



Your 2026 Prescription Drug List

Advantage 3-Tier

Effective September 1, 2026

This Prescription Drug List (PDL) is accurate as of September 1, 2026 and is subject to change after this date. This PDL is a list of the most commonly prescribed medications and applies to members of our Surest medical plans when sold in your market with a pharmacy benefit subject to the Advantage 3-Tier PDL. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

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Understanding your Prescription Drug List (PDL)

What is a PDL?

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

How do I use my PDL?

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

About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule. **This PDL is not a full list of medications, and not all medications listed may be covered by your plan.**

What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 5 for more information.

When does the PDL change?

PDL changes typically occur 2-3 times per year. However, changes that have a positive impact for you — such as coverage for new medications or cost savings — may occur at any time. You can log in to your plan's member website listed on your member ID card at any time to check your medication coverage and lower-cost options.

Why are some medications excluded from coverage?

We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered or be subject to prior authorization (sometimes referred to as precertification)¹ if your plan covers other lower-cost medications. For example, there may be a lower-cost covered option or an over-the-counter medication that works the same way.² In some cases, the same product can be made by 2 or more drug companies, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

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

Who decides which medications are covered?

The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, senior UnitedHealth Group® doctors and business leaders meet to evaluate overall health care value. They also set coverage and tier status for all medications.

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

2. For New Jersey plans, a prescription drug product that is therapeutically equal to an over-the-counter drug may be covered if it is determined to be medically necessary.

Medication tips

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

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

What if my doctor writes a brand-name prescription?

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

What if I am taking a specialty medication?

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

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

Over-the-counter (OTC) medications

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

Reading your PDL

The PDL gives you choices. This allows you and your doctor to decide your best course of treatment. In this PDL, brand-name medications are shown in UPPERCASE. Generics are in lowercase.

Tier information

Using lower-tier medications may 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 may apply once you hit your deductible.

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 drugs, instead of Tier 3, to help lower your out-of-pocket costs.
Tier 3	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Ask your doctor if a Tier 1 or Tier 2 option could work for you.

Reading your PDL (continued)

Drug list information

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

E	May be excluded from coverage. May be subject to prior authorization for fully insured benefit plans governed by state law in New Jersey — There may be over-the-counter (OTC) or lower-cost covered options available.
H	Health Care Reform Preventive — This medication is part of a health care reform preventive benefit and is generally available at no cost to you.
H-PA	Health Care Reform Preventive with prior authorization — May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.
PA	Prior authorization (sometimes referred to as precertification) ³ — Requires your doctor to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	Quantity limits — The largest quantity of medication covered per copayment or in a defined period of time.
RS	Refill and Save Program — Save money on your copayment when you refill your prescription on time as prescribed. Program eligibility may vary.
SP	Specialty medication — Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.
ST	Step therapy (referred to as First Start in New Jersey) — Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

Coverage details

Some drug classes in this PDL have other important coverage details. Review this list to see if drug classes that apply to you are noted. Please review your plan documents for coverage and cost-share.

- **Central nervous system: sedatives/hypnotics**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: blood glucose monitoring, insulin, non-insulin**
Coverage is set by your prescription drug benefit plan.
- **Diabetes: continuous glucose monitors, sensors**
Coverage is set by your prescription drug benefit plan. Diabetic self-management items, including continuous glucose monitors, may be covered under your pharmacy and/or medical plan.
- **Endocrine: growth hormone**
Coverage is set by your prescription drug benefit plan.

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

Reading your PDL (continued)

- **Infertility**

Coverage is set by your prescription drug benefit plan. Prior authorization (sometimes referred to as precertification) may be required where a state mandates infertility drug coverage.

- **Medications for sexual dysfunction**

Coverage is set by your prescription drug benefit plan.

- **Termination of pregnancy**

Coverage under the prescription drug benefit is set by your medical benefit plan. Please review your plan documents for benefit coverage, exclusions and cost-sharing. Find out more by calling the number on your member ID card.

Questions

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



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



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

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

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

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

Drug name	Drug tier	Requirements & limits
Analgesics - Drugs for pain		
acetaminophen-codeine oral tablet	1	QL
apap-caff-dihydrocodeine	3	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	3	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine hcl urethral/mucosal	1	

Drug name	Drug tier	Requirements & limits
lidocaine-prilocaine external cream	1	
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral tablet	1	QL
NUCYNTA	3	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	3	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

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin er	2	
indomethacin oral capsule	1	
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)

Drug name	Drug tier	Requirements & limits
NICODERM CQ	3	H
NICORETTE MOUTH/THROAT GUM	3	H
NICORETTE STARTER KIT	3	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	3	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	3	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	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
clarithromycin oral tablet	1	
clindamycin hcl oral	1	
clindamycin palmitate hcl	2	
clindamycin phosphate vaginal	2	
CLINDESSE	2	
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	3	
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	

Drug name	Drug tier	Requirements & limits
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
NUZYRA ORAL	3	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	3	
XACIATO	2	QL
XEPI EXTERNAL CREAM 1 %	3	QL
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

APTOM	3	PA
BRIVIACT	3	PA
carbamazepine er	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	3	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
clobazam oral suspension 2.5 mg/ml	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	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	3	PA
gabapentin oral capsule	1	
gabapentin oral solution 250 mg/5ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	2	
lacosamide oral tablet	2	
LAMICTAL ORAL TABLET	3	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	

Drug name	Drug tier	Requirements & limits
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	3	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	PA
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	3	PA
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR	3	
TOPAMAX	3	PA
TOPAMAX SPRINKLE	3	PA
topiramate oral capsule sprinkle	1	
topiramate oral tablet	1	
TRILEPTAL	3	PA
valproic acid oral capsule	1	
valproic acid oral solution 250 mg/5ml	1	
VALTOCO	3	PA, QL
VIMPAT ORAL	3	PA
XCOPRI	3	PA
ZONEGRAN	3	PA
ZONISADE	3	PA

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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	
rivastigmine	3	
rivastigmine tartrate	1	
Antidepressants - Drugs for depression		
amitriptyline hcl oral	1	
AUVELITY	3	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	3	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	

Drug name	Drug tier	Requirements & limits
olanzapine-fluoxetine hcl	2	QL
paroxetine hcl er	3	
paroxetine hcl oral tablet	1	
RALDESY	3	PA
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
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	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
econazole nitrate external cream	2	
fluconazole oral	1	
griseofulvin microsize oral	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	3	PA, ST, QL
ketoconazole external cream	1	QL
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

Drug name	Drug tier	Requirements & limits
frovatriptan succinate	3	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
REYVOW	3	PA, ST, 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	3	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	3	PA, QL, SP
bicalutamide	1	
CABOMETYX	2	PA, QL, SP

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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	3	PA, QL, SP
hydroxyurea oral	1	
ICLUSIG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
IMKELDI	3	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	3	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	3	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
RYDAPT	2	PA, QL, SP
SCEMBLIX	3	PA, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	3	PA, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TEPMETKO	3	PA, QL, SP

Drug name	Drug tier	Requirements & limits
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	3	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	3	ST
entacapone	1	
INBRIJA	3	PA, QL, SP
NEUPRO	3	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
trihexyphenidyl hcl oral tablet	1	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
Antiplatelets - Drugs for heart attack and stroke prevention		
cilostazol	1	
clopidogrel bisulfate oral	1	
prasugrel hcl	3	
ticagrelor	3	QL
Antipsychotics - Drugs for mood disorders		
aripiprazole oral solution	2	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	3	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
FANAPT	3	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	3	QL
risperidone	1	
VRAYLAR	3	QL
VRAYLAR	3	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	3	QL
CIMDUO	2	QL
darunavir	1	
DELSTRIGO	2	QL

Drug name	Drug tier	Requirements & limits
DESCOVY ORAL TABLET 120-15 MG	3	QL
DESCOVY ORAL TABLET 200-25 MG	3	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
famciclovir oral	2	
GENVOYA	3	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	3	QL
oseltamivir phosphate oral	2	
PAXLOVID	2	QL
PIFELTRO	3	
PREVYMIS ORAL TABLET	2	PA
PREZCOBIX	2	
ritonavir	2	
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	3	QL
valacyclovir hcl oral	1	QL
valganciclovir hcl oral tablet	1	
VOSEVI	2	PA, QL, SP

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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	
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	
ARB LI	3	PA

Drug name	Drug tier	Requirements & limits
atenolol oral	1	
atenolol-chlorthalidone	1	
ATORVALIQ	3	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	
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	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
enalapril maleate oral solution	3	PA	LOPRESSOR ORAL SOLUTION	3	PA
enalapril maleate oral tablet	1		losartan potassium oral	1	
enalapril-hydrochlorothiazide	1		losartan potassium-hctz	1	
eplerenone	2		lovastatin oral	1	H
ezetimibe	2		matzim la	2	
ezetimibe-simvastatin	3		metolazone	1	
felodipine er	1		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
fenofibrate micronized	2		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2		metoprolol-hydrochlorothiazide	1	
fenofibric acid oral capsule delayed release	2		mexiletine hcl oral	1	
flecainide acetate	1		midodrine hcl	1	
fluvastatin sodium	1		minoxidil oral	1	
fosinopril sodium	1		MULTAQ	3	PA
furosemide oral	1		nadolol oral	1	
gemfibrozil oral	1		nebivolol hcl	3	
guanfacine hcl	1		NEXLETOL	2	PA, ST, QL
HEMANGEOL	3		NEXLIZET	2	PA, ST, QL
hydralazine hcl oral	1		niacin er (antihyperlipidemic)	2	
hydrochlorothiazide oral	1		nifedipine er	1	
indapamide	1		nifedipine er osmotic release	1	
INZIRQO	3	PA	nifedipine oral	1	
irbesartan	1		NITRO-BID	2	
irbesartan-hydrochlorothiazide	1		nitroglycerin rectal	3	QL
isosorb dinitrate-hydralazine	2		nitroglycerin sublingual	1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		nitroglycerin transdermal	1	
isosorbide mononitrate er	1		NORLIQVA	3	PA
ivabradine hcl	3	PA, QL	olmesartan medoxomil oral	2	
KAPSPARGO SPRINKLE	3		olmesartan medoxomil-hctz	2	
KERENDIA	3	PA, QL	omega-3-acid ethyl esters	2	
labetalol hcl oral	1		pentoxifylline er	1	
lisinopril oral	1		perindopril erbumine	2	
lisinopril-hydrochlorothiazide	1		pindolol	1	
LODOCO	3	QL			

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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
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	

Drug name	Drug tier	Requirements & limits
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	3	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	3	
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

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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
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	3	PA
NUEDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
SAVELLA	3	QL
TEGLUTIK	3	PA, SP
TIGLUTIK	3	PA, SP
VEOZAH	3	PA, QL
ZEPOSIA	3	PA, ST, QL, SP

Drug name	Drug tier	Requirements & limits
Dental and oral agents - Drugs for mouth and throat conditions		
cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	3	
DENTAGEL	3	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	3	
JUST RIGHT 5000	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	3	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT DENTAL	3	
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	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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	3	PA, QL
alclometasone dipropionate external cream	1	
amnestem	2	
AMZEEQ	3	QL
ANZUPGO	3	PA, QL, SP
AVAR CLEANSER	3	
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	
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

Drug name	Drug tier	Requirements & limits
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	3	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-SMOOTH/FS BODY	3	QL
DERMA-SMOOTH/FS SCALP	3	
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
desoximetasone external cream	1	QL

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
desoximetasone external ointment	3	QL	imiquimod external cream 5 %	1	
diclofenac sodium external gel 3 %	2	PA, QL	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
DRYSOL	3		KLISYRI	3	ST, QL
DUPIXENT	2	PA, QL, SP	metronidazole external cream	1	
EBGLYSS	2	PA, QL, SP	metronidazole external gel 0.75 %	1	
ENSTILAR	3	QL	metronidazole external lotion	1	
erythromycin external	1		MIRVASO	2	PA, QL
EUCRISA	3	ST, QL	mometasone furoate external	1	
FINACEA EXTERNAL FOAM	3		NEMLUVIO	2	PA, QL, SP
fluocinolone acetonide body	3	QL	neuac	3	QL
fluocinolone acetonide external cream	3	QL	OPZELURA	3	PA, QL, SP
fluocinolone acetonide external ointment	2	QL	PANRETIN	3	
fluocinolone acetonide external solution	1	QL	pimecrolimus	3	QL
fluocinolone acetonide scalp	3		podofilox external solution	1	
fluocinonide external cream 0.05 %	1		RHOFADE	3	PA, QL
fluocinonide external gel	1		SANTYL	3	QL
fluocinonide external ointment	1		selenium sulfide external lotion	1	
fluocinonide external solution	1		sodium sulfacetamide wash	1	
fluorouracil external cream 5 %	1		SOOLANTRA	3	QL
fluticasone propionate external cream	1		STARJEMZA SUBCUTANEOUS	2	PA, QL, SP
fluticasone propionate external ointment	1		STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
halobetasol propionate external cream	2	QL	sulfacetamide sodium (acne)	1	
halobetasol propionate external ointment	2	QL	sulfacetamide sodium external	1	
hydrocortisone external cream 2.5 %	1		sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
hydrocortisone external lotion 2.5 %	1		sulfacetamide sodium-sulfur external suspension 10-5 %	1	
hydrocortisone external ointment 1 %, 2.5 %	1		sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
hydrocortisone valerate external cream	2	QL	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

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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	3	PA, QL
WEZLANA SUBCUTANEOUS	2	PA, QL, SP
ZELSUVMI	3	QL
zenatane	2	
ZILXI	3	PA, ST, QL
ZORYVE	3	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
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

Drug name	Drug tier	Requirements & limits
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

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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
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	3	QL

Drug name	Drug tier	Requirements & limits
TECHLITE INSULIN SYRINGES (Arkray)	2	QL
TECHLITE PEN NEEDLES	2	QL
TECHLITE PLUS PEN NEEDLES	2	QL
TWIST REFILL KIT/INFUSION SET	2	PA, QL
TWIST 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

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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	PA, QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	2	PA, 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	ST, QL
JARDIANCE	2	QL
JENTADUETO	2	QL
JENTADUETO XR	2	QL

Drug name	Drug tier	Requirements & limits
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	3	SP
AFSTYLA	3	SP
ALPROLIX	3	SP
ALTUVIIIIO	3	SP
ALVAIZ	3	PA, SP
anagrelide hcl	1	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 25 MCG/ML	2	QL, SP
BENEFIX	2	SP
DOPTelet	3	PA, QL, SP
ELOCTATE	3	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	3	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	3	PA, QL
IMVEXXY	2	QL
INTRAROSA	3	PA, QL
OSPHEA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
tadalafil oral	2	QL
varafenil hcl oral tablet	3	QL
VYLEESI	3	PA, QL

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	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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	
RELEVIA	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	

Drug name	Drug tier	Requirements & limits
VITAFOL-OB	3	
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	3	
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	3	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucralfate oral suspension	3	
sucralfate oral tablet	1	
VOQUEZNA	3	PA, QL
VOQUEZNA DUAL PAK	3	ST, QL
VOQUEZNA TRIPLE PAK	3	ST, QL
Gastrointestinal agents - Drugs for bowel, intestine and stomach conditions		
bisacodyl oral tablet delayed release 5 mg	E	H
BYLVAY	3	PA, QL, SP
BYLVAY (PELLETS)	3	PA, QL, SP
chlordiazepoxide-clidinium	3	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
clearlax	E	H
CLENPIQ	3	QL
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	3	PA, ST, QL, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral packet 20 gm	3	
lactulose oral solution	1	
LEVSIN/SL	3	
LINZESS	2	PA, QL
LIVDELZI	3	PA, ST, QL, SP
lubiprostone	2	PA, QL

Drug name	Drug tier	Requirements & limits
magnesium citrate oral solution	E	H
MOVIPREP	3	QL
na sulfate-k sulfate-mg sulf	3	QL
OSCIMIN SUBLINGUAL	3	
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	3	PA, QL
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
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	3	ST
STRENSIQ	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
XPHOZAH	3	PA, QL
ZENPEP	2	

Genitourinary agents - Drugs for bladder, genital and kidney conditions

bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
CAVERJECT IMPULSE	3	QL
EDEX (2 CARTRIDGE)	3	QL
EDEX (6 CARTRIDGE)	3	QL
ELMIRON	3	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	
tropium chloride	3	
UROGESIC-BLUE	2	
VANRAFIA	3	PA, QL, SP
VELPHORO	3	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	3	PA

Hormonal agents - Hormone replacement and birth control

abigale	1	
abigale lo	2	
afirmelle	1	H
aftera	1	H
altavera	1	H

Drug name	Drug tier	Requirements & limits
alyacen 1/35	1	H
alyacen 7/7/7	1	H
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

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
deblitane	1	H
delyla	1	H
DEPO-ESTRADIOL	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	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

Drug name	Drug tier	Requirements & limits
estradiol transdermal patch weekly	1	(generic for Climara), QL
estradiol vaginal cream	3	
estradiol vaginal tablet	2	
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	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
jencycla	1	H	levora 0.15/30 (28)	1	H
jinteli	1		LO LOESTRIN FE	1	H
jolessa	2	H	lojaimiess	1	H
joyeaux	1	H	loryna	3	
juleber	1	H	low-ogestrel	1	H
junel 1.5/30	1	H	lo-zumandimine	3	
junel 1/20	1	H	luizza 1.5/30	1	H
junel fe 1.5/30	1	H	luizza 1/20	1	H
junel fe 1/20	1	H	lutera	1	H
junel fe 24	1	H	lyleq	1	H
kaitlib fe	1	H	lyllana	2	QL
kalliga	1	H	lyza	1	H
kariva	1	H	marlissa	1	H
kelnor 1/35	1	H	medroxyprogesterone acetate intramuscular	1	QL, H
kelnor 1/50 oral tablet 1-50 mg-mcg	1	H	medroxyprogesterone acetate oral	1	
kurvelo	1	H	megestrol acetate oral tablet	1	
larin 1.5/30	1	H	meleya	1	H
larin 1/20	1	H	MENOSTAR	3	QL
larin 24 fe	1	H	mibelas 24 fe	1	H
larin fe 1.5/30	1	H	microgestin 1.5/30	1	H
larin fe 1/20	1	H	microgestin 1/20	1	H
layolis fe oral tablet chewable 0.8-25 mg-mcg	1	H	microgestin fe 1.5/30	1	H
leena oral tablet 0.5/1/0.5-35 mg-mcg	1	H	microgestin fe 1/20	1	H
lessina	1	H	mili	1	H
levonest	1	H	mimvey	1	
levonorgest-eth est & eth est	1	H	minzoya	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	mono-linyah	1	H
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H	my choice	1	H
levonorgest-eth estradiol-iron	1	H	my way	1	H
levonorgestrel	1	H	MYFEMBREE	2	PA, QL
levonorgestrel-ethinyl estrad	1	H	NATAZIA	1	
levonorg-eth estrad triphasic	1	H	necon 0.5/35 (28)	1	H
			new day	1	H
			nikki	3	
			nora-be	1	H

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits	Drug name	Drug tier	Requirements & limits
norelgestromin-eth estradiol	3	H	PREMPHASE	3	
norethin ace-eth estrad-fe oral tablet	1	H	PREMPRO	3	
norethin ace-eth estrad-fe oral tablet chewable	1	H	progesterone intramuscular	1	
norethindrone acetate oral	1		progesterone oral	2	
norethindrone acet-ethinyl est	1	H	react oral tablet 1.5 mg	1	H
norethindrone oral	1	H	reclipsen	1	H
norethindrone-eth estradiol	1		rivelsa	1	H
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H	rosyrah	1	H
norethin-eth estradiol-fe	1	H	setlakin	2	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H	sharobel	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2		shewise	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	simliya	1	H
norlyroc	1	H	simpesse	1	H
nortrel 0.5/35 (28)	1	H	SLYND	3	PA, ST
nortrel 1/35 (21)	1	H	sprintec 28	1	H
nortrel 1/35 (28)	1	H	sronyx	1	H
nortrel 7/7/7	1	H	syeda	3	
nylia 1/35	1	H	take action	1	H
nylia 7/7/7	1	H	tarina 24 fe	1	H
ocella oral tablet 3-0.03 mg	3		tarina fe 1/20 eq	1	H
opcicon one-step	1	H	tilia fe	1	H
OPILL	1	H	tri-estarylla	1	H
option 2	1	H	tri-legest fe	1	H
orquidea	1	H	tri-linyah	1	H
philith	1	H	tri-lo-estarylla	2	
pimtrea	1	H	tri-lo-marzia	2	
PLAN B ONE-STEP	1	H	tri-lo-mili	2	
portia-28	1	H	tri-lo-sprintec	2	
PREMARIN ORAL	3		tri-mili	1	H
PREMARIN VAGINAL	3		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

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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	
yuvaferm	2	
zafemy	3	H
zovia 1/35 (28)	1	H
zumandimine	3	

Hormonal agents - Oral steroids

CORTEF	3	
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	3	
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	

Drug name	Drug tier	Requirements & limits
Hormonal agents - Other		
cabergoline	2	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
megestrol acetate oral suspension 40 mg/ml	1	
NGENLA	3	PA, QL, SP
NORDITROPIN FLEXPPO	2	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	3	PA, QL, SP

Hormonal agents - Testosterone replacement

KYZATREX	3	PA, QL
TESTIM	2	PA, QL
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	3	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	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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	
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	

Drug name	Drug tier	Requirements & limits
HAEGARDA	2	PA, QL, SP
HUMIRA*	E	PA, QL, SP
HYFTOR	3	PA, QL
JYLAMVO	3	PA
leflunomide oral	1	
LITFULO	3	PA, QL, SP
LUPKYNIS	3	PA, QL, SP
methotrexate sodium (pf)	1	
methotrexate sodium injection solution	1	
methotrexate sodium oral	1	
mycophenolate mofetil oral	1	
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	3	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	3	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	3	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

See page 5-7 for coverage details. * Members currently on therapy may be allowed to continue.

Drug name	Drug tier	Requirements & limits
Immunological agents - Drugs for vaccination		
ABRYSO	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
ENGRIX-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

Drug name	Drug tier	Requirements & limits
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	3	PA, ST, QL, SP
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	3	QL, SP
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
GONAL-F	3	ST, SP
MENOPUR	3	QL, SP
NOVAREL	3	SP
OVIDREL	3	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	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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	3	PA, QL, SP
Ophthalmic agents - Drugs for eye allergy, infection and inflammation		
ALREX	3	QL
AZASITE	3	

Drug name	Drug tier	Requirements & limits
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	3	QL
FLAREX	2	
FML FORTE	3	
FML LIQUIFILM	3	
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	3	
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	
XDEMZY	3	PA, QL

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
ZIRGAN	3	
ZYLET	3	
Ophthalmic agents - Drugs for glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	3	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	3	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	3	
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	3	
travoprost (bak free)	3	QL
ZIOPTAN	3	ST, QL

Drug name	Drug tier	Requirements & limits
Ophthalmic agents - Drugs for miscellaneous eye conditions		
atropine sulfate ophthalmic solution 1 %	1	
cromolyn sodium ophthalmic	1	
cyclopentolate hcl ophthalmic	1	
difluprednate	3	
MIEBO	3	PA, QL
RESTASIS	3	PA, QL
TRYPTYR	3	PA, QL
TYRVAYA	3	PA, QL
VERKAZIA	3	PA, QL
XIIDRA	3	PA, QL
Otic agents - Drugs for ear conditions		
acetic acid otic	1	
CIPRO HC	3	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	3	
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	3	QL
Respiratory tract / Pulmonary agents - Drugs for allergies, cough, cold		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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	
ODACTRA	3	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	

Drug name	Drug tier	Requirements & limits
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	
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	3	PA, QL, SP
FLEXICHAMBER	3	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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	3	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	3	PA, QL, SP
PERFOROMIST	3	QL
PROCHAMBER VHC	3	
QVAR REDHALER	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	3	PA, QL, SP
theophylline er oral tablet extended release 12 hour	1	
TRELEGY ELLIPTA	3	QL, RS
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	2	

Drug name	Drug tier	Requirements & limits
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	3	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	3	PA, SP
OFEV	3	PA, QL, SP

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	3	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	

See page 5-7 for coverage details.

Drug name	Drug tier	Requirements & limits
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	3	
tizanidine hcl oral tablet	1	
Sleep disorder agents		
armodafinil	2	QL
BELSOMRA	3	QL
eszopiclone	2	
LUMRYZ	3	PA, QL, SP
modafinil oral	2	QL
ramelteon	3	QL
sodium oxybate	3	PA, (Manufactured by Hikma), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	3	PA, QL, SP
XYWAV	3	PA, QL, SP
zaleplon	1	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

See page 5-7 for coverage details.

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abigale lo	28	AFSTYLA	24	AMJEVITA-PED 15KG TO <30KG	33
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acamprosate calcium	9	AIMOVIG SUBCUTANEOUS SOLUTION	13	amlodipine besylate-benazepril hcl	16
acarbose oral	24	AUTO-INJECTOR 140 MG/ML, 70 MG/ML	13	amlodipine besylate-valsartan	16
ACCU-CHEK FASTCLIX LANCET	22	AIRSUPRA	37	amnestem	20
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	22	AKLIEF	20	amoxicillin	9
ACCU-CHEK GUIDE	22	albendazole oral	14	amoxicillin-potassium clavulanate	9
ACCU-CHEK GUIDE KIT W/DEVICE	22	albuterol sulfate hfa aerosol solution	37	amphet-dextroamphet	18
ACCU-CHEK GUIDE TEST STRIPS	22	108 (90 base) mcg/act inhalation	37	3-bead er	18
ACCU-CHEK SOFTCLIX LANCET	22	albuterol sulfate inhalation	37	amphetamine sulfate	18
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	22	albuterol sulfate oral syrup	37	amphetamine-dextroamphetamine	18
accutane	20	2 mg/5ml	37	amphetamine-dextroamphetamine er	18
acebutolol hcl oral	16	alclometasone dipropionate external cream	20	ampicillin	9
acetaminophen-codeine oral tablet	8	ALECENSA	13	AMZEEQ	20
acetazolamide er	16	alendronate sodium oral tablet	35	anagrelide hcl	24
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acetic acid otic	36	aliskiren fumarate	16	ANDEMBRY	33
acetylcysteine inhalation	37	allopurinol oral tablet 100 mg, 300 mg	13	ANNOVERA	28
acitretin	20	almotriptan malate	13	ANORO ELLIPTA	37
ACTEMRA ACTPEN	33	ALOGLIPTIN BENZOATE	24	ANUCORT-HC	34
ACTEMRA SUBCUTANEOUS	33	ALOGLIPTIN-METFORMIN HCL	24	ANZUPGO	20
acyclovir external ointment	15	ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	36	apap-caff-dihydrocodeine	8
acyclovir oral capsule	15	ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	36	aprepitant oral capsule 125 mg, 40 mg, 80 mg	12
acyclovir oral suspension	15	alprazolam er	16	apri	28
200 mg/5ml	15	alprazolam oral	16	APRISO	34
acyclovir oral tablet	15	alprazolam xr	16	APTIOM	10
ADACEL	34	ALPROLIX	24	AQ INSULIN SYRINGE	22
ADALIMUMAB-ADAZ	33	ALREX	35	AQINJECT PEN NEEDLE	22
adapalene-benzoyl peroxide external gel 0.1-2.5 %	20	altavera	28	ARAKODA	14
ADBRY	20	ALTUVIIIO	24	aranelle	28
ADDYI	25	ALUNBRIG	13	ARANESP (ALBUMIN FREE) INJECTION SOLUTION	25
ADEMPAS	38	ALVAIZ	24	25 MCG/ML	16
ADVAIR HFA	37	alyacen 1/35	28	ARBLI	16
ADVATE	24	alyacen 7/7/7	28	AREXVY	34
ADYNOVATE	24	amabelz oral tablet 0.5-0.1 mg	28	aripiprazole oral solution	15
AEROCHAMBER HOLDING CHAMBER	37	amantadine hcl oral capsule	14	aripiprazole oral tablet	15
AEROCHAMBER PLS FLOVU MTHPIECE	37	amantadine hcl oral solution	14	armodafinil	39
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AEROCHAMBER PLUS FLO-VU INTERM	37	amantadine hcl oral tablet	14	ARNUITY ELLIPTA	37
AEROCHAMBER2GO ANTI-STATIC	37	amethyst	28	ascomp-codeine	8
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		amiloride-hydrochlorothiazide	16	ashlyna	28
		amiodarone hcl oral	16	aspirin 81 oral tablet delayed release	8
		amitriptyline hcl oral	12		

atenolol oral	16	balziva	28	BETIMOL OPHTHALMIC SOLUTION	
atenolol-chlorthalidone	16	BAQSIMI ONE PACK	24	0.5 %	36
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atorvastatin calcium oral tablet 10 mg, 20 mg	16	CHEWABLE	8	bicalutamide	13
atorvastatin calcium oral tablet 40 mg, 80 mg	16	BD AUTOSHIELD DUO PEN NEEDLES	22	BIJUVA	28
atovaquone	14	BD BLUNT FILL NEEDLE	22	BIKTARVY	15
atovaquone-proguanil hcl	14	BD BLUNT FILL NEEDLE W/FILTER	22	bimatoprost ophthalmic solution 0.03 %	36
atropine sulfate ophthalmic solution 1 %	36	BD ECLIPSE NEEDLE 18G X 1-1/2", 25G X 5/8", 27G X 1/2"	22	BIMZELX	33
ATROVENT HFA	37	BD ECLIPSE NEEDLE 23G X 1" (OTC)	22	bis subcit-metronid-tetracyc	26
ATTRUBY	27	BD ECLIPSE NEEDLE 23G X 1" (RX)	22	bisacodyl oral tablet delayed release 5 mg	26
aubra eq	28	BD ECLIPSE SHIELDED NEEDLE	22	bismuth/metronidaz/tetracyclin	26
AUGTYRO	13	BD PEN NEEDLE ULTRAFINE	22	bisoprolol fumarate oral	16
aurovela 1/20	28	BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	22	bisoprolol-hydrochlorothiazide	16
aurovela 1.5/30	28	BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	22	blisovi 24 fe	28
aurovela 24 fe	28	BD ULTRA-FINE INSULIN SYRINGES	22	blisovi fe 1/20	28
aurovela fe 1/20	28	BD ULTRA-FINE PEN NEEDLES	22	blisovi fe 1.5/30	28
aurovela fe 1.5/30	28	BELBUCA	8	BLUJEPA	9
AUSTEDO	19	BELSOMRA	39	BONSITY	35
AUSTEDO XR	19	benazepril hcl oral	16	BOOSTRIX	34
AUVELITY	12	benazepril-hydrochlorothiazide	16	BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	34
AUVI-Q	36	BENEFIX	25	BREO ELLIPTA	37
AVAR CLEANSER	20	benzonatate oral capsule 100 mg, 200 mg	37	BREZTRI AEROSPHERE	37
aviane	28	benzoyl peroxide-erythromycin	20	briellyn	28
AVONEX	19	benztropine mesylate oral	14	brimonidine tartrate external	20
ayuna	28	BESIVANCE	35	brimonidine tartrate ophthalmic solution 0.15 %	36
AZASITE	35	BESREMI	13	brimonidine tartrate ophthalmic solution 0.2 %	36
azathioprine oral tablet 100 mg, 75 mg	33	betamethasone dipropionate aug external cream	20	brinzolamide	36
azathioprine oral tablet 50 mg	33	betamethasone dipropionate aug external lotion	20	BRIVIACT	10
azelaic acid external	20	betamethasone dipropionate aug external ointment	20	bromfenac sodium (once-daily)	35
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	36	betamethasone dipropionate external cream	20	bromocriptine mesylate oral tablet	14
azelastine hcl ophthalmic	35	betamethasone dipropionate external lotion	20	BRONCHITOL	38
AZELEX	20	betamethasone dipropionate external ointment	20	budesonide inhalation	37
azithromycin oral	9	betamethasone valerate external cream	20	budesonide oral	34
AZSTARYS	18	betamethasone valerate external lotion	20	budesonide rectal	34
azurette	28	BETASERON	19	bumetanide oral	16
B		bethanechol chloride oral	27	buprenorphine	8, 9
bac (butalbital-acetamin-caff)	8	BETIMOL OPHTHALMIC SOLUTION 0.25 %	36	buprenorphine hcl sublingual	9
bacitracin-polymyxin b	35			buprenorphine hcl-naloxone hcl sublingual film	9
baclofen oral suspension	38			buprenorphine hcl-naloxone hcl sublingual tablet sublingual	9
baclofen oral tablet 10 mg, 20 mg, 5 mg	38			bupropion hcl er (smoking det)	9
BAFIERTAM	19			bupropion hcl er (sr)	12
balsalazide disodium	34				

bupropion hcl oral.	12	CAREPOINT POLY HUB NEEDLE 18G X 1", 21G X 1", 22G X 1", 23G X 1", 25G X 1", 25G X 5/8"	22	ciprofloxacin hcl ophthalmic	35
buspirone hcl oral	16	CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	22	ciprofloxacin hcl oral	9
butalbital-acetaminophen oral tablet 50-325 mg	8	CAREPOINT PRECISION POLY HUB.	22	ciprofloxacin hcl otic.	36
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	8	CAREPOINT SAFETY 1ST NEEDLE.	22	ciprofloxacin-dexamethasone.	36
butalbital-apap-cafeine oral capsule 50-300-40 mg	8	carisoprodol oral tablet 350 mg	38	citalopram hydrobromide oral solution 10 mg/5ml.	12
butalbital-apap-cafeine oral capsule 50-325-40 mg	8	cartia xt.	16	citalopram hydrobromide oral tablet ...	12
butalbital-apap-cafeine oral tablet	8	carvedilol.	16	claravis	20
butalbital-asa-caff-codeine	8	CAVERJECT IMPULSE	28	clarithromycin oral suspension reconstituted	9
butalbital-aspirin-cafeine	8	cefadroxil	9	clarithromycin oral tablet	10
butorphanol tartrate nasal.	8	cefdinir	9	clearlax	27
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML.	24	cefexime oral capsule	9	CLENPIQ	27
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML.	24	cefpodoxime proxetil oral tablet.	9	CLIMARA PRO	28
BYLVAY.	26	cefprozil	9	clindacin.	20
BYLVAY (PELLETS)	26	cefuroxime axetil	9	clindacin etz external swab	20
C		celecoxib oral	8	clindacin-p.	20
cabergoline	32	cephalexin	9	clindamycin hcl oral	10
CABOMETYX	13	CEQUR SIMPLICITY 2U 8PK	22	clindamycin palmitate hcl.	10
calcipotriene external cream	20	CETROTIDE	34	clindamycin phos (twice-daily) gel 1 % external	20
calcipotriene external ointment.	20	cevimeline hcl.	19	clindamycin phos-benzoyl perox external gel 1.2-5 %.	20
calcipotriene external solution	20	charlotte 24 fe.	28	clindamycin phos-benzoyl perox gel 1-5 % external.	20
calcitonin (salmon) injection	35	chateal eq	28	clindamycin phosphate external foam .	20
calcitonin (salmon) nasal	35	chlordiazepoxide hcl.	16	clindamycin phosphate external lotion .	20
calcitriol oral capsule.	35	chlordiazepoxide-clidinium	26	clindamycin phosphate external solution.	20
calcium acetate (phos binder) oral capsule	27	chlorhexidine gluconate mouth/throat .	19	clindamycin phosphate external swab .	20
CALQUENCE	14	chlorpromazine hcl oral tablet	15	clindamycin phosphate vaginal.	10
camila	28	chlorthalidone	16	CLINDESSE.	10
camrese	28	chlorzoxazone oral tablet 500 mg	38	CLINPRO 5000.	19
camrese lo.	28	cholestyramine light.	16	clobazam oral suspension 2.5 mg/ml.	11
candesartan cilexetil	16	cholestyramine oral	16	clobazam oral tablet.	11
candesartan cilexetil-hctz	16	CHORIONIC GONADOTROPIN INTRAMUSCULAR	34	clobetasol prop emollient base	20
CAPLYTA	15	CIBINQO	20	clobetasol propionate e	20
captopril oral	16	ciclodan	12	clobetasol propionate external cream 0.05 %	20
CAPVAXIVE.	34	ciclopirox external gel	12	clobetasol propionate external gel	20
carbamazepine er	10	ciclopirox external shampoo	12	clobetasol propionate external liquid. .	20
carbamazepine oral tablet	10	ciclopirox external solution	12	clobetasol propionate external ointment.	20
carbamazepine oral tablet chewable ...	10	ciclopirox olamine external cream	12	clobetasol propionate external solution	20
CARBATROL.	10	ciclopirox olamine external suspension. .	20	CLOMID	34
carbidopa-levodopa er oral tablet extended release.	14	cilostazol	15	clomiphene citrate oral	34
carbidopa-levodopa oral tablet	14	CIMDUO	15	clomipramine hcl oral	12
carbinoxamine maleate oral tablet 4 mg37		cimetidine oral	26	clonazepam oral	16
		CIMZIA.	33	clonidine hcl er.	18
		cinacalcet hcl	35		
		CIPRO HC	36		

clonidine hcl oral	16	cyproheptadine hcl oral	37	DEXCOM G7 RECEIVER	22
clonidine patch weekly	16	cyred eq	28	DEXCOM G7 SENSOR	22
clopidogrel bisulfate oral	15			dexmethylphenidate hcl	18
clorazepate dipotassium	16	D		dexmethylphenidate hcl er	18
clotrimazole mouth/throat	12	dabigatran etexilate mesylate	10	dextroamphetamine sulfate er oral	
clotrimazole-betamethasone	20	dantrolene sodium oral	39	capsule extended release 24 hour 10	
clozapine oral tablet	15	dapsone external	20	mg, 15 mg	18
CO-NATAL FA	25	dapsone oral	13	dextroamphetamine sulfate er oral	
colchicine oral	13	darunavir	15	capsule extended release 24 hour 5 mg .	18
colchicine-probenecid	13	dasetta 1/35 (28)	28	dextroamphetamine sulfate oral	
colesevelam hcl oral tablet	16	dasetta 7/7/7	28	solution	18
colestipol hcl oral tablet	16	daysee	28	diazepam oral solution	16
COMBIGAN	36	deblitane	29	diazepam oral tablet	16
COMBIPATCH	28	DELSTRIGO	15	diazepam rectal	11
COMBIVENT RESPIMAT	37	delyla	29	diclofenac potassium oral tablet 50 mg .	8
COMIRNATY	34	DENTA 5000 PLUS	19, 25	diclofenac sodium er	8
COMIRNATY 5-11 YEARS	34	DENTA 5000 PLUS SENSITIVE	25	diclofenac sodium external gel	
constulose	27	DENTAGEL	19	3 %	21
CONTOUR NEXT EZ KIT W/DEVICE	22	DEPAKOTE	11	diclofenac sodium ophthalmic	35
CONTOUR NEXT GEN MONITOR KIT		DEPAKOTE ER	11	diclofenac sodium oral	8
W/DEVICE	22	DEPAKOTE SPRINKLES	11	diclofenac-misoprostol	8
CONTOUR NEXT GEN TEST STRIPS	22	DEPO-ESTRADIOL	29	dicloxacillin sodium	10
CONTOUR NEXT MONITOR KIT W/		DEPO-PROVERA INTRAMUSCULAR		dicyclomine hcl oral capsule	27
DEVICE	22	SUSPENSION PREFILLED SYRINGE	29	dicyclomine hcl oral solution	
CONTOUR NEXT ONE KIT	22	DEPO-SUBQ PROVERA 104	29	10 mg/5ml	27
CONTOUR PLUS BLUE KIT W/DEVICE	22	DERMA-SMOOTH/FS BODY	20	dicyclomine hcl oral tablet	
CONTOUR PLUS TEST STRIP	22	DERMA-SMOOTH/FS SCALP	20	20 mg	27
CORLANOR ORAL TABLET	16	DESCOVY ORAL TABLET		difluprednate	36
CORTEF	32	120-15 MG	15	digoxin oral tablet	16
CORTIFOAM	34	DESCOVY ORAL TABLET		DILANTIN	11
COSENTYX	33	200-25 MG	15	dilt-xr	16
COTELLIC	14	desipramine hcl oral	12	diltiazem hcl er beads	16
CREON	27	desmopressin acetate oral	32	diltiazem hcl er coated beads	16
CRESEMBA ORAL	12	desmopressin acetate spray	32	diltiazem hcl er oral capsule	
CREXONT	14	desogestrel-ethinyl estradiol	29	extended release 12 hour	16
cromolyn sodium ophthalmic	36	desonide external cream	20	diltiazem hcl er oral capsule	
cromolyn sodium oral	27	desonide external lotion	20	extended release 24 hour	16
cryselle	28	desonide external ointment	20	diltiazem hcl er oral tablet extended	
cryselle-28	28	desoximetasone external cream	20	release 24 hour	16
curae oral tablet 1.5 mg	28	desoximetasone external ointment	21	diltiazem hcl oral	16
cyanocobalamin injection solution		desvenlafaxine succinate er	12	DIPENTUM	35
1000 mcg/ml	25	dexamethasone intensol	32	diphenoxylate-atropine oral tablet	27
cyanocobalamin nasal	25	dexamethasone oral elixir	32	disulfiram oral	9
cyclobenzaprine hcl oral tablet 10		dexamethasone oral solution	32	divalproex sodium er	11
mg, 5 mg	38	dexamethasone oral tablet	32	divalproex sodium oral capsule	
cyclopentolate hcl ophthalmic	36	dexamethasone sodium phosphate		delayed release sprinkle	11
cyclophosphamide oral capsule	14	ophthalmic	35	divalproex sodium oral tablet delayed	
cyclosporine modified oral capsule	33	DEXCOM G6 RECEIVER	22	release	11
cyclosporine oral	33	DEXCOM G6 SENSOR	22	DIVIGEL	29
		DEXCOM G6 TRANSMITTER	22	dofetilide	16
				dolishale	29

donepezil hcl oral tablet	12	eluryng	29	erythromycin external	21
DOPTELET	25	EMBECTA INSULIN SYRINGE	22	erythromycin ophthalmic	35
dorzolamide hcl ophthalmic	36	EMGALITY	13	escitalopram oxalate oral solution	12
dorzolamide hcl-timolol mal	36	EMPAVELI	33	escitalopram oxalate oral tablet	12
dotti	29	emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	15	eslicarbazepine acetate	11
DOVATO	15	emtricitabine-tenofovir df oral tablet 200-300 mg	15	esomeprazole magnesium oral packet	26
doxazosin mesylate oral	16	emzahh	29	est estrogens-methyltest	29
doxepin hcl oral capsule	12	enalapril maleate oral solution	17	est estrogens-methyltest ds	29
doxepin hcl oral concentrate	12	enalapril maleate oral tablet	17	est estrogens-methyltest hs	29
doxycycline hyclate oral capsule	10	enalapril-hydrochlorothiazide	17	estarylla	29
doxycycline hyclate oral tablet 100 mg	10	ENBREL	33	estazolam	16
doxycycline hyclate oral tablet 20 mg	10	endocet	8	estradiol oral	29, 31
doxycycline monohydrate oral capsule 100 mg, 50 mg	10	ENDOMETRIN	34	estradiol patch twice weekly	29
doxycycline monohydrate oral suspension reconstituted	10	ENERGIX-B	34	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	29
doxycycline monohydrate oral tablet	10	enilloring	29	estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	29
dronabinol	12	enoxaparin sodium injection solution prefilled syringe	10	estradiol transdermal patch weekly	29
DROPSAFE SAFETY SYRINGE/NEEDLE	22	enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	29	estradiol vaginal cream	29
DROPSAFE SICURA	22	ENSACOVE	14	estradiol vaginal tablet	29
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	29	enskyce	29	estradiol valerate intramuscular	29
drospirenone-ethinyl estradiol	29	ENSTILAR	21	estradiol-norethindrone acet oral tablet 0.5-0.1 mg	29
DRYSOL	21	entacapone	14	estradiol-norethindrone acet oral tablet 1-0.5 mg	29
DUAVEE	29	entecavir	15	estrateg f.s. oral tablet 1.25-2.5 mg	29
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	12	ENTYVIO PEN	33	ESTRING	29
DUPIXENT	21	enulose	27	estrogens conjugated	29
dutasteride oral	28	EPCLUSA	15	eszopiclone	39
E		EPIDIOLEX	11	ethambutol hcl oral	13
EASIVENT	37	epinastine hcl	35	ethosuximide oral	11
EASIVENT MASK LARGE	37	epinephrine solution auto-injector 0.15 mg/0.15ml injection	36	ethynodiol diac-eth estradiol	29
EASIVENT MASK MEDIUM	37	epinephrine solution auto-injector 0.15 mg/0.3ml injection	36	etodolac	8
EASIVENT MASK SMALL	37	epinephrine solution auto-injector 0.3 mg/0.3ml injection	36	etodolac er	8
EBGLYSS	21	epitol oral tablet 200 mg	11	etonogestrel-ethinyl estradiol	29
ec-naproxen	8	eplerenone	17	EUCRISA	21
econazole nitrate external cream	13	eq nicotine step 3	9	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	32
econtra one-step	29	ergocalciferol oral capsule	25, 26	EVAMIST	29
EDEX (2 CARTRIDGE)	28	ERIVEDGE	14	everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	33
EDEX (6 CARTRIDGE)	28	ERLEADA	14	EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG, 90 MG	32
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	25	ERMEZA ORAL SOLUTION 150 MCG/5ML	32	EVRYSDI	27
ELESTRIN	29	errin	29	exemestane	14
eletriptan hydrobromide	13	erythromycin base oral tablet	10		
elinest	29	erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	10		
ELIQUIS	10	erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	10		
ELLA	29				
ELMIRON	28				
ELOCTATE	25				

EYSUVIS	35
ezetimibe	17
ezetimibe-simvastatin	17
F	
FABHALTA	25
falmina	29
famciclovir oral	15
famotidine oral suspension reconstituted	26
FANAPT	15
FASENRA PEN	37
febuxostat	13
feirza 1/20	29
feirza 1.5/30	29
felbamate oral tablet	11
felodipine er	17
FEMRING	29
fenofibrate micronized	17
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	17
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	17
fenofibric acid oral capsule delayed release	17
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	8
FETZIMA	12
fidaxomicin	10
FINACEA EXTERNAL FOAM	21
finasteride oral tablet 5 mg	28
finzala	29
flac otic oil 0.01 %	36
FLAREX	35
flecainide acetate	17
FLEXICHAMBER	37
FLUAD	34
FLUARIX	34
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	34
fluconazole oral	13
fludrocortisone acetate oral	32
FLULAVAL	34
FLUMIST	34
flunisolide nasal	37
fluocinolone acetone body	21
fluocinolone acetone external cream	21
fluocinolone acetone external ointment	21

fluocinolone acetone external solution	21
fluocinolone acetone otic	36
fluocinolone acetone scalp	21
fluocinonide external cream 0.05 %	21
fluocinonide external gel	21
fluocinonide external ointment	21
fluocinonide external solution	21
FLUORIDEX	19
FLUORIDEX ENHANCED WHITENING	19
FLUORIMAX 5000	19, 25
FLUORIMAX 5000 SENSITIVE	25
fluorouracil external cream 5 %	21
fluoxetine hcl oral capsule	12
fluoxetine hcl oral solution	12
fluoxetine hcl oral tablet	12
fluphenazine hcl oral tablet	15
flurbiprofen oral	8
fluticasone propionate external cream	21
fluticasone propionate external ointment	21
fluticasone propionate nasal	37
fluticasone-salmeterol inhalation aerosol powder breath activated 100- 50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	38
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	38
fluvastatin sodium	17
fluvoxamine maleate	12
fluvoxamine maleate er	12
FLUZONE HIGH-DOSE	34
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	34
FML FORTE	35
FML LIQUIFILM	35
FOCALIN	18
folic acid oral tablet 1 mg	25
folic acid oral tablet 400 mcg, 800 mcg	25
FOLLISTIM AQ	34
fosfomycin tromethamine	10
fosinopril sodium	17
FRAICHE 5000 DENTAL DENTAL GEL 1.1 %	19
FREESTYLE LIBRE 14 DAY READER	22
FREESTYLE LIBRE 14 DAY SENSOR	23
FREESTYLE LIBRE 2 PLUS SENSOR	23
FREESTYLE LIBRE 2 READER	23
FREESTYLE LIBRE 2 SENSOR	23

FREESTYLE LIBRE 3 PLUS SENSOR	23
FREESTYLE LIBRE 3 READER	23
FREESTYLE LIBRE 3 SENSOR	23
frovatriptan succinate	13
ft naloxone hcl	9
furosemide oral	17
fyavolv	29
FYCOMPA	11
FYREMADEL	34

G

gabapentin oral capsule	11
gabapentin oral solution 250 mg/5ml	11
gabapentin oral tablet 600 mg, 800 mg	11
galbriela	29
gallifrey	29
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	34
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	34
gatifloxacin ophthalmic	35
gavilax oral powder	27
gavilyte-c	27
gavilyte-g	27
gavilyte-n with flavor pack	27
GAVRETO	14
gemfibrozil oral	17
generlac	27
engraf	33
gentamicin sulfate external	10
gentamicin sulfate ophthalmic	35
gentlelax oral powder 17 gm/scoop	27
GENVOYA	15
glimepiride oral tablet 1 mg, 2 mg, 4 mg	24
glipizide er	24
glipizide oral tablet 10 mg, 5 mg	24
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	24
glipizide-metformin hcl	24
GLUCAGON EMERGENCY KIT	24
glucagon emergency kit injection solution reconstituted 1 mg	24
glyburide	24
glyburide-metformin	24
glycolax	27
glycopyrrolate oral solution	27
glycopyrrolate oral tablet 1 mg, 2 mg	27

glydo	8	HUMULIN 70/30 VIAL.....	23	HYPERSAL	37
GLYXAMBI.....	24	HUMULIN N KWIKPEN	23		
gnp naloxone hcl.....	9	HUMULIN N VIAL	23	I	
GONAL-F.....	34	HUMULIN R U-500 KWIKPEN	23	ibandronate sodium oral.....	35
granisetron hcl oral.....	12	HUMULIN R U-500 VIAL		ibuprofen oral tablet 400 mg, 600 mg,	
GRASTEK	38	SUBCUTANEOUS SOLUTION 500		800 mg	9
griseofulvin microsize oral	13	UNIT/ML	23	iclevia	29
guanfacine hcl	17, 18	HUMULIN R VIAL.....	23	ICLUSIG.....	14
guanfacine hcl er.....	18	hydralazine hcl oral.....	17	IDELVION	25
GVOKE HYPOPEN.....	23	hydrochlorothiazide oral.....	17	IDHIFA	14
GVOKE KIT	23	hydrocod poli-chlorphe poli er.....	37	imipramine hcl oral.....	12
GVOKE PFS.....	23	hydrocodone bit-homatrop mbr oral		imiquimod external cream 5 %	21
GYNAZOLE-1	13	solution.....	37	IMKELDI.....	14
		hydrocodone-acetaminophen oral		IMVEXXY	25
H		solution 10-300 mg/15ml	8	INBRIJA.....	14
habitrol.....	9	hydrocodone-acetaminophen oral		incassia.....	29
HAEGARDA.....	33	solution 10-325 mg/15ml, 7.5-325		indapamide.....	17
hailey 1.5/30	29	mg/15ml.....	8	indomethacin er.....	9
hailey 24 fe.....	29	hydrocodone-acetaminophen oral		indomethacin oral capsule.....	9
hailey fe 1/20.....	29	tablet 10-325 mg,		INGREZZA	19
hailey fe 1.5/30	29	2.5-325 mg, 5-325 mg,		INGREZZA SPRINKLE	19
halobetasol propionate external cream	21	7.5-325 mg.....	8	INPEN	23
halobetasol propionate external		hydrocodone-ibuprofen	8	INSPIREASE	38
ointment.....	21	hydrocort-pramoxine (perianal)	35	INSULIN LISPRO.....	23
haloette vaginal ring		hydrocortisone (perianal) external		INSULIN LISPRO (1 UNIT DIAL).....	23
0.12-0.015 mg/24hr.....	29	cream 2.5 %.....	35	INSULIN LISPRO JUNIOR KWIKPEN	23
haloperidol oral	15	hydrocortisone ace-pramoxine		INSULIN LISPRO PROT &	
HARVONI.....	15	external cream 1-1 %	35	LISPRO	23
HAVRIX.....	34	hydrocortisone acetate rectal	35	INSULIN PEN NEEDLES 29G X 12MM ,	
heather	29	hydrocortisone external cream 2.5 % ..	21	30G X 5 MM , 31G X 5 MM, 31G X 6 MM ,	
HEMANGEOL.....	17	hydrocortisone external lotion 2.5 % ..	21	31G X 8 MM, 32G X 4 MM	23
HEMMOREX-HC RECTAL		hydrocortisone external ointment 1		INSULIN SYRINGES 27G X 1/2" 0.5 ML,	
SUPPOSITORY 25 MG	35	%, 2.5 %	21	27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML,	
heparin sodium (porcine) +rfid	25	hydrocortisone oral	32	28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML,	
heparin sodium (porcine) injection		hydrocortisone valerate external cream		29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G	
solution.....	25	hydrocortisone-acetic acid.....	36	X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G	
heparin sodium (porcine) pf.....	25	hydromet.....	37	X 5/16" 1 ML	23
HEPLISAV-B.....	34	hydromorphone hcl oral tablet.....	8	INTRAROSA	25
her style	29	hydroxychloroquine sulfate oral.....	14	introvale	29
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HUMALOG KWIKPEN	23	hydroxyzine hcl oral syrup 10 mg/5ml ..	16	INZIRQO	17
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This document applies to commercial group members of Surest plans with a pharmacy benefit subject to the Advantage 3-Tier PDL.

Level Funded: Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

Fully Insured: Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

All Fully Insured Plans in California: If medically appropriate care from a qualified provider cannot be provided within the Network, we will arrange for the required care with an available and accessible out-of-Network provider. You will only be responsible for paying the cost sharing in an amount equal to the cost sharing you would have otherwise paid for that service or a similar service if you had received the Covered Health Care Service from a Network provider.

Surest Fully Insured Plans in California: A complete Network and timely access to care may only be available by obtaining treatment through providers available at the maximum Copayment shown for each service at the lowest cost-sharing tier. While some network providers are available at lower Copayments (reduced cost-sharing rates), there is no guarantee of a complete Network or timely access to care at any specific reduced cost-sharing rate.