRO.....	13	BD ULTRA-FINE PEN		BRONCHITOL.....	46
aurovela 1.5/30.....	34	NEEDLES.....	41	BROVANA.....	44
aurovela 1/20.....	34	BD VEO INSULIN SYR		budesonide.....	40, 44
aurovela 24 fe.....	34	ULTRAFINE.....	28	budesonide-formoterol	
aurovela fe 1.5/30.....	34	BELBUCA.....	7	fumarate.....	44
aurovela fe 1/20.....	34	BELRAPZO.....	13	bumetanide.....	18
AURYXIA.....	32	BELSOMRA.....	47	BUPHENYL.....	31
AUSTEDO.....	22	benazepril hcl.....	18	buprenorphine hcl.....	8
AUSTEDO XR.....	22	BENDAMUSTINE HCL.....	13	buprenorphine hcl-naloxone	
AUSTEDO XR PATIENT		BENEFIX.....	17	hcl.....	8
TITRATION.....	22	BENICAR.....	18	bupropion hcl.....	11
AUVELITY.....	11	BENICAR HCT.....	18	bupropion hcl er (sr).....	11
AUVI-Q.....	44	BENLYSTA.....	38	bupropion hcl er (xl).....	11
AVAPRO.....	18	BENZAMYCIN.....	23	BUPROPION HCL ER (XL).....	11
AVEED.....	33	BENZHYDROCODONE-		buspirone hcl.....	17
aviane.....	34	ACETAMINOPHEN.....	7	butalbital-apap-caffeine.....	7
AVODART.....	32	benzonatate.....	44	BUTRANS.....	7
AVONEX PEN.....	21	benztropine mesylate.....	15	BYLVAY.....	41
AVONEX PREFILLED.....	21	BEOVU.....	43	BYLVAY (PELLETS).....	41
AVSOLA.....	38	BEPREVE.....	42	BYOOVIZ.....	43
ayuna.....	34	BESIVANCE.....	42	BYSTOLIC.....	18
AZASITE.....	42	BESREMI.....	13	CABENUVA.....	16
azathioprine.....	38	betamethasone dipropionate....	23	cabergoline.....	33
azelaic acid.....	23	BETASERON.....	21	CABOMETYX.....	13
azelastine hcl.....	42, 44	BETHKIS.....	46	CABTREO.....	23
azelastine-fluticasone.....	44	BETIMOL.....	43	CALCIPOTRIENE.....	23
azithromycin.....	8	BEVESPI AEROSPHERE.....	44	calcitriol.....	41
AZMIRO.....	33	BEXAGLIFLOZIN.....	25	CALQUENCE.....	14
AZOPT.....	43	BEYAZ.....	34	CAMBIA.....	13
AZOR.....	18	BIGFOOT UNITY PROGRAM..	26	camila.....	34
AZSTARYS.....	21	BIJUVA.....	34	CAMZYOS.....	18
bac (butalbital-acetamin-caff).....	7	BIKTARVY.....	16	CANASA.....	40
baclofen.....	47	BIMZELX.....	38	candesartan cilexetil.....	18
BAFIERTAM.....	21	bisoprolol fumarate.....	18	capecitabine.....	14
BALCOLTRA.....	34	bisoprolol-hydrochlorothiazide..	18	CARAFATE.....	30
BAQSIMI ONE PACK.....	27	BIVIGAM.....	38	CARBATROL.....	9
BAQSIMI TWO PACK.....	27	blisovi 24 fe.....	34	carbidopa-levodopa.....	15
BARACLUDGE.....	16	blisovi fe 1.5/30.....	34	CARDIZEM LA.....	18
BASAGLAR KWIKPEN.....	28	blisovi fe 1/20.....	34	carisoprodol.....	47
BASAGLAR TEMPO PEN.....	28	BONSITY.....	41	CARNITOR.....	29
BD PEN NEEDLE MICRO		BRENZAVVY.....	25	CARNITOR SF.....	29
ULTRAFINE.....	41	BREO ELLIPTA.....	44	cartia xt.....	18
		BREXAFEMME.....	12	carvedilol.....	18

CATAPRES-TTS-1.....	18	clobetasol propionate.....	23	COTELLIC.....	14
CATAPRES-TTS-2.....	18	CLOBEX.....	23	COTEMPLA XR-ODT.....	21
CATAPRES-TTS-3.....	18	CLOBEX SPRAY.....	23	COXANTO.....	7
CAYSTON.....	46	clodan.....	23	COZAAR.....	18
cefadroxil.....	8	CLODERM.....	23	CREON.....	31
cefdinir.....	8	clonazepam.....	17	CRESEMBA.....	12
cefepodoxime proxetil.....	8	clonidine hcl.....	18	CRESTOR.....	18
cefuroxime axetil.....	8	clonidine hcl er.....	21	CREXONT.....	15
CELEBREX.....	7	clopidogrel bisulfate.....	15	CUPRIMINE.....	32
celecoxib.....	7	clotrimazole.....	12	CUTAQUIG.....	38
CELEXA.....	11	clotrimazole-betamethasone.....	12	CUVRIOR.....	29
cephalexin.....	8	colchicine.....	12	cyanocobalamin.....	29
CEQUA.....	43	COLESTID.....	18	cyclobenzaprine hcl.....	47
CEQUR SIMPLICITY 2U 10PK.....	26	colestipol hcl.....	18	cyclosporine.....	43
CERDELGA.....	31	COMBIGAN.....	43	CYLTEZO (2 PEN).....	38
cetirizine hcl.....	44	COMBIVENT RESPIMAT.....	44	CYLTEZO (2 SYRINGE).....	38
CETROTIDE.....	33	CONJUPRI.....	18	CYLTEZO-CD/UC/HS	
chateal eq.....	34	constulose.....	30	STARTER.....	38
chlorhexidine gluconate.....	22	CONTOUR NEXT EZ KIT		CYLTEZO-PSORIASIS/UV	
chlorthalidone.....	18	W/DEVICE.....	26	STARTER.....	38
CIALIS.....	32	CONTOUR NEXT GEN		cyproheptadine hcl.....	44
CIBINQO.....	23	MONITOR KIT W/DEVICE.....	26	cyred eq.....	34
ciclodan.....	12	CONTOUR NEXT GEN TEST		CYTOMEL.....	37
ciclopirox.....	12	STRIPS.....	26	dalfampridine er.....	21
CIMDUO.....	16	CONTOUR NEXT MONITOR		DANZITEN.....	14
CIMZIA.....	38	KIT W/DEVICE.....	26	DAPAGLIFLOZIN PRO-	
CIMZIA (2 SYRINGE).....	38	CONTOUR NEXT ONE KIT.....	26	METFORMIN ER.....	25
CIMZIA-STARTER.....	38	CONTOUR PLUS BLUE KIT		DAPAGLIFLOZIN	
CINRYZE.....	38	W/DEVICE.....	26	PROPANEDIOL.....	25
ciprofloxacin hcl.....	8, 42	CONTOUR PLUS TEST		DARZALEX FASPRO.....	14
ciprofloxacin-dexamethasone.....	43	STRIP.....	26	DAYBUE.....	22
CITALOPRAM		CONTOUR TEST STRIPS.....	26	DAYTRANA.....	21
HYDROBROMIDE.....	11	CONTRAVE.....	22	DAYVIGO.....	47
citalopram hydrobromide.....	11	CONZIP.....	7	deblitane.....	34
claravis.....	23	COPAXONE.....	21	DELESTROGEN.....	34
CLARINEX.....	44	CORDRAN.....	23	delyla.....	34
CLARINEX-D 12 HOUR.....	44	COREG.....	18	DEPAKOTE.....	9
clarithromycin.....	8	COREG CR.....	18	DEPAKOTE ER.....	9
CLENPIQ.....	30	CORTEF.....	32	DEPAKOTE SPRINKLES.....	9
CLEOCIN.....	9	CORTIFOAM.....	40	DEPO-TESTOSTERONE.....	33
CLIMARA.....	34	CORTISONE ACETATE.....	32	DESCOVY.....	16
CLIMARA PRO.....	34	CORTROPHIN.....	33	desmopressin acetate.....	33
clindacin etz.....	23	CORTROPHIN GEL.....	33	desonide.....	23
clindacin-p.....	23	COSELA.....	14	desvenlafaxine succinate er.....	11
CLINDAGEL.....	23	COSENTYX (300 MG DOSE).....	38	dexamethasone.....	32
clindamycin hcl.....	9	COSENTYX 150 MG/ML.....	38	DEXCOM G6 RECEIVER.....	26
clindamycin phos (once-daily).....	23	COSENTYX SENSOREADY		DEXCOM G6 SENSOR.....	26
clindamycin phos (twice-daily).....	23	(300 MG).....	38	DEXCOM G6 TRANSMITTER.....	26
clindamycin phosphate.....	9, 23	COSENTYX SENSOREADY		DEXCOM G7 RECEIVER.....	26
clindamycin phosphate-		PEN.....	38	DEXCOM G7 SENSOR.....	26
benzoyl peroxide.....	23	COSENTYX UNOREADY.....	38	DEXILANT.....	30
CLINDESSE.....	9	COSOPT.....	43	dexlansoprazole.....	30
CLOBETASOL PROPIONATE.....	23	COSOPT PF.....	43	dexmethylphenidate hcl.....	21

dexmethylphenidate hcl er.....	21	EDARBYCLOR.....	19	escitalopram oxalate.....	11
dextroamphetamine sulfate.....	21	EFFEXOR XR.....	11	esomeprazole magnesium.....	30
DHIVY.....	15	ELEPSIA XR.....	10	ESPEROCT.....	17
diazepam.....	17	ELESTRIN.....	34	estarylla.....	35
DICLOFENAC PATCH 1.3%.....	7	eletriptan hydrobromide.....	13	ESTRACE.....	35
diclofenac potassium.....	7	ELEVIDYS.....	31	estradiol.....	35
diclofenac sodium.....	7	ELFABRIO.....	31	estradiol-norethindrone acet.....	35
dicyclomine hcl.....	30	ELIDEL.....	23	ESTROGEL.....	35
DIFFERIN.....	23	ELIQUIS.....	9	eszopiclone.....	47
DIFICID.....	9	ELIQUIS DVT/PE STARTER		etonogestrel-ethinyl estradiol....	35
DILANTIN.....	10	PACK.....	9	EUCRISA.....	24
DILANTIN INFATABS.....	9	ELMIRON.....	32	EUFLEXXA.....	41
DILANTIN-125.....	10	ELOCTATE.....	17	euthyrox.....	37
DILAUDID.....	7	eluryng.....	35	EVAMIST.....	35
diltiazem hcl er coated beads...	18	ELYXYB.....	7	EVEKEO.....	21
dimethyl fumarate.....	21	EMFLAZA.....	32	EVERSENSE 365	
DIOVAN.....	19	EMGALITY.....	13	SENSOR/HOLDER.....	26
DIOVAN HCT.....	19	EMPAVELI.....	17	EVERSENSE 365 SMART	
DIPENTUM.....	40	EMROSI.....	23	TRANSMIT.....	26
diphenoxylate-atropine.....	30	emtricitabine-tenofovir df.....	16	EVERSENSE	
divalproex sodium.....	10	EMVERM.....	15	SENSOR/HOLDER.....	26
divalproex sodium er.....	10	emzahn.....	35	EVERSENSE SMART	
DIVIGEL.....	34	enalapril maleate.....	19	TRANSMITTER.....	26
DOJOLVI.....	41	ENBREL.....	38	EXFORGE.....	19
donepezil hcl.....	11	ENBREL MINI.....	38	EXFORGE HCT.....	19
DOPTELET.....	17	ENBREL SURECLICK.....	38	EXONDYS 51.....	31
DORYX MPC.....	9	ENDARI.....	41	EYSUVIS.....	42
dorzolamide hcl-timolol mal.....	43	endocet.....	7	ezetimibe.....	19
dorzolamide hcl-timolol mal pf..	43	ENDOMETRIN.....	35	FABHALTA.....	17
dotti.....	34	enilloring.....	35	FABIOR.....	24
DOVATO.....	16	ENLITE GLUCOSE SENSOR...	26	FABRAZYME.....	31
doxazosin mesylate.....	19	enoxaparin sodium.....	9	falmina.....	35
doxepin hcl.....	11, 47	enskyce.....	35	famotidine.....	30
doxycycline.....	23	ENSTILAR.....	23	FARXIGA.....	25
doxycycline hyclate.....	9	ENTRESTO.....	19	FASENRA.....	45
DOXYCYCLINE HYCLATE.....	9	ENTYVIO PEN.....	38	FASENRA PEN.....	45
doxycycline monohydrate.....	9	EPCLUSA.....	16	feirza 1.5/30.....	35
drosiprenone-ethinyl estradiol...	34	EPIDIOLEX.....	10	feirza 1/20.....	35
DUAKLIR PRESSAIR.....	45	EPIDUO.....	23	fenofibrate.....	19
DUAVEE.....	34	EPIDUO FORTE.....	24	fenofibrate micronized.....	19
DUEXIS.....	7	epinephrine.....	45	FENOPRON.....	7
DULERA.....	45	EPIPEN JR 2-PAK.....	45	FIASP.....	28
duloxetine hcl.....	11	EPOGEN.....	17	FIASP FLEXTOUCH.....	28
DUOBRII.....	23	EPRONTIA.....	10	FIASP PENFILL.....	28
DUPIXENT.....	23	EPSOLAY.....	24	FIASP PUMPCART.....	28
DUROLANE.....	41	ergocalciferol.....	29	FINACEA.....	24
dutasteride.....	32	ERIVEDGE.....	14	finasteride.....	24, 32
DUVYZAT.....	31	ERLEADA.....	14	FIORICET.....	7
DYANAVEL XR.....	21	ERMEZA.....	37	FIORICET/CODEINE.....	7
DYMISTA.....	44	errin.....	35	FIRAZYR.....	38
DYSPORT.....	41	erythromycin.....	42	FIRDAPSE.....	41
EBGLYSS.....	23	ERZOFRI.....	16	FLAREX.....	42
EDARBI.....	19	ESBRIET.....	45	flecainide acetate.....	19

FLECTOR.....	8	gavilyte-c.....	30	hailey 1.5/30.....	35
FLEQSUVY.....	47	gavilyte-g.....	30	hailey 24 fe.....	35
fluconazole.....	12	gavilyte-n with flavor pack.....	30	hailey fe 1.5/30.....	35
fludrocortisone acetate.....	32	GAVRETO.....	14	hailey fe 1/20.....	35
fluocinonide.....	24	GEL-ONE.....	41	haloette.....	35
fluorouracil.....	24	GELSYN-3.....	41	HALOG.....	24
fluoxetine hcl.....	11	gemfibrozil.....	19	HARVONI.....	16
FLUTICASONE FUROATE		GEMTESA.....	32	heather.....	35
ELLIPTA.....	45	GENOTROPIN.....	33	HEMADY.....	32
FLUTICASONE FUROATE-		GENOTROPIN MINIQUICK.....	33	HEMANGEOL.....	19
VILANTEROL.....	45	GENVISC 850.....	41	HERCESSI.....	14
fluticasone propionate.....	44	GILENYA.....	21	HERZUMA.....	14
FLUTICASONE PROPIONATE		GIMOTI.....	12	HETLIOZ.....	47
DISKUS.....	45	GIVLAARI.....	41	HETLIOZ LQ.....	47
FLUTICASONE PROPIONATE		GLEEVEC.....	14	HIZENTRA.....	38
HFA.....	45	glimepiride.....	25	HORIZANT.....	22
FLUTICASONE-		glipizide er.....	25	HULIO (2 PEN).....	38
SALMETEROL.....	45	glipizide ir.....	25	HULIO (2 SYRINGE).....	38
fluticasone-salmeterol.....	45	GLOPERBA.....	12	HUMALOG.....	28
fluvoxamine maleate.....	11	GLUCAGON EMERGENCY		HUMALOG KWIKPEN.....	28
FOCALIN.....	21	KIT.....	27	HUMALOG MIX 50/50	
FOCALIN XR.....	21	glyburide.....	25	KWIKPEN.....	28
folic acid.....	29	glycopyrrolate.....	30	HUMALOG MIX 75/25	
FOLLISTIM AQ.....	33	GLYXAMBI.....	25	KWIKPEN.....	28
FORFIVO XL.....	11	GOCOVRI.....	15	HUMALOG MIX 75/25 VIAL.....	28
FORTEO.....	41	GOLYTELY.....	30	HUMALOG TEMPO PEN.....	28
FOTIVDA.....	14	GONAL-F.....	33	HUMALOG U-100 JUNIOR	
FREESTYLE INSULINX TEST		GONAL-F RFF.....	33	KWIKPEN.....	28
STRIPS.....	26	GONAL-F RFF REDIJECT.....	33	HUMATROPE.....	33
FREESTYLE LIBRE 14 DAY		GRALISE.....	22	HUMIRA (1 PEN).....	38
READER.....	26	GRANIX.....	17	HUMIRA (2 PEN).....	38
FREESTYLE LIBRE 14 DAY		guanfacine hcl.....	19	HUMIRA (2 SYRINGE).....	38
SENSOR.....	26	guanfacine hcl er.....	21	HUMIRA-CD/UC/HS	
FREESTYLE LIBRE 2		GUARDIAN 4 GLUCOSE		STARTER.....	38
READER.....	26	SENSOR.....	27	HUMIRA-PSORIASIS/UEVIT	
FREESTYLE LIBRE 2		GUARDIAN 4 TRANSMITTER.....	27	STARTER.....	38
SENSOR.....	26	GUARDIAN LINK 3		HUMULIN 70/30 KWIKPEN.....	28
FREESTYLE LIBRE 3		TRANSMITTER.....	27	HUMULIN 70/30 VIAL.....	28
READER.....	26	GUARDIAN REAL-TIME		HUMULIN N KWIKPEN.....	28
FREESTYLE LIBRE 3		CHARGER.....	27	HUMULIN N VIAL.....	28
SENSOR.....	27	GUARDIAN REAL-TIME		HUMULIN R U-500 KWIKPEN.....	28
FREESTYLE LITE TEST		REPLACE PED.....	27	HUMULIN R U-500 VIAL.....	28
STRIPS.....	27	GUARDIAN REAL-TIME TEST		HUMULIN R VIAL.....	28
FREESTYLE TEST STRIPS.....	27	PLUG.....	27	HYALGAN.....	41
FULPHILA.....	17	GUARDIAN SENSOR 3.....	27	hydralazine hcl.....	19
FUROSCIX.....	19	GVOKE HYPOPEN 1-PACK.....	27	hydrochlorothiazide.....	19
furosemide.....	19	GVOKE HYPOPEN 2-PACK.....	27	hydrocodone-acetaminophen.....	7
FYCOMPA.....	10	GVOKE KIT.....	27	hydrocortisone.....	24, 32
FYLNETRA.....	17	GVOKE PFS.....	27	HYDROCORTISONE.....	24
gabapentin.....	10	GYNAZOLE-1.....	12	hydrocortisone (perianal).....	40
GABARONE.....	10	HADLIMA.....	38	hydromorphone hcl.....	7
gallifrey.....	35	HADLIMA PUSHTOUCH.....	38	hydroxychloroquine sulfate.....	15
ganirelix acetate.....	33	HAEGARDA.....	38	hydroxyzine hcl.....	17

hydroxyzine pamoate.....	17	INDERAL XL.....	19	irbesartan.....	19
HYFTOR.....	24	indomethacin.....	8	irbesartan-hydrochlorothiazide..	19
HYMOVIS.....	41	INFLECTRA.....	39	isibloom.....	35
HYRIMOZ.....	38	INFLIXIMAB.....	39	isosorbide mononitrate er.....	19
HYRIMOZ-CROHNS/UC		INGREZZA.....	22	isotretinoin.....	24
STARTER.....	38	INNOPRAN XL.....	19	ISTURISA.....	33
HYRIMOZ-PED<40KG		INPEFA.....	19	IYUZEH.....	43
CROHN STARTER.....	38	INPEN 100-BLUE-LILLY-		jantoven.....	9
HYRIMOZ-PED>/=40KG		HUMALOG.....	27	JANUMET.....	25
CROHN START.....	38	INPEN 100-BLUE-NOVOLOG-		JANUMET XR.....	25
HYRIMOZ-PLAQ		FIASP.....	27	JANUVIA.....	25
PSOR/UEVEIT START.....	39	INPEN 100-GREY-LILLY-		JARDIANCE.....	25
HYRIMOZ-PLAQUE		HUMALOG.....	27	jasmiel.....	35
PSORIASIS START.....	39	INPEN 100-GREY-		JATENZO.....	33
HYSINGLA ER.....	7	NOVOLOG-FIASP.....	27	JAVYGTOR.....	31
HYZAAR.....	19	INPEN 100-PINK-LILLY-		jencycla.....	35
IBSRELA.....	31	HUMALOG.....	27	JENTADUETO.....	25
ibuprofen.....	8	INPEN 100-PINK-NOVOLOG-		JENTADUETO XR.....	25
ibuprofen-famotidine.....	8	FIASP.....	27	JIVI.....	17
ICLUSIG.....	14	INQOVI.....	14	JOENJA.....	39
icosapent ethyl.....	19	INSULIN ASP PROT & ASP		JORNAY PM.....	21
IDELVION.....	17	FLEXPEN.....	28	JOURNAVX.....	7
IDHIFA.....	14	INSULIN ASPART.....	28	JUBLIA.....	12
ILET CONTACT DETACH 23"		INSULIN ASPART FLEXPEN... 28		juleber.....	35
6MM.....	41	INSULIN ASPART PENFILL.... 28		JULUCA.....	16
ILET INFUSION-INSET 23"		INSULIN ASPART PROT &		junel 1.5/30.....	35
6MM.....	41	ASPART.....	28	junel 1/20.....	35
ILET INFUSION-INSET 32"		INSULIN DEGLUDEC.....	28	junel fe 1.5/30.....	35
6MM.....	41	INSULIN DEGLUDEC		junel fe 1/20.....	35
ILET STARTER - CONTACT		FLEXTOUCH.....	28	junel fe 24.....	35
DETACH.....	41	INSULIN GLARGINE MAX		JYLAMVO.....	39
ILET STARTER KIT - INSET		SOLOSTAR.....	28	JYNARQUE.....	29
23".....	41	INSULIN GLARGINE		kalliga.....	35
ILET STARTER KIT - INSET		SOLOSTAR.....	28	KANJINTI.....	14
32".....	41	INSULIN GLARGINE-YFGN.... 28		KAPSPARGO SPRINKLE.....	19
ILEVRO.....	42	INSULIN LISPRO.....	28	KATERZIA.....	19
IMBRUVICA.....	14	INSULIN LISPRO (1 UNIT		KENALOG-40.....	32
IMCIVREE.....	22	DIAL).....	28	KEPPRA.....	10
imiquimod.....	24	INSULIN LISPRO JUNIOR		KEPPRA XR.....	10
imiquimod pump.....	24	KWIKPEN.....	28	KERENDIA.....	41
IMITREX.....	13	INSULIN LISPRO PROT &		KESIMPTA.....	21
IMITREX STATDOSE REFILL.. 13		LISPRO.....	28	ketoconazole.....	12
IMITREX STATDOSE		INTUNIV.....	21	ketorolac tromethamine.....	8, 42
SYSTEM.....	13	INVEGA HAFYERA.....	16	KISQALI (200 MG DOSE).....	14
IMKELDI.....	14	INVEGA SUSTENNA.....	16	KISQALI (400 MG DOSE).....	14
IMPOYZ.....	24	INVEGA TRINZA.....	16	KISQALI (600 MG DOSE).....	14
IMULDOSA.....	39	INVELTYS.....	42	KISUNLA.....	11
IMVEXXY MAINTENANCE		INVOKAMET.....	25	KITABIS PAK (W/	
PACK.....	35	INVOKAMET XR.....	25	NEBULIZER).....	46
IMVEXXY STARTER PACK.... 35		INVOKANA.....	25	klayesta.....	12
incassia.....	35	ipratropium bromide.....	44	KLISYRI (250 MG).....	24
INCRUSE ELLIPTA.....	45	ipratropium-albuterol.....	45	KLISYRI (350 MG).....	24
INDERAL LA.....	19	IQIRVO.....	31	KLONOPIN.....	17

klor-con.....	29	levo-t.....	37	LUPKYNIS.....	39
klor-con 10.....	29	LEVOTHYROXINE SODIUM....	37	LUPRON DEPOT (1-MONTH)..	33
klor-con m10.....	29	levothyroxine sodium.....	37	LUPRON DEPOT (3-MONTH)..	33
klor-con m15.....	29	levoxyl.....	37	LUPRON DEPOT (4-MONTH)	
klor-con m20.....	29	LEXAPRO.....	11	INTRAMUSCULAR KIT 30MG..	33
KLOXXADO.....	8	LEXETTE.....	24	LUPRON DEPOT (6-MONTH)	
KOATE.....	17	LIALDA.....	40	INTRAMUSCULAR KIT 45MG..	33
KOGENATE FS.....	17	LICART.....	8	LUPRON DEPOT-PED (1-	
KONVOMEPI.....	30	lidocaine.....	8	MONTH).....	34
KOSELUGO.....	14	lidocaine hcl.....	22	LUPRON DEPOT-PED (3-	
KOVALTRY.....	17	lidocaine viscous hcl.....	22	MONTH).....	34
kurvelo.....	35	lidocaine-prilocaine.....	8	LUPRON DEPOT-PED (6-	
KUVAN.....	31	LIDOCAN.....	8	MONTH).....	34
KYLEENA.....	35	LIDODERM.....	8	lurasidone hcl.....	16
labetalol hcl.....	19	LIKMEZ.....	9	lutera.....	35
lacosamide.....	10	LINZESS.....	31	LYBALVI.....	16
lactulose.....	31	liothyronine sodium.....	37	lyleq.....	35
LAMICTAL.....	10	LIPITOR.....	19	lyllana.....	35
LAMICTAL ODT.....	10	lisdexamfetamine dimesylate....	21	LYNPARZA.....	14
LAMICTAL STARTER.....	10	lisinopril.....	19	LYRICA.....	22
LAMICTAL XR.....	10	lisinopril-hydrochlorothiazide....	19	LYRICA CR.....	22
lamotrigine.....	10	LITFULO.....	24	LYUMJEV KWIKPEN.....	28
lamotrigine er.....	10	lithium carbonate.....	17	LYUMJEV TEMPO PEN.....	28
lansoprazole.....	30	lithium carbonate er.....	17	LYUMJEV VIAL.....	28
LANTUS SOLOSTAR.....	28	LIVALO.....	19	lyza.....	35
LANTUS U-100 VIAL.....	28	LIVDELZI.....	31	marlissa.....	35
larin 1.5/30.....	35	LIVMARLI.....	41	MAVENCLAD.....	21
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NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND ALTERNATE FORMATS

ATTENTION: If you speak **English**, 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.

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.

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

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ **(Khmer)** សេវាជំនួយភាសាភាគតិចតិច និងការទំនាក់ទំនង ភាគតិចតិចក្នុងទម្រង់ផ្សេងទៀត ដូចជាព្រឹត្តិបត្រ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចតិចនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：如果您说中文 **(Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說中文 **(Chinese)**，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 fòm 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 Sprachassistenzen und kostenlose Kommunikation in anderen Formaten, wie zum große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

Hindi: यदि आप हिंदी **(Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे की 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)**, cov kev pab cuam lus pub dawb thiab kev sib txuas lus dawb hauv lwm hom ntawv, xws li luam ntawv loj, muaj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

PANANGIKASO: 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コミュニケーションをご利用いただけます。[]にお電話ください。

알림사항: 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.

BAA'ÁKONÍZIN: Diné (**Navajo**) saad bee yáníłti'go, t'áá jíik'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó bee ahił hane'í nááná łahgo át'éego bee hadadilyaa, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íni ninaaltsoos nitł'izí bee nééhoziní baąh t'áá jíik'eh bee hane'í námboo bee hodílnih

توجه: اگر به زبان فارسی (**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.

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.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

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.

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 nhận dạng thành viên của quý vị.



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