



2024 Standard Choice Commercial (IA/MN/WI) Drug Formulary

QuartzBenefits.com

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October 1, 2024

Standard Choice Commercial (IA/MN/WI)

Table of Contents

Analgesics - Drugs for Pain.....	3
Analgesics - Drugs for Pain and Inflammation.....	4
Anesthetics.....	5
Anti-Addiction / Substance Abuse Treatment Agents.....	6
Antibacterials.....	7
Anticoagulants.....	10
Anticonvulsants - Drugs for Seizures.....	10
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	12
Antidepressants.....	12
Antiemetics - Drugs for Nausea and Vomiting.....	14
Antifungals.....	15
Antigout Agents.....	16
Antimigraine Agents.....	16
Antimyasthenic Agents.....	17
Antimycobacterials.....	17
Antineoplastics - Drugs for Cancer.....	18
Antiparasitics.....	23
Antiparkinson Agents.....	23
Antiplatelets.....	24
Antipsychotics - Drugs for Mood Disorders.....	24
Antivirals.....	25
Anxiolytics - Drugs for Anxiety.....	28
Bipolar Agents - Drugs for Mood Disorders.....	29
Blood Products and Modifiers - Drugs for Blood Disorders.....	29
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	30
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	35
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	36
Central Nervous System Agents - Miscellaneous.....	37
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.....	37
Dermatological Agents - Drugs for Skin Conditions.....	38
Diabetes - Antidiabetic Agents.....	42
Diabetes - Glucose Monitoring.....	43
Diabetes - Glycemic Agents.....	48
Diabetes - Insulins.....	48
Electrolytes / Minerals / Metals / Vitamins.....	50
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	55
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	55
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment.....	57
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	58
Genitourinary Agents - Drugs for Prostate Conditions.....	59
Hormonal Agents - Adrenal.....	59
Hormonal Agents - Men's Health.....	60
Hormonal Agents - Pituitary.....	60
Hormonal Agents - Prostaglandins.....	61
Hormonal Agents - Selective Estrogen Receptor Modifying Agents.....	61
Hormonal Agents - Sex Hormones and Birth Control.....	61
Hormonal Agents - Thyroid.....	67
Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	68
Immunological Agents - Drugs for Vaccination.....	71
Inflammatory Bowel Disease Agents.....	72

Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	73
Metabolic Bone Disease Agents - Other.....	73
Miscellaneous Therapeutic Agents.....	73
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	84
Ophthalmic Agents - Drugs for Glaucoma.....	86
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	87
Otic Agents - Drugs for Ear Conditions.....	87
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	88
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	89
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	91
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	91
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	92
Sleep Disorder Agents.....	92

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
<i>acetaminophen-codeine</i>	T1	AL (AGE MIN 12 YEARS)
<i>apap-caff-dihydrocodeine</i>	T3	AL (AGE MIN 12 YEARS)
<i>ascomp-codeine</i>	T1	AL (AGE MIN 12 YEARS)
<i>bac</i>	T1	
BELBUCA	T3	
<i>buprenorphine</i>	T1	
<i>butalbital-acetaminophen capsule 50-300 mg oral</i>	T3	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	T3	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T3	AL (AGE MIN 12 YEARS)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	AL (AGE MIN 12 YEARS)
<i>butalbital-apap-caffeine oral tablet</i>	T1	
<i>butalbital-asa-caff-codeine</i>	T1	AL (AGE MIN 12 YEARS)
<i>butalbital-aspirin-caffeine</i>	T1	
<i>butorphanol tartrate nasal</i>	T1	QL (10 ML IN 30 DAYS)
<i>codeine sulfate</i>	T1	AL (AGE MIN 12 YEARS)
<i>endocet</i>	T1	
<i>fentanyl citrate buccal lozenge on a handle</i>	T3	PA; QL (4 IN 1 DAYS)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T1	QL (10 IN 30 DAYS)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	T3	QL (10 IN 30 DAYS)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour</i>	T3	ST; QL (2 IN 1 DAYS)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral</i>	T1	
<i>hydrocodone-ibuprofen</i>	T3	
<i>hydromorphone hcl er</i>	T3	
<i>hydromorphone hcl oral</i>	T1	
<i>mepidine hcl oral</i>	T1	
<i>methadone hcl intensol</i>	T1	
<i>methadone hcl oral</i>	T1	
<i>methadose oral tablet soluble</i>	T1	

Drug Name	Drug Tier	Notes
<i>morphine sulfate (concentrate)</i>	T1	
<i>morphine sulfate er beads</i>	T3	PA; QL (1 IN 1 DAYS)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	T1	PA
<i>morphine sulfate er oral tablet extended release</i>	T1	
<i>morphine sulfate oral</i>	T1	
NUCYNTA	T3	QL (120 IN 30 DAYS)
NUCYNTA ER	T3	QL (2 IN 1 DAYS)
<i>oxycodone hcl oral capsule</i>	T1	
<i>oxycodone hcl oral concentrate</i>	T1	
<i>oxycodone hcl oral solution</i>	T1	
<i>oxycodone hcl oral tablet</i>	T1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	T2	QL (3 IN 1 DAYS)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG	T2	QL (5 IN 1 DAYS)
<i>oxymorphone hcl</i>	T3	PA
<i>oxymorphone hcl er</i>	T3	PA; QL (2 IN 1 DAYS)
<i>pentazocine-naloxone hcl</i>	T1	
TENCON	T2	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	T3	QL (1 IN 1 DAYS; AGE MIN 12 YEARS)
<i>tramadol hcl er</i>	T3	QL (1 IN 1 DAYS; AGE MIN 12 YEARS)
<i>tramadol hcl oral tablet 50 mg</i>	T1	AL (AGE MIN 12 YEARS)
<i>tramadol-acetaminophen</i>	T1	AL (AGE MIN 12 YEARS)
Analgesics - Drugs for Pain and Inflammation		
<i>celecoxib oral</i>	T1	QL (2 IN 1 DAYS)
DICLOFENAC PATCH 1.3%	T3	
<i>diclofenac potassium oral capsule</i>	T3	PA
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium external solution</i>	T3	PA
<i>diclofenac sodium gel 1 % external (rx)</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac-misoprostol</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>diflunisal oral</i>	T1	
<i>ec-naproxen</i>	T3	
<i>etodolac</i>	T1	
<i>etodolac er</i>	T1	
<i>fenoprofen calcium oral capsule 400 mg</i>	T1	
<i>fenoprofen calcium oral tablet</i>	T1	
<i>flurbiprofen oral tablet 100 mg</i>	T1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>ibuprofen-famotidine</i>	T4NP	PA; QL (3 IN 1 DAYS)
<i>indomethacin er</i>	T1	
<i>indomethacin oral</i>	T1	
<i>ketoprofen er</i>	T1	
<i>ketoprofen oral capsule 50 mg</i>	T1	
<i>ketorolac tromethamine injection</i>	T3	QL (20 ML IN 30 DAYS)
<i>ketorolac tromethamine oral</i>	T1	QL (20 IN 30 DAYS)
<i>ketorolac tromethamine solution 60 mg/2ml intramuscular</i>	T3	QL (40 ML IN 30 DAYS)
<i>meclofenamate sodium oral</i>	T1	
<i>mefenamic acid oral</i>	T3	
MELOXICAM ORAL SUSPENSION	T2	
<i>meloxicam oral tablet</i>	T1	
<i>nabumetone oral</i>	T1	
<i>naproxen dr</i>	T3	
<i>naproxen oral suspension</i>	T1	AL (AGE MAX 12 YEARS)
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	T3	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>naproxen-esomeprazole mg</i>	T3	PA; QL (2 IN 1 DAYS)
<i>oxaprozin oral tablet</i>	T1	
<i>piroxicam oral</i>	T1	
<i>sulindac oral</i>	T1	
Anesthetics		
<i>glydo</i>	T1	
<i>lidocaine external patch 5 %</i>	T1	QL (3 IN 1 DAYS)
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine hcl urethral/mucosal</i>	T1	
<i>lidocaine ointment 5 % external</i>	T1	QL (120 GM IN 30 DAYS)

Drug Name	Drug Tier	Notes
<i>lidocaine-prilocaine external cream</i>	T1	
ZTLIDO	T3	PA; QL (3 IN 1 DAYS)
Anti-Addiction / Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	T1	
<i>buprenorphine hcl sublingual</i>	T1	
<i>buprenorphine hcl-naloxone hcl</i>	T1	
<i>bupropion hcl er (smoking det)</i>	T1	\$0 for 180 days/year
COMMIT MOUTH/THROAT LOZENGE 2 MG, 4 MG	T2	\$0 for 180 days/year
<i>cvs nicotine</i>	T1	\$0 for 180 days/year
<i>cvs nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>disulfiram oral</i>	T1	
<i>eq nicotine</i>	T1	\$0 for 180 days/year
<i>eq nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>eq nicotine step 3</i>	T1	\$0 for 180 days/year
<i>folding paddle walker</i>	T1	\$0 for 180 days/year
<i>ft nicotine</i>	T1	\$0 for 180 days/year
<i>ft nicotine mini</i>	T1	\$0 for 180 days/year
<i>gnp nicotine</i>	T1	\$0 for 180 days/year
<i>gnp nicotine mini</i>	T1	\$0 for 180 days/year
<i>gnp nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>goodsense nicotine</i>	T1	\$0 for 180 days/year
<i>habitrol</i>	T1	\$0 for 180 days/year
<i>hm nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>kls quit2</i>	T1	\$0 for 180 days/year
<i>kls quit4</i>	T1	\$0 for 180 days/year
<i>naloxone hcl injection solution cartridge</i>	T1	
<i>naloxone hcl injection solution prefilled syringe</i>	T1	
<i>naloxone hcl nasal</i>	T1	QL (16 IN 30 DAYS)
<i>naltrexone hcl oral</i>	T1	
NICODERM CQ	T2	\$0 for 180 days/year
NICORETTE	T2	\$0 for 180 days/year
NICORETTE MINI	T2	\$0 for 180 days/year
NICORETTE STARTER KIT	T2	\$0 for 180 days/year
<i>nicotine</i>	T1	\$0 for 180 days/year
<i>nicotine mini</i>	T1	\$0 for 180 days/year
<i>nicotine polacrilex mini</i>	T1	\$0 for 180 days/year
<i>nicotine polacrilex mouth/throat</i>	T1	\$0 for 180 days/year

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>nicotine step 1</i>	T1	\$0 for 180 days/year
<i>nicotine step 2</i>	T1	\$0 for 180 days/year
<i>nicotine step 3</i>	T1	\$0 for 180 days/year
NICOTROL	T2	PA; \$0 for 180 days/year
NICOTROL NS	T2	PA; QL (40 IN 30 DAYS); \$0 for 180 days/year
OPVEE	T2	
<i>qc nicotine transdermal system</i>	T1	\$0 for 180 days/year
<i>ra mini nicotine</i>	T1	\$0 for 180 days/year
<i>ra nicotine</i>	T1	\$0 for 180 days/year
<i>ra nicotine gum</i>	T1	\$0 for 180 days/year
<i>ra nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>sm nicotine</i>	T1	\$0 for 180 days/year
<i>sm nicotine polacrilex</i>	T1	\$0 for 180 days/year
THRIVE	T2	\$0 for 180 days/year
<i>varenicline tartrate</i>	T1	\$0 for 180 days/year
<i>varenicline tartrate (starter)</i>	T1	\$0 for 180 days/year
<i>varenicline tartrate(continue)</i>	T1	\$0 for 180 days/year
ZIMHI	T2	QL (4 IN 30 DAYS)
ZUBSOLV	T2	
Antibacterials		
AEMCOLO	T3	
<i>amoxicillin</i>	T1	
<i>amoxicillin-potassium clavulanate</i>	T1	
<i>amoxicillin-potassium clavulanate er</i>	T1	
<i>ampicillin</i>	T1	
ARIKAYCE	T4NP	PA; QL (8.4 ML IN 1 DAYS)
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	T2	
<i>azithromycin oral packet</i>	T3	
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet</i>	T1	
BAXDELA ORAL	T3	PA
<i>cefaclor</i>	T1	
<i>cefaclor er</i>	T1	
<i>cefadroxil</i>	T1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	T1	PA

Drug Name	Drug Tier	Notes
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	T1	PA
<i>cefdinir</i>	T1	
<i>cefixime</i>	T3	
<i>cefpodoxime proxetil</i>	T1	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil</i>	T1	
<i>cephalexin oral capsule</i>	T1	
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>cephalexin oral tablet</i>	T3	
CIPRO ORAL SUSPENSION RECONSTITUTED	T2	
<i>ciprofloxacin hcl oral</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
CLEOCIN VAGINAL SUPPOSITORY	T2	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
CLINDESSE	T2	
<i>colistimethate sodium (cba)</i>	T1	
<i>demeclocycline hcl</i>	T3	
<i>dicloxacillin sodium</i>	T1	
DIFICID ORAL SUSPENSION RECONSTITUTED	T2	PA; QL (10 ML IN 1 DAYS)
DIFICID ORAL TABLET	T2	PA; QL (2 IN 1 DAYS)
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet</i>	T1	
E.E.S. 400	T2	
<i>erythromycin base oral</i>	T1	
<i>erythromycin ethylsuccinate oral</i>	T1	
<i>erythromycin oral</i>	T1	
<i>fosfomicin tromethamine</i>	T3	
<i>gentamicin sulfate external</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>gentamicin sulfate injection solution 40 mg/ml</i>	T1	
<i>hydrogen peroxide external</i>	T3	
IV PREP WIPES	T2	
<i>levofloxacin oral</i>	T1	
<i>linezolid oral</i>	T1	
<i>mafenide acetate external</i>	T3	
<i>methenamine hippurate</i>	T1	
<i>metronidazole oral tablet</i>	T1	
<i>metronidazole vaginal</i>	T1	
<i>minocycline hcl er</i>	T3	PA
<i>minocycline hcl oral capsule</i>	T1	
<i>minocycline hcl oral tablet</i>	T3	
<i>mondoxyne nl</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>mupirocin calcium</i>	T1	
<i>mupirocin external</i>	T1	
<i>neomycin sulfate oral</i>	T1	
<i>neomycin-polymyxin b gu</i>	T3	
<i>nitrofurantoin macrocrystal</i>	T1	
<i>nitrofurantoin monohydrate macrocrystals</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	T1	
NUVESSA	T3	
NUZYRA ORAL	T3	PA; QL (3 IN 1 DAYS)
<i>ofloxacin oral</i>	T3	
<i>penicillin v potassium</i>	T1	
<i>silver sulfadiazine external</i>	T1	
SIVEXTRO ORAL	T2	PA
SOLOSEC	T3	PA; QL (1 IN 30 DAYS)
<i>ssd</i>	T1	
<i>sulfadiazine oral</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
<i>sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral</i>	T1	
SULFAMYLON	T3	
<i>sulfatrim pediatric</i>	T1	
<i>tetracycline hcl oral capsule</i>	T3	
<i>tinidazole oral</i>	T3	
<i>tobramycin sulfate injection solution</i>	T3	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>trimethoprim oral</i>	T1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg</i>	T1	
<i>vancomycin hcl oral capsule</i>	T1	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml</i>	T1	
<i>vancomycin hcl solution reconstituted 750 mg intravenous</i>	T1	
XIFAXAN ORAL TABLET 200 MG	T2	QL (6 IN 1 DAYS)
XIFAXAN ORAL TABLET 550 MG	T2	
Anticoagulants		
ANTICOAGULANT SODIUM CITRATE	T3	
<i>bd heparin posiflush</i>	T1	
<i>dabigatran etexilate mesylate</i>	T3	QL (2 IN 1 DAYS)
ELIQUIS	T2	
ELIQUIS DVT/PE STARTER PACK	T2	
<i>enoxaparin sodium</i>	T1	
<i>fondaparinux sodium</i>	T3	
FRAGMIN	T4P	
<i>heparin na (pork) lock flsh pf</i>	T1	
<i>heparin sod (pork) lock flush solution 10 unit/ml intravenous</i>	T1	
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	T1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	T1	
<i>heparin sodium (porcine) pf solution 5000 unit/0.5ml injection</i>	T1	
<i>jantoven</i>	T1	
PRADAXA ORAL CAPSULE 110 MG	T3	QL (2 IN 1 DAYS)
PRADAXA ORAL PACKET	T4NP	ST
SODIUM CITRATE IN VITRO	T3	
SODIUM CITRATE LOCK FLUSH	T3	
<i>warfarin sodium oral</i>	T1	
XARELTO	T2	
XARELTO STARTER PACK	T2	
Anticonvulsants - Drugs for Seizures		
APTIOM ORAL TABLET 200 MG, 400 MG	T2	QL (1 IN 1 DAYS)
APTIOM ORAL TABLET 600 MG, 800 MG	T2	
BRIVIACT ORAL SOLUTION	T3	ST

Effective 10/1/2024

Drug Name	Drug Tier	Notes
BRIVIACT ORAL TABLET	T3	ST; QL (2 IN 1 DAYS)
<i>carbamazepine er</i>	T1	
<i>carbamazepine oral tablet</i>	T1	
<i>carbamazepine oral tablet chewable</i>	T1	
<i>carbamazepine suspension 100 mg/5ml oral</i>	T1	
<i>clobazam</i>	T3	
DIACOMIT ORAL CAPSULE 250 MG	T3	PA; QL (12 IN 1 DAYS)
DIACOMIT ORAL CAPSULE 500 MG	T3	PA; QL (6 IN 1 DAYS)
DIACOMIT ORAL PACKET 250 MG	T3	PA; QL (12 IN 1 DAYS)
DIACOMIT ORAL PACKET 500 MG	T3	PA; QL (6 IN 1 DAYS)
<i>diazepam rectal</i>	T3	
DILANTIN	T2	
DILANTIN INFATABS	T2	
DILANTIN-125	T2	
<i>divalproex sodium er</i>	T1	
<i>divalproex sodium oral</i>	T1	
EPIDIOLEX	T4P	
<i>epitol</i>	T1	
<i>ethosuximide oral</i>	T1	
<i>felbamate</i>	T1	
FINTEPLA	T3	PA
FYCOMPA ORAL SUSPENSION	T3	ST
FYCOMPA ORAL TABLET	T3	ST; QL (1 IN 1 DAYS)
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
<i>lacosamide oral solution 10 mg/ml</i>	T3	ST
<i>lacosamide oral tablet</i>	T3	ST; QL (2 IN 1 DAYS)
<i>lamotrigine er</i>	T3	QL (1 IN 1 DAYS)
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>lamotrigine oral tablet dispersible</i>	T3	
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral</i>	T1	
<i>methsuximide</i>	T1	
NAYZILAM	T3	QL (6 IN 28 DAYS)
<i>oxcarbazepine</i>	T1	
<i>phenobarbital oral</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>phenytek</i>	T1	
<i>phenytoin infatabs</i>	T1	
<i>phenytoin oral</i>	T1	
<i>phenytoin sodium extended</i>	T1	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1	
<i>rufinamide</i>	T3	
SPRITAM	T3	
<i>subvenite</i>	T1	
SYMPAZAN	T3	PA
TEGRETOL-XR	T2	
<i>tiagabine hcl</i>	T3	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	T3	
<i>topiramate oral</i>	T1	
<i>valproic acid oral capsule</i>	T1	
<i>valproic acid solution 250 mg/5ml oral</i>	T1	
VALTOCO	T3	PA; QL (6 IN 28 DAYS)
<i>vigabatrin</i>	T4NP	
<i>vigadrone oral packet</i>	T4NP	
<i>vigpoder</i>	T4NP	
XCOPRI	T3	ST; QL (2 IN 1 DAYS)
ZONISADE	T3	PA
<i>zonisamide oral</i>	T1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ADLARITY	T3	PA
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>donepezil hcl oral tablet 23 mg</i>	T1	QL (1 IN 1 DAYS)
<i>donepezil hcl oral tablet dispersible</i>	T1	
<i>galantamine hydrobromide er</i>	T1	QL (1 IN 1 DAYS)
<i>galantamine hydrobromide oral solution</i>	T1	
<i>galantamine hydrobromide oral tablet 12 mg</i>	T1	
<i>galantamine hydrobromide oral tablet 4 mg, 8 mg</i>	T1	QL (2 IN 1 DAYS)
<i>memantine hcl</i>	T1	
<i>memantine hcl er</i>	T3	QL (1 IN 1 DAYS)
<i>rivastigmine</i>	T3	
<i>rivastigmine tartrate</i>	T1	
Antidepressants		
<i>amitriptyline hcl oral</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>amoxapine</i>	T1	
AUVELITY	T3	ST; QL (2 IN 1 DAYS)
<i>bupropion hcl er (sr)</i>	T1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1	QL (1 IN 1 DAYS)
<i>bupropion hcl oral</i>	T1	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>citalopram hydrobromide oral solution</i>	T1	HDHP
<i>citalopram hydrobromide oral tablet</i>	T1	HDHP
<i>clomipramine hcl oral</i>	T1	PA
<i>desipramine hcl oral</i>	T1	
<i>desvenlafaxine succinate er</i>	T3	QL (1 IN 1 DAYS)
<i>doxepin hcl oral capsule</i>	T1	
<i>doxepin hcl oral concentrate</i>	T1	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T1	
EMSAM	T3	QL (1 IN 1 DAYS)
<i>escitalopram oxalate oral</i>	T1	HDHP
FETZIMA	T3	ST; QL (1 IN 1 DAYS)
FETZIMA TITRATION	T3	ST; QL (1 IN 1 DAYS)
<i>fluoxetine hcl (pmdd) oral tablet 10 mg</i>	T3	PA
<i>fluoxetine hcl oral capsule</i>	T1	HDHP
<i>fluoxetine hcl oral solution</i>	T1	HDHP
<i>fluoxetine hcl oral tablet 10 mg</i>	T3	PA
<i>fluvoxamine maleate er</i>	T3	QL (2 IN 1 DAYS)
<i>fluvoxamine maleate oral tablet 100 mg</i>	T1	
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	T1	QL (3 IN 1 DAYS)
<i>imipramine hcl oral</i>	T1	
<i>imipramine pamoate</i>	T3	
MARPLAN	T3	
<i>mirtazapine oral</i>	T1	
<i>nefazodone hcl</i>	T1	
<i>nortriptyline hcl oral</i>	T1	
<i>paroxetine hcl er</i>	T3	
<i>paroxetine hcl oral suspension</i>	T1	
<i>paroxetine hcl oral tablet</i>	T1	HDHP
<i>paroxetine mesylate</i>	T3	PA

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>perphenazine-amitriptyline</i>	T1	
<i>phenelzine sulfate oral</i>	T1	
<i>protriptyline hcl</i>	T1	
<i>sertraline hcl oral concentrate</i>	T1	HDHP
<i>sertraline hcl oral tablet</i>	T1	HDHP
<i>tranylcypromine sulfate</i>	T1	
<i>trazodone hcl oral</i>	T1	
<i>trimipramine maleate oral</i>	T1	
TRINTELLIX	T3	ST; QL (1 IN 1 DAYS)
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	
<i>vilazodone hcl</i>	T3	QL (1 IN 1 DAYS)
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	T3	QL (2 IN 30 DAYS; 1 FILL IN 23 DAYS)
<i>aprepitant oral</i>	T1	QL (6 IN 30 DAYS)
<i>aprepitant oral capsule 125 mg</i>	T1	QL (2 IN 30 DAYS)
<i>aprepitant oral capsule 40 mg</i>	T1	QL (1 IN 30 DAYS)
<i>aprepitant pak 80 & 125mg</i>	T1	QL (6 IN 30 DAYS)
<i>aprepitant oral capsule 80 mg</i>	T1	QL (4 IN 30 DAYS)
<i>compro</i>	T1	
<i>dronabinol</i>	T3	
EMEND ORAL SUSPENSION RECONSTITUTED	T2	QL (2 IN 30 DAYS)
<i>granisetron hcl oral</i>	T1	QL (30 IN 30 DAYS)
<i>meclizine hcl tablet 12.5 mg oral (rx)</i>	T1	
<i>meclizine hcl tablet 25 mg oral (rx)</i>	T1	
<i>metoclopramide hcl oral solution</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>metoclopramide hcl oral tablet dispersible</i>	T3	
<i>ondansetron hcl oral solution</i>	T1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	
<i>ondansetron odt</i>	T1	
<i>perphenazine oral</i>	T1	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	
<i>promethazine hcl oral</i>	T1	
<i>promethazine hcl rectal</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>promethegan</i>	T1	
<i>scopolamine</i>	T1	QL (10 IN 30 DAYS)
SYNDROS	T3	
<i>trimethobenzamide hcl oral</i>	T1	
VARUBI (180 MG DOSE)	T3	QL (4 IN 30 DAYS)
Antifungals		
<i>amphotericin b intravenous</i>	T1	
<i>ciclopirox external gel</i>	T1	
<i>ciclopirox external shampoo</i>	T1	
<i>ciclopirox external solution</i>	T3	
<i>ciclopirox olamine external</i>	T1	
<i>clotrimazole external</i>	T1	
<i>clotrimazole mouth/throat</i>	T1	
<i>clotrimazole-betamethasone external cream</i>	T1	
<i>clotrimazole-betamethasone external lotion</i>	T3	
CRESEMBA ORAL	T4P	PA
<i>econazole nitrate external</i>	T1	
ECOZA	T3	
ERTACZO	T3	
EXELDERM	T2	
EXODERM	T3	
<i>fluconazole oral</i>	T1	
<i>flucytosine oral</i>	T3	
<i>griseofulvin microsize oral</i>	T1	
<i>griseofulvin ultramicrosize</i>	T1	
GYNAZOLE-1	T2	
<i>itraconazole oral</i>	T1	PA
JUBLIA	T3	PA
<i>ketoconazole external cream</i>	T1	
<i>ketoconazole external shampoo</i>	T1	
<i>ketoconazole oral</i>	T1	
<i>klayesta</i>	T1	
LULICONAZOLE	T3	
<i>miconazole 3</i>	T1	
<i>naftifine hcl</i>	T3	
NOXAFIL ORAL PACKET	T3	PA
<i>nyamyc</i>	T1	
<i>nystatin external</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>nystatin mouth/throat</i>	T1	QL (480 ML IN 30 DAYS)
<i>nystatin oral</i>	T1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i>	T1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i>	T3	
<i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i>	T1	
<i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i>	T3	
<i>nystop</i>	T1	
ORAVIG	T3	
<i>oxiconazole nitrate</i>	T1	
OXISTAT	T2	
<i>posaconazole oral suspension</i>	T3	PA
<i>posaconazole oral tablet delayed release</i>	T1	PA
SULCONAZOLE NITRATE	T2	
<i>tavaborole</i>	T3	PA
<i>terbinafine hcl oral</i>	T1	
<i>terconazole</i>	T1	
TOLSURA	T3	PA
VIVJOA	T3	PA; QL (18 IN 84 DAYS)
<i>voriconazole oral suspension reconstituted</i>	T1	PA
<i>voriconazole oral tablet 200 mg</i>	T1	PA
<i>voriconazole oral tablet 50 mg</i>	T1	PA; QL (3 IN 1 DAYS)
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>allopurinol tablet 200 mg oral</i>	T1	QL (1 IN 1 DAYS)
<i>colchicine oral tablet</i>	T1	
<i>colchicine-probenecid</i>	T1	
<i>febuxostat oral tablet 40 mg</i>	T1	ST; QL (1 IN 1 DAYS)
<i>febuxostat oral tablet 80 mg</i>	T1	ST
<i>probenecid</i>	T1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	T2	PA; QL (1 ML IN 28 DAYS)
AIMOVIG	T2	PA; QL (1 ML IN 28 DAYS)
AJOVY	T3	PA; QL (1.5 ML IN 28 DAYS)
<i>almotriptan malate</i>	T3	QL (12 IN 30 DAYS)

Drug Name	Drug Tier	Notes
<i>diclofenac potassium(migraine)</i>	T3	PA
<i>dihydroergotamine mesylate nasal</i>	T1	QL (16 ML IN 30 DAYS)
<i>eletriptan hydrobromide</i>	T3	QL (12 IN 30 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	T2	PA; QL (1 ML IN 28 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	PA; QL (3 ML IN 28 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	T2	PA; QL (1 ML IN 28 DAYS)
ERGOMAR	T3	
<i>ergotamine-caffeine</i>	T1	
<i>frovatriptan succinate</i>	T3	ST; QL (18 IN 30 DAYS)
MIGERGOT	T2	
<i>naratriptan hcl</i>	T1	QL (18 IN 30 DAYS)
NURTEC	T3	PA; QL (16 IN 30 DAYS)
QULIPTA	T3	PA; QL (1 IN 1 DAYS)
REYVOW	T3	ST; QL (16 IN 30 DAYS)
<i>rizatriptan benzoate</i>	T1	QL (18 IN 30 DAYS)
<i>sumatriptan nasal</i>	T1	QL (18 IN 30 DAYS)
<i>sumatriptan succinate oral</i>	T1	QL (18 IN 30 DAYS)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	T1	QL (9 ML IN 30 DAYS)
<i>sumatriptan succinate subcutaneous</i>	T1	QL (9 ML IN 30 DAYS)
UBRELVY	T3	ST; QL (16 IN 30 DAYS)
<i>zolmitriptan nasal</i>	T3	QL (12 IN 30 DAYS)
<i>zolmitriptan oral tablet</i>	T1	QL (12 IN 30 DAYS)
<i>zolmitriptan oral tablet dispersible</i>	T3	QL (12 IN 30 DAYS)
Antimyasthenic Agents		
<i>pyridostigmine bromide er</i>	T1	
<i>pyridostigmine bromide oral solution</i>	T1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
Antimycobacterials		
<i>cycloserine oral</i>	T3	
<i>dapsone oral</i>	T1	
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral</i>	T1	
PRETOMANID	T3	QL (1 IN 1 DAYS)
PRIFTIN	T3	
<i>pyrazinamide oral</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>rifabutin</i>	T1	
<i>rifampin oral</i>	T1	
SIRTURO	T3	
TRECTOR	T3	
Antineoplastics - Drugs for Cancer		
<i>abiraterone acetate oral tablet 250 mg</i>	T4P	PA; QL (4 IN 1 DAYS); SP-QTZ
AKEEGA	T4NP	PA; QL (2 IN 1 DAYS)
ALECENSA	T4NP	PA; QL (8 IN 1 DAYS); SP-QTZ
ALUNBRIG ORAL TABLET 180 MG, 90 MG	T4NP	PA; QL (1 IN 1 DAYS)
ALUNBRIG ORAL TABLET 30 MG	T4NP	PA; QL (6 IN 1 DAYS)
ALUNBRIG ORAL TABLET THERAPY PACK	T4NP	PA; QL (1 IN 1 DAYS)
<i>anastrozole oral</i>	T1	\$0 for breast cancer PX
AYVAKIT	T4NP	PA; QL (1 IN 1 DAYS)
BALVERSA ORAL TABLET 3 MG	T4NP	PA; QL (3 IN 1 DAYS)
BALVERSA ORAL TABLET 4 MG, 5 MG	T4NP	PA; QL (2 IN 1 DAYS)
<i>bexarotene external</i>	T4NP	PA; SP-QTZ
<i>bexarotene oral</i>	T4NP	SP-QTZ
<i>bicalutamide</i>	T1	
BOSULIF ORAL CAPSULE	T4NP	PA; SP-QTZ
BOSULIF ORAL TABLET 100 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
BOSULIF ORAL TABLET 400 MG, 500 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
BRAFTOVI	T4NP	PA; QL (6 IN 1 DAYS)
BRUKINSA	T4NP	PA
CABOMETYX	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
CALQUENCE	T4NP	PA; QL (2 IN 1 DAYS)
<i>capecitabine</i>	T1	SP-QTZ
CAPRELSA ORAL TABLET 100 MG	T4NP	PA; QL (2 IN 1 DAYS)
CAPRELSA ORAL TABLET 300 MG	T4NP	PA
COMETRIQ	T4NP	PA; SP-ORx
COPIKTRA	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
COTELLIC	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
<i>cyclophosphamide oral capsule</i>	T1	
CYCLOPHOSPHAMIDE ORAL TABLET	T2	
DAURISMO ORAL TABLET 100 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
DAURISMO ORAL TABLET 25 MG	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
DROXIA	T2	
EMCYT	T2	
ERIVEDGE	T4NP	PA; SP-QTZ

Effective 10/1/2024

Drug Name	Drug Tier	Notes
ERLEADA ORAL TABLET 240 MG	T4P	PA; QL (1 IN 1 DAYS)
ERLEADA ORAL TABLET 60 MG	T4P	PA; QL (4 IN 1 DAYS)
<i>erlotinib hcl</i>	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>etoposide oral</i>	T4P	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>everolimus oral tablet soluble</i>	T4NP	PA; SP-QTZ
<i>exemestane</i>	T1	\$0 for breast cancer PX
FOTIVDA	T4NP	PA; QL (1 IN 1 DAYS)
GAVRETO	T4NP	PA; SP-ORx
<i>gefitinib</i>	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
GILOTRIF	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
GLEOSTINE	T2	
HYCAMTIN ORAL CAPSULE 0.25 MG	T4NP	PA; SP-QTZ
HYCAMTIN ORAL CAPSULE 1 MG	T4NP	SP-QTZ
<i>hydroxyurea oral</i>	T1	
IBRANCE	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
ICLUSIG	T4NP	PA; QL (1 IN 1 DAYS)
IDHIFA	T4NP	PA; QL (1 IN 1 DAYS)
<i>imatinib mesylate tablet 100 mg oral</i>	T1	QL (7 IN 1 DAYS); SP-QTZ
<i>imatinib mesylate tablet 400 mg oral</i>	T1	QL (2 IN 1 DAYS); SP-QTZ
IMBRUVICA ORAL CAPSULE 140 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
IMBRUVICA ORAL CAPSULE 70 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
IMBRUVICA ORAL SUSPENSION	T4NP	PA; QL (324 ML IN 30 DAYS); SP-QTZ
IMBRUVICA ORAL TABLET 420 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
INLYTA ORAL TABLET 1 MG	T4NP	PA; QL (8 IN 1 DAYS); SP-QTZ
INLYTA ORAL TABLET 5 MG	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
INQOVI	T4NP	PA; QL (2 IN 28 DAYS); SP-ORx
INREBIC	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
JAKAFI	T4NP	PA; QL (2 IN 1 DAYS); SP-QTZ
JAYPIRCA ORAL TABLET 100 MG	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
JAYPIRCA ORAL TABLET 50 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-ORx
KISQALI (200 MG DOSE)	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
KISQALI (400 MG DOSE)	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
KISQALI (600 MG DOSE)	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
KOSELUGO ORAL CAPSULE 10 MG	T4NP	PA; QL (10 IN 1 DAYS); SP-QTZ
KOSELUGO ORAL CAPSULE 25 MG	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
KRAZATI	T4NP	PA; QL (6 IN 1 DAYS)

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>lapatinib ditosylate</i>	T4P	PA; SP-QTZ
<i>lenalidomide</i>	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	T4NP	PA; SP-ORx
<i>letrozole oral</i>	T1	\$0 for breast cancer PX
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	T3	
<i>leucovorin calcium oral tablet 5 mg</i>	T1	
LEUKERAN	T2	
LONSURF	T4NP	PA; SP-QTZ
LORBRENA ORAL TABLET 100 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
LORBRENA ORAL TABLET 25 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-ORx
LUMAKRAS ORAL TABLET 120 MG	T4NP	PA; QL (8 IN 1 DAYS); SP-ORx
LUMAKRAS ORAL TABLET 320 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-ORx
LYNPARZA ORAL TABLET 100 MG	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
LYNPARZA TABLET 150 MG ORAL	T4NP	PA; SP-QTZ
LYSODREN	T4P	
LYTGOBI (12 MG DAILY DOSE)	T4NP	PA; QL (5 IN 1 DAYS)
LYTGOBI (16 MG DAILY DOSE)	T4NP	PA; QL (5 IN 1 DAYS)
LYTGOBI (20 MG DAILY DOSE)	T4NP	PA; QL (5 IN 1 DAYS)
MATULANE	T4P	
MEKINIST ORAL SOLUTION RECONSTITUTED	T4NP	PA; QL (42 ML IN 1 DAYS); SP-QTZ
MEKINIST ORAL TABLET 0.5 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
MEKINIST ORAL TABLET 2 MG	T4NP	PA; SP-QTZ
MEKTOVI	T4NP	PA; QL (6 IN 1 DAYS)
<i>mercaptopurine oral</i>	T1	
MESNEX ORAL	T2	
MYLERAN	T4P	
NERLYNX	T4NP	PA; QL (6 IN 1 DAYS); SP-ORx
<i>nilutamide</i>	T4P	SP-QTZ
NINLARO	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
NUBEQA	T4P	PA; QL (4 IN 1 DAYS); SP-QTZ
ODOMZO	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
OGSIVEO	T4NP	PA
ONUREG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
ORGOVYX	T3	PA; QL (1 IN 1 DAYS)

Drug Name	Drug Tier	Notes
ORSERDU ORAL TABLET 345 MG	T4NP	PA; QL (1 IN 1 DAYS)
ORSERDU ORAL TABLET 86 MG	T4NP	PA; QL (3 IN 1 DAYS)
PANRETIN	T2	
<i>pazopanib hcl</i>	T4NP	PA; SP-QTZ
PEMAZYRE	T4NP	PA; QL (1 IN 1 DAYS)
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG	T4NP	PA; QL (2 IN 1 DAYS); SP-QTZ
PIQRAY ORAL TABLET THERAPY PACK 200 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
POMALYST	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
PURIXAN	T3	
QINLOCK	T4NP	PA; QL (3 IN 1 DAYS)
RETEVMO ORAL CAPSULE 40 MG	T4NP	PA; QL (6 IN 1 DAYS); SP-QTZ
RETEVMO ORAL CAPSULE 80 MG	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
REZLIDHIA	T4NP	PA; QL (2 IN 1 DAYS)
ROZLYTREK ORAL CAPSULE 100 MG	T4NP	PA; QL (5 IN 1 DAYS); SP-QTZ
ROZLYTREK ORAL CAPSULE 200 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
ROZLYTREK ORAL PACKET	T4NP	PA; QL (12 IN 1 DAY); SP-QTZ
RUBRACA	T4NP	PA; SP-QTZ
RYDAPT	T4NP	PA; QL (8 IN 1 DAYS)
SCEMBLIX ORAL TABLET 100 MG	T4NP	PA
SCEMBLIX ORAL TABLET 20 MG	T4NP	PA; QL (2 IN 1 DAYS)
SCEMBLIX ORAL TABLET 40 MG	T4NP	PA; QL (10 IN 1 DAYS)
SOLTAMOX	T2	\$0 for breast cancer PX
<i>sorafenib tosylate</i>	T4P	PA; SP-QTZ
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
SPRYCEL ORAL TABLET 20 MG	T4P	PA; QL (3 IN 1 DAYS); SP-QTZ
STIVARGA	T4NP	PA; SP-QTZ
<i>sunitinib malate</i>	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
TABLOID	T2	
TABRECTA	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
TAFINLAR ORAL CAPSULE	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
TAFINLAR ORAL TABLET SOLUBLE	T4NP	PA; QL (30 IN 1 DAYS); SP-QTZ
TAGRISSE	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
TALZENNA	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
<i>tamoxifen citrate oral</i>	T1	\$0 for breast cancer PX
TASIGNA	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
TAZVERIK	T4NP	SP-QTZ

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>temozolomide</i>	T1	QL (1 IN 1 DAYS)
TEPMETKO	T4NP	PA; QL (2 IN 1 DAYS)
THALOMID	T4NP	SP-QTZ
TIBSOVO	T4NP	PA; QL (2 IN 1 DAYS)
<i>toremifene citrate</i>	T1	
<i>torpenz</i>	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>tretinoin oral</i>	T3	
TRUQAP	T4NP	PA; QL (64 tablets in 28 days)
TUKYSA ORAL TABLET 150 MG	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
TUKYSA ORAL TABLET 50 MG	T4NP	PA; QL (12 IN 1 DAYS); SP-QTZ
TURALIO	T4NP	PA; QL (4 IN 1 DAYS)
VALCHLOR	T4NP	SP-ORx
VANFLYTA	T4NP	PA; QL (2 IN 1 DAYS)
VENCLEXTA ORAL TABLET 10 MG	T4NP	PA; QL (2 IN 1 DAYS); SP-QTZ
VENCLEXTA ORAL TABLET 100 MG	T4NP	PA; SP-QTZ
VENCLEXTA ORAL TABLET 50 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
VENCLEXTA STARTING PACK	T4NP	PA; SP-QTZ
VERZENIO	T4NP	PA; QL (2 IN 1 DAYS); SP-QTZ
VITRAKVI ORAL CAPSULE 100 MG	T4NP	PA; QL (2 IN 1 DAYS)
VITRAKVI ORAL CAPSULE 25 MG	T4NP	PA; QL (6 IN 1 DAYS)
VITRAKVI ORAL SOLUTION	T4NP	PA
VIZIMPRO	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
VONJO	T4NP	PA; QL (4 IN 1 DAYS)
WELIREG	T4NP	PA; QL (3 IN 1 DAYS)
XALKORI ORAL CAPSULE	T4NP	PA; SP-QTZ
XALKORI ORAL CAPSULE SPRINKLE 150 MG	T4NP	PA; QL (6 IN 1 DAY); SP-QTZ
XALKORI ORAL CAPSULE SPRINKLE 20 MG	T4NP	PA; QL (8 IN 1 DAY); SP-QTZ
XALKORI ORAL CAPSULE SPRINKLE 50 MG	T4NP	PA; QL (4 IN 1 DAY); SP-QTZ
XOSPATA	T4NP	PA; QL (3 IN 1 DAYS)
XPOVIO (100 MG ONCE WEEKLY)	T4NP	PA
XPOVIO (40 MG ONCE WEEKLY)	T4NP	PA
XPOVIO (40 MG TWICE WEEKLY)	T4NP	PA
XPOVIO (60 MG ONCE WEEKLY)	T4NP	PA
XPOVIO (60 MG TWICE WEEKLY)	T4NP	PA
XPOVIO (80 MG ONCE WEEKLY)	T4NP	PA
XPOVIO (80 MG TWICE WEEKLY)	T4NP	PA
XTANDI	T4P	PA; SP-QTZ
YONSA	T4P	PA; QL (4 IN 1 DAYS)

Effective 10/1/2024

Drug Name	Drug Tier	Notes
ZEJULA ORAL TABLET 200 MG, 300 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
ZELBORAF	T4NP	PA; SP-QTZ
ZOLINZA	T4P	PA; SP-QTZ
ZYDELIG	T4NP	PA; QL (2 IN 1 DAYS); SP-QTZ
ZYKADIA	T4NP	PA; SP-QTZ
Antiparasitics		
<i>albendazole oral</i>	T1	
ARAKODA	T3	
<i>atovaquone</i>	T1	
<i>atovaquone-proguanil hcl</i>	T1	QL (MAX 60 DAYS)
BENZNIDAZOLE	T2	
<i>chloroquine phosphate oral</i>	T1	QL (MAX 60 DAYS)
COARTEM	T3	
CROTAN	T2	
EMVERM	T2	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
IMPAVIDO	T3	
<i>ivermectin oral</i>	T1	QL (8 IN 30 DAYS)
KRINTAFEL	T3	
LAMPIT	T3	
<i>malathion</i>	T3	
<i>mefloquine hcl</i>	T1	QL (MAX 60 DAYS)
<i>nitazoxanide oral</i>	T3	
<i>pentamidine isethionate inhalation</i>	T1	
<i>permethrin external</i>	T1	
<i>praziquantel oral</i>	T1	
<i>primaquine phosphate</i>	T3	
<i>pyrimethamine oral</i>	T3	
<i>quinine sulfate</i>	T3	
<i>spinosad</i>	T3	
Antiparkinson Agents		
<i>amantadine hcl oral</i>	T1	
<i>apomorphine hcl subcutaneous</i>	T4NP	SP-ORx
<i>benztropine mesylate oral</i>	T1	
<i>bromocriptine mesylate oral</i>	T1	
<i>carbidopa oral</i>	T1	
<i>carbidopa-levodopa er</i>	T1	
<i>carbidopa-levodopa oral tablet</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>carbidopa-levodopa oral tablet dispersible</i>	T3	
<i>carbidopa-levodopa-entacapone</i>	T3	
<i>entacapone</i>	T3	
INBRIJA	T4NP	PA; QL (10 IN 1 DAYS)
NEUPRO	T3	
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er</i>	T3	QL (1 IN 1 DAYS)
<i>rasagiline mesylate oral</i>	T1	QL (1 IN 1 DAYS)
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T3	
RYTARY	T3	PA
<i>selegiline hcl oral</i>	T1	
<i>tolcapone</i>	T4NP	
<i>trihexyphenidyl hcl</i>	T1	
ZELAPAR	T3	
Antiplatelets		
<i>aspirin-dipyridamole er</i>	T3	
BRILINTA	T2	
CABLIVI	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>cilostazol</i>	T1	
<i>clopidogrel bisulfate oral</i>	T1	
<i>dipyridamole oral</i>	T1	
<i>prasugrel hcl oral tablet 10 mg</i>	T1	
<i>prasugrel hcl oral tablet 5 mg</i>	T1	QL (1 IN 1 DAYS)
ZONTIVITY	T3	PA; QL (1 IN 1 DAYS)
Antipsychotics - Drugs for Mood Disorders		
<i>aripiprazole oral solution</i>	T1	
<i>aripiprazole oral tablet 15 mg, 5 mg</i>	T1	QL (2 IN 1 DAYS)
<i>aripiprazole oral tablet dispersible</i>	T3	ST; QL (1 IN 1 DAYS)
<i>aripiprazole tablet 10 mg oral</i>	T1	QL (2 IN 1 DAYS)
<i>aripiprazole tablet 2 mg oral</i>	T1	QL (2 IN 1 DAYS)
<i>aripiprazole tablet 20 mg oral</i>	T1	QL (1 IN 1 DAYS)
<i>aripiprazole tablet 30 mg oral</i>	T1	QL (1 IN 1 DAYS)
<i>asenapine maleate</i>	T3	ST; QL (2 IN 1 DAYS)
CAPLYTA	T3	ST; QL (1 IN 1 DAYS)
<i>chlorpromazine hcl oral concentrate</i>	T3	
<i>chlorpromazine hcl oral tablet</i>	T1	
<i>clozapine oral tablet</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>clozapine oral tablet dispersible</i>	T3	
FANAPT	T3	ST; QL (2 IN 1 DAYS)
FANAPT TITRATION PACK	T3	ST
<i>fluphenazine hcl oral</i>	T1	
<i>haloperidol lactate concentrate 2 mg/ml oral</i>	T1	
<i>haloperidol oral</i>	T1	
<i>loxapine succinate</i>	T1	
<i>lurasidone hcl</i>	T3	ST; QL (1 IN 1 DAYS)
<i>molindone hcl</i>	T1	
NUPLAZID	T3	PA; QL (1 IN 1 DAYS)
<i>olanzapine oral tablet</i>	T1	
<i>olanzapine oral tablet dispersible</i>	T3	QL (1 IN 1 DAYS)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T3	QL (1 IN 1 DAYS)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T3	QL (2 IN 1 DAYS)
<i>pimozide oral tablet 1 mg</i>	T3	
<i>pimozide oral tablet 2 mg</i>	T1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	T1	QL (1 IN 1 DAYS)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	T1	QL (2 IN 1 DAYS)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T1	
<i>quetiapine fumarate oral tablet 150 mg</i>	T3	QL (2 IN 1 DAYS)
REXULTI	T3	ST; QL (1 IN 1 DAYS)
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>risperidone oral tablet dispersible</i>	T3	
SECUADO	T3	PA; QL (1 IN 1 DAYS)
<i>thioridazine hcl oral</i>	T1	
<i>thiothixene</i>	T1	
<i>trifluoperazine hcl</i>	T1	
VERSACLOZ	T3	
VRAYLAR	T3	ST; QL (1 IN 1 DAYS)
<i>ziprasidone hcl</i>	T1	
Antivirals		
<i>abacavir sulfate</i>	T1	SP-QTZ
<i>abacavir sulfate-lamivudine</i>	T1	SP-QTZ

Drug Name	Drug Tier	Notes
<i>acyclovir external ointment</i>	T3	
<i>acyclovir oral</i>	T1	
<i>adefovir dipivoxil</i>	T1	
APTIVUS	T4NP	SP-QTZ
<i>atazanavir sulfate oral capsule 150 mg</i>	T1	QL (1 IN 1 DAYS); SP-QTZ
<i>atazanavir sulfate oral capsule 200 mg, 300 mg</i>	T1	SP-QTZ
BARACLUDE ORAL SOLUTION	T2	
BIKTARVY	T4P	SP-QTZ
CIMDUO	T4P	SP-QTZ
COMPLERA	T4P	SP-QTZ
<i>darunavir</i>	T4P	SP-QTZ
DELSTRIGO	T4NP	SP-QTZ
DESCOVY	T4P	SP-QTZ; \$0 copay for HIV PX
DOVATO	T4P	QL (1 IN 1 DAYS); SP-QTZ
EDURANT	T4P	SP-QTZ
<i>efavirenz</i>	T1	SP-QTZ
<i>efavirenz-emtricitab-tenofo df</i>	T1	SP-QTZ
<i>efavirenz-lamivudine-tenofovir</i>	T4P	SP-QTZ
<i>emtricitabine</i>	T4P	SP-QTZ
<i>emtricitabine-tenofovir df oral tablet 100-150 mg</i>	T4P	QL (1 IN 1 DAYS); SP-QTZ; \$0 copay for HIV PX for MN plans
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	T4P	SP-QTZ
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T1	SP-QTZ; \$0 copay for HIV PX
EMTRIVA ORAL SOLUTION	T4P	SP-QTZ
<i>entecavir</i>	T1	QL (1 IN 1 DAYS)
EPCLUSA	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>etravirine</i>	T1	SP-QTZ
EVOTAZ	T4P	SP-QTZ
<i>famciclovir oral</i>	T3	
<i>fosamprenavir calcium</i>	T1	SP-QTZ
FUZEON	T4P	SP-QTZ
GENVOYA	T4P	SP-QTZ
HARVONI	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
INTELENCE ORAL TABLET 25 MG	T4P	SP-QTZ
ISENTRESS	T2	SP-QTZ; \$0 copay for HIV PX for MN plans
ISENTRESS HD	T2	SP-QTZ
JULUCA	T4NP	SP-QTZ

Effective 10/1/2024

Drug Name	Drug Tier	Notes
LAGEVRIO	\$0	QL (40 IN 5 DAYS; AGE MIN 18 YEARS)
<i>lamivudine oral solution</i>	T1	SP-QTZ
<i>lamivudine oral tablet 100 mg</i>	T1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T1	SP-QTZ
<i>lamivudine-zidovudine</i>	T1	SP-QTZ
LIVTENCITY	T4NP	PA; QL (4 fills/365 days)
<i>lopinavir-ritonavir oral solution</i>	T1	SP-QTZ
<i>lopinavir-ritonavir oral tablet</i>	T4P	SP-QTZ
<i>maraviroc oral tablet 150 mg</i>	T4NP	QL (2 IN 1 DAYS); SP-QTZ
<i>maraviroc oral tablet 300 mg</i>	T4NP	SP-QTZ
MAVYRET	T4P	PA; QL (3 IN 1 DAYS); SP-QTZ
<i>nevirapine</i>	T1	SP-QTZ
<i>nevirapine er</i>	T1	SP-QTZ
NORVIR ORAL PACKET	T4P	SP-QTZ
ODEFSEY	T4P	SP-QTZ
<i>oseltamivir phosphate oral capsule 30 mg</i>	T1	QL (20 IN 30 DAYS; 1 FILL IN 365 DAYS)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	T1	QL (10 IN 30 DAYS; 1 FILL IN 365 DAYS)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1	
PAXLOVID (150/100)	\$0	QL (20 IN 5 DAYS; AGE MIN 12 YEARS)
PAXLOVID (300/100)	\$0	QL (30 IN 5 DAYS; AGE MIN 12 YEARS)
PEGASYS SUBCUTANEOUS SOLUTION	T4P	PA; QL (4 ML IN 28 DAYS); SP-QTZ
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4P	PA; QL (2 ML IN 28 DAYS); SP-QTZ
<i>penciclovir</i>	T3	
PIFELTRO	T3	SP-QTZ
PREVYMIS ORAL	T2	PA; QL (1 IN 1 DAYS)
PREZCOBIX	T4P	SP-QTZ
PREZISTA ORAL SUSPENSION	T4P	SP-QTZ
PREZISTA ORAL TABLET 150 MG, 75 MG	T4P	SP-QTZ
RELENZA DISKHALER	T2	QL (20 IN 30 DAYS)
REYATAZ ORAL PACKET	T4P	SP-QTZ
<i>ribavirin oral</i>	T1	
<i>rimantadine hcl</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>ritonavir</i>	T1	SP-QTZ
RUKOBIA	T4P	SP-QTZ
SELZENTRY ORAL SOLUTION	T4NP	SP-QTZ
SOVALDI	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
STRIBILD	T4P	SP-QTZ
SUNLENCA ORAL	T4P	QL (5 IN 30 DAYS); SP-QTZ
SYMTUZA	T4P	SP-QTZ
TEMBEXA	\$0	
<i>tenofovir disoproxil fumarate</i>	T1	SP-QTZ; \$0 copay for HIV PX
TIVICAY	T4P	SP-QTZ
TIVICAY PD	T4P	SP-QTZ; \$0 copay for HIV PX for MN plans
TPOXX ORAL	\$0	
TRIUMEQ	T4P	SP-QTZ
TRIUMEQ PD	T4P	SP-QTZ
TYBOST	T4P	SP-QTZ
<i>valacyclovir hcl oral</i>	T1	
<i>valganciclovir hcl</i>	T1	
VEMLIDY	T3	PA; QL (1 IN 1 DAYS)
VIRACEPT	T4P	SP-QTZ
VIREAD ORAL POWDER	T4P	SP-QTZ
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T4P	QL (1 IN 1 DAYS); SP-QTZ
VOSEVI	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
XOFLUZA (40 MG DOSE)	T3	QL (2 IN 30 DAYS)
XOFLUZA (80 MG DOSE)	T3	QL (1 IN 30 DAYS)
ZEPATIER	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>zidovudine oral capsule</i>	T1	SP-QTZ
<i>zidovudine oral syrup</i>	T1	SP-QTZ
<i>zidovudine oral tablet</i>	T1	
Anxiolytics - Drugs for Anxiety		
<i>alprazolam er</i>	T3	
<i>alprazolam intensol</i>	T1	
<i>alprazolam oral tablet</i>	T1	
<i>alprazolam oral tablet dispersible</i>	T3	
<i>alprazolam xr</i>	T3	
<i>bupirone hcl oral</i>	T1	
<i>chlordiazepoxide hcl</i>	T1	
<i>clonazepam oral tablet</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>clonazepam oral tablet dispersible</i>	T3	
<i>clorazepate dipotassium</i>	T1	
<i>diazepam intensol</i>	T3	
<i>diazepam oral concentrate</i>	T3	
<i>diazepam oral solution</i>	T1	
<i>diazepam oral tablet</i>	T1	
<i>estazolam</i>	T1	
<i>hydroxyzine hcl oral</i>	T1	
<i>hydroxyzine pamoate oral</i>	T1	
<i>lorazepam intensol</i>	T1	
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet</i>	T1	
<i>meprobamate</i>	T1	
<i>midazolam hcl oral</i>	T1	
<i>oxazepam</i>	T1	
<i>triazolam oral tablet 0.125 mg</i>	T1	QL (1 IN 1 DAYS)
<i>triazolam oral tablet 0.25 mg</i>	T1	
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	T3	
<i>lithium carbonate er</i>	T1	
<i>lithium carbonate oral</i>	T1	
Blood Products and Modifiers - Drugs for Blood Disorders		
<i>aminocaproic acid oral</i>	T1	
<i>anagrelide hcl</i>	T1	
ARANESP (ALBUMIN FREE)	T4P	PA
DOPTELET	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
EMPAVELI	T4NP	PA; QL (160 ML IN 28 DAYS)
FULPHILA	T4P	PA; QL (0.6 ML IN 30 DAYS)
FYLNETRA	T4P	PA; QL (0.6 ML IN 30 DAYS)
GRANIX	T2	
HEMLIBRA	T4NP	PA; SP-QTZ
LEUKINE	T3	PA
MIRCERA	T4P	PA
MULPLETA	T4NP	PA; QL (1 IN 1 DAYS)
NYVEPRIA	T4P	PA; QL (0.6 ML IN 30 DAYS)
PROMACTA	T4NP	PA; QL (1 IN 1 DAYS; MAX 30 DAYS); SP-QTZ
PYRUKYND	T4NP	PA; QL (2 IN 1 DAYS)

Effective 10/1/2024

Drug Name	Drug Tier	Notes
PYRUKYND TAPER PACK	T4NP	PA; QL (2 IN 1 DAYS)
RETACRIT	T2	PA
STIMUFEND	T4NP	PA; QL (0.6 ML IN 28 DAYS)
TAVALISSE	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
<i>tranexamic acid oral</i>	T1	
UDENYCA	T4P	PA; QL (0.6 ML IN 28 DAYS)
ZIEXTENZO	T4P	PA; QL (0.6 ML IN 28 DAYS)
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
<i>acebutolol hcl oral</i>	T1	
<i>aliskiren fumarate</i>	T3	QL (1 IN 1 DAYS)
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>amiodarone hcl oral</i>	T1	
<i>amlodipine besylate oral</i>	T1	
<i>amlodipine besylate-benazepril hcl</i>	T1	
<i>amlodipine besylate-valsartan</i>	T3	
<i>amlodipine-olmesartan</i>	T3	
ASPRUZYO SPRINKLE	T3	QL (2 IN 1 DAYS; AGE MAX 12 YEARS)
<i>atenolol oral</i>	T1	HDHP
<i>atenolol-chlorthalidone</i>	T1	HDHP
ATORVALIQ	T3	AL (AGE MAX 12 YEARS); \$0 if age 40-75
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1	HDHP; \$0 if age 40-75
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1	HDHP
<i>benazepril hcl oral</i>	T1	HDHP
<i>benazepril-hydrochlorothiazide</i>	T1	HDHP
<i>betaxolol hcl oral</i>	T3	
<i>bisoprolol fumarate oral</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	HDHP
<i>bumetanide oral</i>	T1	
CAMZYOS	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
<i>candesartan cilexetil</i>	T1	PA
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	T1	PA; QL (1 IN 1 DAYS)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	T1	PA
<i>captopril oral</i>	T1	
<i>captopril-hydrochlorothiazide</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>cartia xt</i>	T1	
<i>carvedilol</i>	T1	
<i>carvedilol phosphate er</i>	T3	QL (1 IN 1 DAYS)
<i>chlorthalidone</i>	T1	
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
<i>clonidine</i>	T1	
<i>clonidine hcl oral</i>	T1	
<i>colesevelam hcl</i>	T1	
<i>colestipol hcl</i>	T1	
CORLANOR ORAL SOLUTION	T3	PA
<i>digoxin oral solution</i>	T1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	
<i>digoxin oral tablet 62.5 mcg</i>	T3	
<i>diltiazem hcl er beads</i>	T1	
<i>diltiazem hcl er coated beads</i>	T1	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T3	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	T1	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	T3	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>disopyramide phosphate</i>	T1	
DIURIL	T2	
<i>dofetilide</i>	T3	
<i>doxazosin mesylate oral</i>	T1	
<i>droxidopa</i>	T3	PA
<i>enalapril maleate oral solution</i>	T1	
<i>enalapril maleate oral tablet</i>	T1	HDHP
<i>enalapril-hydrochlorothiazide</i>	T1	HDHP
ENTRESTO ORAL CAPSULE SPRINKLE	T2	QL (8 IN 1 DAYS)
ENTRESTO ORAL TABLET	T2	QL (2 IN 1 DAYS)
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	T1	
<i>epinephrine pf</i>	T1	
<i>eplerenone</i>	T1	
<i>ethacrynic acid</i>	T3	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>ezetimibe</i>	T1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg</i>	T1	
<i>ezetimibe-simvastatin oral tablet 10-40 mg, 10-80 mg</i>	T1	QL (1 IN 1 DAYS)
<i>felodipine er</i>	T1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	T1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>fenofibric acid oral capsule delayed release</i>	T3	
<i>flecainide acetate</i>	T1	
FLOLIPID	T3	PA; QL (5 ML IN 1 DAYS; AGE MAX 12 YEARS); \$0 if age 40-75
<i>fluvastatin sodium</i>	T3	PA; QL (1 IN 1 DAYS); \$0 if age 40-75
<i>fluvastatin sodium er</i>	T3	PA; QL (1 IN 1 DAYS); \$0 if age 40-75
<i>fosinopril sodium</i>	T1	HDHP
<i>fosinopril sodium-hctz</i>	T1	HDHP
<i>furosemide oral solution 10 mg/ml</i>	T1	
<i>furosemide oral solution 8 mg/ml</i>	T3	
<i>furosemide oral tablet</i>	T1	
<i>gemfibrozil oral</i>	T1	
<i>guanfacine hcl</i>	T1	
HEMANGEOL	T3	PA
<i>hydralazine hcl oral</i>	T1	
<i>hydrochlorothiazide oral</i>	T1	
<i>icosapent ethyl</i>	T3	PA; QL (4 IN 1 DAYS)
<i>indapamide</i>	T1	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>isosorb dinitrate-hydralazine</i>	T3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er</i>	T1	
<i>isradipine</i>	T3	
<i>ivabradine hcl</i>	T3	PA; QL (2 IN 1 DAYS)

Effective 10/1/2024

Drug Name	Drug Tier	Notes
JUXTAPID	T4NP	PA; QL (1 IN 1 DAYS)
KAPSPARGO SPRINKLE	T3	QL (1 IN 1 DAYS)
KATERZIA	T2	AL (AGE MAX 12 YEARS)
<i>labetalol hcl oral</i>	T1	
<i>lisinopril oral</i>	T1	HDHP
<i>lisinopril-hydrochlorothiazide</i>	T1	HDHP
<i>losartan potassium oral</i>	T1	
<i>losartan potassium-hctz</i>	T1	
<i>lovastatin oral</i>	T1	HDHP; \$0 if age 40-75
<i>matzim la</i>	T3	
METHYLDOPA	T2	
<i>metolazone</i>	T1	
<i>metoprolol succinate er</i>	T1	QL (2 IN 1 DAYS); HDHP
<i>metoprolol tartrate oral</i>	T1	HDHP
<i>metoprolol-hydrochlorothiazide</i>	T1	HDHP
<i>metyrosine</i>	T3	
<i>mexiletine hcl oral</i>	T1	
<i>midodrine hcl</i>	T1	
<i>minoxidil oral</i>	T3	
<i>moexipril hcl</i>	T3	
MULTAQ	T3	
<i>nadolol oral</i>	T1	
<i>nebivolol hcl</i>	T3	
<i>niacin (antihyperlipidemic)</i>	T3	
<i>niacin er (antihyperlipidemic)</i>	T1	
<i>niacor</i>	T3	
<i>nicardipine hcl oral</i>	T3	
<i>nifedipine er</i>	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral</i>	T1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 34 mg, 40 mg, 8.5 mg</i>	T3	QL (1 IN 1 DAYS)
<i>nisoldipine er oral tablet extended release 24 hour 30 mg</i>	T3	QL (2 IN 1 DAYS)
NITRO-BID	T2	
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	T2	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	T2	
<i>nitroglycerin rectal</i>	T1	
<i>nitroglycerin sublingual</i>	T1	
<i>nitroglycerin transdermal</i>	T1	
<i>nitroglycerin translingual</i>	T1	
NORLIQVA	T2	AL (AGE MAX 12 YEARS)
NORPACE CR	T2	
NYMALIZE	T2	
<i>olmesartan medoxomil oral</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>omega-3-acid ethyl esters</i>	T1	QL (4 IN 1 DAYS)
<i>pentoxifylline er</i>	T1	
<i>perindopril erbumine</i>	T1	HDHP
<i>phenoxybenzamine hcl oral</i>	T3	
<i>pindolol</i>	T1	
<i>pravastatin sodium</i>	T1	HDHP; \$0 if age 40-75
<i>prazosin hcl oral</i>	T1	
PRESTALIA	T3	
<i>prevalite</i>	T1	
<i>propafenone hcl</i>	T1	
<i>propafenone hcl er</i>	T3	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
QBRELIS	T3	
<i>quinapril hcl</i>	T1	HDHP
<i>quinapril-hydrochlorothiazide</i>	T1	HDHP
<i>quinidine gluconate er</i>	T1	
<i>quinidine sulfate</i>	T1	
<i>ramipril</i>	T1	HDHP
<i>ranolazine er</i>	T1	
REPATHA	T2	PA; QL (2 ML IN 28 DAYS); SP-QTZ
REPATHA PUSHTRONEX SYSTEM	T2	PA; QL (3.5 ML IN 28 DAYS); SP-QTZ
REPATHA SURECLICK	T2	PA; QL (2 ML IN 28 DAYS); SP-QTZ
<i>rosuvastatin calcium oral</i>	T1	HDHP; \$0 if age 40-75

Drug Name	Drug Tier	Notes
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	HDHP; \$0 if age 40-75
<i>simvastatin oral tablet 80 mg</i>	T1	QL (1 IN 1 DAYS); HDHP; \$0 if age 40-75
<i>sotalol hcl (af)</i>	T1	
<i>sotalol hcl oral</i>	T1	
SOTYLIZE	T3	
<i>spironolactone oral suspension</i>	T3	
<i>spironolactone oral tablet</i>	T1	
<i>spironolactone-hctz</i>	T1	
<i>telmisartan</i>	T1	
<i>telmisartan-hctz oral tablet 40-12.5 mg</i>	T3	QL (1 IN 1 DAYS)
<i>telmisartan-hctz oral tablet 80-12.5 mg, 80-25 mg</i>	T3	
<i>tiadylt er</i>	T1	
<i>timolol maleate oral</i>	T1	
<i>toremide</i>	T1	
<i>trandolapril</i>	T1	
<i>triamterene oral</i>	T3	
<i>triamterene-hctz</i>	T1	
VALSARTAN ORAL SOLUTION	T2	AL (AGE MAX 12 YEARS)
<i>valsartan oral tablet</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
VECAMYL	T3	
<i>verapamil hcl er</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERQUVO	T3	PA; QL (1 IN 1 DAYS)
VYNDAMAX	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
VYNDAQEL	T4NP	PA; QL (4 IN 1 DAYS); SP-ORx
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
<i>amphetamine-dextroamphetamine</i>	T1	
<i>amphetamine-dextroamphetamine er</i>	T1	
<i>atomoxetine hcl</i>	T1	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T3	
<i>dexmethylphenidate hcl</i>	T1	
<i>dexmethylphenidate hcl er</i>	T1	
<i>dextroamphetamine sulfate er</i>	T1	

Drug Name	Drug Tier	Notes
<i>dextroamphetamine sulfate oral solution</i>	T1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	T1	
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg</i>	T3	
<i>guanfacine hcl er</i>	T1	
<i>lisdexamfetamine dimesylate</i>	T1	QL (1 IN 1 DAYS)
<i>methamphetamine hcl</i>	T1	
<i>methylphenidate</i>	T3	QL (1 IN 1 DAYS)
<i>methylphenidate hcl er</i>	T1	
<i>methylphenidate hcl er (cd)</i>	T1	
<i>methylphenidate hcl er (la)</i>	T1	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	T1	
<i>methylphenidate hcl oral</i>	T1	
VYVANSE	T2	QL (1 IN 1 DAYS)
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	T4P	PA; SP-QTZ
AVONEX PREFILLED	T4P	PA; SP-QTZ
<i>dalfampridine er</i>	T3	PA; QL (2 IN 1 DAYS)
<i>dimethyl fumarate oral</i>	T1	PA; QL (2 IN 1 DAYS); SP-QTZ
<i>dimethyl fumarate starter pack</i>	T1	PA; QL (2 IN 1 DAYS); SP-QTZ
EXTAVIA	T4P	PA; SP-QTZ
<i>fingolimod hcl</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
GILENYA ORAL CAPSULE 0.25 MG	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>glatiramer acetate</i>	T4P	PA; SP-QTZ
<i>glatopa</i>	T4P	PA; SP-QTZ
KESIMPTA	T4NP	PA; QL (0.4 ML IN 28 DAYS); SP-QTZ
MAVENCLAD	T4NP	PA; QL (20 IN 365 DAYS); SP-ORx
PLEGRIDY	T4P	PA; QL (1 ML IN 28 DAYS); SP-QTZ
PLEGRIDY STARTER PACK	T4P	PA; QL (1 ML IN 28 DAYS); SP-QTZ
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML	T4P	PA; QL (6 ML IN 28 DAYS); SP-QTZ
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 44 MCG/0.5ML	T4P	PA; SP-QTZ
REBIF REBIDOSE TITRATION PACK	T4P	PA; SP-QTZ

Effective 10/1/2024

Drug Name	Drug Tier	Notes
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML	T4P	PA; QL (6 ML IN 28 DAYS); SP- QTZ
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML	T4P	PA; SP-QTZ
REBIF TITRATION PACK	T4P	PA; SP-QTZ
<i>teriflunomide</i>	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
ZEPOSIA	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
ZEPOSIA 7-DAY STARTER PACK	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
ZEPOSIA STARTER KIT	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
Central Nervous System Agents - Miscellaneous		
AUSTEDO	T4NP	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	T4NP	PA; QL (3 IN 1 DAYS)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG	T4NP	PA; QL (1 IN 1 DAYS)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	T4NP	PA; QL (2 IN 1 DAYS)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	T4NP	PA; QL (1 in 1 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	T4NP	PA; QL (7 IN 1 DAYS)
AUSTEDO XR PATIENT TITRATION	T4NP	PA; QL (1 starter pack per year.)
<i>caffeine citrate oral</i>	T3	
INGREZZA	T4NP	PA; QL (1 IN 1 DAYS)
NUEDEXTA	T3	
<i>pregabalin oral capsule</i>	T1	QL (3 IN 1 DAYS)
<i>pregabalin oral solution</i>	T1	
RADICAVA ORS	T4NP	PA; QL (5 ML IN 1 DAYS)
RADICAVA ORS STARTER KIT	T4NP	PA; QL (5 ML IN 1 DAYS)
RELYVRIO	T4NP	PA; QL (2 IN 1 DAYS)
<i>riluzole</i>	T1	
SAVELLA	T2	ST; QL (2 IN 1 DAYS)
SAVELLA TITRATION PACK	T2	PA; QL (1 IN 1 DAYS)
TEGLUTIK	T4NP	PA
TEGSEDI	T4NP	PA; QL (6 ML IN 28 DAYS)
<i>tetrabenazine</i>	T4NP	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
<i>cevimeline hcl</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>chlorhexidine gluconate mouth/throat</i>	T1	
DENTA 5000 PLUS	T2	
DENTA 5000 PLUS SENSITIVE	T2	
DENTAGEL	T2	
EASYGEL	T2	
FLUORIDEX SENSITIVITY RELIEF	T2	
GEL-KAM	T2	
JUST FOR KIDS	T2	
<i>kourzeq</i>	T1	
<i>lidocaine viscous hcl</i>	T1	
<i>oralone</i>	T1	
<i>periogard</i>	T1	
<i>pilocarpine hcl oral</i>	T1	
<i>sf gel 1.1%</i>	T1	
<i>sf 5000 plus</i>	T1	
<i>sod fluoride-potassium nitrate</i>	T1	
<i>sodium fluoride 5000 enamel</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	
<i>sodium fluoride 5000 ppm</i>	T1	
<i>sodium fluoride 5000 sensitive</i>	T1	
<i>sodium fluoride dental</i>	T1	
<i>triamcinolone acetanide mouth/throat</i>	T1	
Dermatological Agents - Drugs for Skin Conditions		
<i>accutane</i>	T1	
<i>acitretin</i>	T3	
<i>adapalene external cream</i>	T1	PA
<i>adapalene external gel 0.3 %</i>	T1	PA
ADAPALENE EXTERNAL PAD	T3	PA
ADAPALENE EXTERNAL SOLUTION	T3	PA
<i>adapalene gel 0.1 % external (otc)</i>	T1	AL (AGE MAX 35 YEARS)
<i>adapalene treatment</i>	T1	AL (AGE MAX 35 YEARS)
AKLIEF	T3	PA
ALA SCALP	T3	PA
<i>alclometasone dipropionate</i>	T1	
<i>alcohol prep pads external 70 %</i>	T1	
ALTRENO	T2	AL (AGE MAX 35 YEARS)
<i>amcinonide</i>	T3	PA

Drug Name	Drug Tier	Notes
<i>amnesteem</i>	T1	
APEXICON E	T3	PA
<i>azelaic acid external</i>	T3	ST
AZELEX	T3	ST
<i>benzoyl peroxide-erythromycin</i>	T3	
<i>betamethasone dipropionate aug</i>	T1	
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external</i>	T1	
<i>brimonidine tartrate external</i>	T3	
BRYHALI	T3	PA
<i>calcipotriene external cream</i>	T1	
CALCIPOTRIENE EXTERNAL FOAM	T2	
<i>calcipotriene external ointment</i>	T1	
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop</i>	T3	
<i>calcitriol external</i>	T1	
<i>claravis</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	T3	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1	
<i>clindamycin phosphate external gel</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin-tretinoin</i>	T3	PA
<i>clobetasol propionate e</i>	T1	
<i>clobetasol propionate emulsion</i>	T1	
<i>clobetasol propionate external</i>	T1	
<i>clocortolone pivalate</i>	T3	PA
CORDRAN	T2	
<i>cvs adapalene</i>	T1	AL (AGE MAX 35 YEARS)
<i>dapsone external</i>	T1	ST
<i>desonide external cream</i>	T3	PA
<i>desonide external gel</i>	T3	
<i>desonide external lotion</i>	T3	PA
<i>desonide external ointment</i>	T3	PA
<i>desoximetasone external cream 0.05 %</i>	T3	PA
<i>desoximetasone external cream 0.25 %</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>desoximetasone external gel</i>	T3	PA
<i>desoximetasone external liquid</i>	T3	PA
<i>desoximetasone external ointment 0.05 %</i>	T3	PA
<i>desoximetasone external ointment 0.25 %</i>	T1	
<i>diclofenac sodium gel 3 % external</i>	T3	PA; QL (3 FILLS IN 365 DAYS)
DIFFERIN EXTERNAL GEL 0.1 %	T2	AL (AGE MAX 35 YEARS)
DIFFERIN EXTERNAL LOTION	T3	PA
<i>diflorasone diacetate</i>	T3	PA
DRYSOL	T2	
DUOBRII	T2	PA
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	T4P	PA; QL (2.28 ML IN 28 DAYS); SP-QTZ
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	T4P	PA; QL (4 ML IN 28 DAYS); SP-QTZ
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T4P	PA; QL (2.28 ML IN 28 DAYS); SP-QTZ
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4P	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENSTILAR	T4NP	
EPIFOAM	T3	
<i>ery pad 2%</i>	T1	
<i>erythromycin external</i>	T1	
EUCRISA	T3	ST
FABIOR	T2	PA
FINACEA EXTERNAL FOAM	T3	ST
<i>fluocinolone acetonide body</i>	T1	
<i>fluocinolone acetonide external</i>	T1	
<i>fluocinolone acetonide scalp</i>	T1	
<i>fluocinonide emulsified base</i>	T1	
<i>fluocinonide external cream 0.05 %</i>	T1	
<i>fluocinonide external cream 0.1 %</i>	T3	PA
<i>fluocinonide external gel</i>	T1	
<i>fluocinonide external ointment</i>	T1	
<i>fluocinonide external solution</i>	T1	
<i>fluorouracil external</i>	T1	
<i>flurandrenolide</i>	T3	PA
<i>fluticasone propionate external</i>	T1	
<i>halcinonide</i>	T3	PA
<i>halobetasol propionate external cream</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>halobetasol propionate external foam</i>	T3	PA
<i>halobetasol propionate external ointment</i>	T1	
HALOG EXTERNAL OINTMENT	T3	PA
<i>hydrocortisone butyrate</i>	T3	PA
<i>hydrocortisone external cream 2.5 %</i>	T1	
<i>hydrocortisone external lotion 2 %</i>	T3	PA
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 2.5 %</i>	T1	
<i>hydrocortisone valerate</i>	T3	PA
<i>imiquimod external cream 5 %</i>	T1	
IMPOYZ	T3	PA
<i>isopropyl alcohol external</i>	T1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	
<i>ivermectin external cream</i>	T3	
LEVULAN KERASTICK	T3	
<i>methoxsalen rapid</i>	T1	
<i>metronidazole external</i>	T1	
<i>mometasone furoate external</i>	T1	
NEO-SYNALAR	T3	
<i>neuac</i>	T1	
OPZELURA	T3	PA
PANDEL	T3	PA
<i>pimecrolimus</i>	T1	
<i>podofilox external</i>	T1	
PRAMOSONE EXTERNAL CREAM	T2	
PRAMOSONE EXTERNAL LOTION	T2	
QBREXZA	T3	PA; QL (1 IN 1 DAYS)
RADIAPLEXRX	T3	
REGRANEX	T2	
RHOFADE	T3	
SANTYL	T2	
<i>selenium sulfide external lotion</i>	T1	
SERNIVO	T3	PA
<i>sodium sulfacetamide wash</i>	T1	
SORILUX	T2	
<i>sulfacetamide sodium (acne)</i>	T1	
<i>sulfacetamide sodium-sulfur liquid 10-5 % external</i>	T3	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>tacrolimus external</i>	T1	
<i>tazarotene external cream 0.1 %</i>	T1	PA
TAZAROTENE EXTERNAL FOAM	T2	PA
<i>tazarotene external gel</i>	T1	PA
TAZORAC EXTERNAL CREAM 0.05 %	T2	PA
TEXACORT	T3	PA
TOLAK	T3	
<i>tretinoin external</i>	T1	AL (AGE MAX 35 YEARS)
<i>triamcinolone acetonide external aerosol solution</i>	T1	PA
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment</i>	T1	
<i>triamcinolone in absorbbase</i>	T1	
<i>triderm</i>	T1	
ULTRAVATE	T3	PA
VEREGEN	T3	
<i>zenatane</i>	T1	
ZORYVE EXTERNAL CREAM 0.3 %	T3	PA
Diabetes - Antidiabetic Agents		
<i>acarbose oral</i>	T1	HDHP
BYDUREON BCISE AUTOINJECTOR	T2	PA; HDHP
BYETTA 10 MCG PEN	T2	PA; HDHP
BYETTA 5 MCG PEN	T2	PA; HDHP
CYCLOSET	T3	
FARXIGA TABLET 10 MG ORAL	T2	QL (1 IN 1 DAYS)
FARXIGA TABLET 10 MG ORAL	T2	QL (1 IN 1 DAYS); HDHP
FARXIGA TABLET 5 MG ORAL	T2	QL (1 IN 1 DAYS)
FARXIGA TABLET 5 MG ORAL	T2	QL (1 IN 1 DAYS); HDHP
<i>glimepiride</i>	T1	HDHP
<i>glipizide er</i>	T1	HDHP
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1	HDHP
<i>glipizide xl</i>	T1	HDHP
<i>glipizide-metformin hcl</i>	T1	HDHP
<i>glyburide micronized</i>	T1	HDHP
<i>glyburide oral</i>	T1	HDHP
<i>glyburide-metformin</i>	T1	HDHP
JANUMET ORAL TABLET 50-1000 MG	T2	HDHP

Effective 10/1/2024

Drug Name	Drug Tier	Notes
JANUMET TABLET 50-500 MG ORAL	T2	QL (2 IN 1 DAYS); HDHP
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	T2	QL (1 IN 1 DAYS); HDHP
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	T2	HDHP
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	T2	HDHP
JANUVIA	T2	QL (1 IN 1 DAYS); HDHP
LIRAGLUTIDE	T2	PA; HDHP
<i>metformin hcl er</i>	T1	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral solution</i>	T1	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	HDHP; \$0 if age 35-70 and prediabetes DX
<i>migliitol</i>	T3	QL (3 IN 1 DAYS)
MOUNJARO	T2	PA; HDHP
<i>nateglinide</i>	T1	HDHP
<i>pioglitazone hcl</i>	T1	HDHP
<i>pioglitazone hcl-metformin hcl</i>	T1	
<i>repaglinide</i>	T1	HDHP
SEGLUROMET	T2	HDHP
SOLIQUA	T3	PA; QL (18 ML IN 30 DAYS)
STEGLATRO	T2	QL (1 IN 1 DAYS); HDHP
STEGLUJAN	T2	QL (1 IN 1 DAYS); HDHP
SYMLINPEN 120	T3	
SYMLINPEN 60	T3	
TRULICITY	T2	PA; HDHP
XIGDUO XR	T2	HDHP
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	T2	HDHP
ACCU-CHEK GUIDE CONTROL	T2	HDHP
ACCU-CHEK SMARTVIEW CONTROL	T2	HDHP
ACCUTREND GLUCOSE CONTROL	T2	HDHP
ADVANCE INTUITION CONTROL	T2	HDHP
ADVANCE MICRO-DRAW CONTROL	T2	HDHP
ADVANCE MICRO-DRAW NORMAL	T2	HDHP
ADVOCATE CONTROL SOLUTION	T2	HDHP
ADVOCATE REDI-CODE+ CONTROL	T2	HDHP
AGAMATRIX CONTROL	T2	HDHP

Effective 10/1/2024

Drug Name	Drug Tier	Notes
AGAMATRIX CONTROL LEVEL 2	T2	HDHP
AGAMATRIX CONTROL LEVEL 4	T2	HDHP
ASSURE 3 CONTROL	T2	HDHP
ASSURE 4 CONTROL LEVEL 1 & 2	T2	HDHP
ASSURE DOSE CONTROL	T2	HDHP
ASSURE DOSE NORM/HIGH CONTROL	T2	HDHP
ASSURE II CONTROL	T2	HDHP
ASSURE II CONTROL LEVEL 1 & 2	T2	HDHP
ASSURE PRISM CONTROL LEVEL 1	T2	HDHP
ASSURE PRO CONTROL LEVEL 1 & 2	T2	HDHP
BLULINK CONTROL HIGH & LOW	T2	HDHP
CARESENS CONTROL A	T2	HDHP
CARESENS CONTROL SOLUTION A/B	T2	HDHP
CARESENS LANCETS 30G	T1	HDHP
CARETOUCH CONTROL SOL LEVEL 2	T2	HDHP
CHEMSTRIP 10 MD	T2	
CHEMSTRIP 10/SG	T2	
CHEMSTRIP 2 GP	T2	
CHEMSTRIP 5 OB	T2	
CHEMSTRIP 7	T2	
CHEMSTRIP 9	T2	
CHEMSTRIP K	T2	
CHEMSTRIP UGK	T2	
CHOSEN LANCETS 30G	T1	HDHP
CHOSEN SAFETY LANCETS 28G	T1	HDHP
CLEVER CHOICE COMFORT EZ	T1	HDHP
CLEVER CHOICE GLUCOSE CONTROL	T2	HDHP
COMFORT TOUCH TWIST LANCET 30G	T1	HDHP
CONTOUR CONTROL SOLUTION	T2	HDHP
CONTOUR NEXT CONTROL SOLUTION	T2	HDHP
CONTROL	T2	HDHP
COOL CONTROL A	T2	HDHP
COOL CONTROL B	T2	HDHP
CVS KETONE CARE	T2	
DEXCOM G6 RECEIVER	T2	QL (1 IN 365 DAYS)
DEXCOM G6 SENSOR	T2	QL (3 IN 30 DAYS)
DEXCOM G6 TRANSMITTER	T2	QL (1 IN 90 DAYS)
DEXCOM G7 RECEIVER	T2	QL (1 IN 365 DAYS)

Effective 10/1/2024

Drug Name	Drug Tier	Notes
DEXCOM G7 SENSOR	T2	QL (3 IN 30 DAYS)
DIASTIX	T2	
DIASTIX REAGENT	T2	
DIATHRIVE GLUCOSE CONTROL SOLN	T2	HDHP
DIATRUE CONTROL LEVEL 1	T2	HDHP
DIATRUE CONTROL LEVEL 2	T2	HDHP
DIATRUE CONTROL LEVEL 3	T2	HDHP
DUO-CARE CONTROL SOLUTION	T2	HDHP
EASY PLUS II CONTROL	T2	HDHP
EASY STEP CONTROL	T2	HDHP
EASY TALK CONTROL	T2	HDHP
EASY TALK PLUS II CONTROL	T2	HDHP
EASY TOUCH CONTROL HIGH & LOW	T2	HDHP
EASY TRAK CONTROL	T2	HDHP
EASY TRAK II CONTROL	T2	HDHP
EASYMAX 15 LEVEL 2 CONTROL	T2	HDHP
EASYMAX 15 LEVEL 2-3 CONTROL	T2	HDHP
EASYMAX CONTROL	T2	HDHP
GLUCOSE CONTROL SOLUTIONS	T2	HDHP
ELEMENT COMPACT CONTROL 2	T2	HDHP
ELEMENT COMPACT CONTROL 3	T2	HDHP
ELEMENT CONTROL	T2	HDHP
EMBRACE CONTROL	T2	HDHP
EMBRACE EVO CONTROL LEVEL 1	T2	HDHP
EMBRACE GLUCOSE CONTROL	T2	HDHP
EMBRACE PRO GLUCOSE CONTROL	T2	HDHP
EMBRACE TALK GLUCOSE CONTROL	T2	HDHP
EVOLUTION CONTROL	T2	HDHP
FLOW-EZE VENTED NEEDLE	T3	HDHP
FORA CONTROL	T2	HDHP
FORA GTEL BLOOD KETONE TEST	T2	QL (100 IN 30 DAYS)
FORA TEST N'GO ADV-VOICE-6 CON	T2	QL (100 IN 30 DAYS)
FORACARE GDH CONTROL	T2	HDHP
FREESTYLE CONTROL SOLUTION	T2	HDHP
FREESTYLE LIBRE 2 READER	T3	PA; QL (1 IN 365 DAYS)
FREESTYLE LIBRE 2 SENSOR	T3	PA; QL (2 IN 28 DAYS)
FREESTYLE LIBRE 3 READER	T3	PA; QL (1 IN 365 DAYS)
FREESTYLE LIBRE 3 SENSOR	T3	PA; QL (2 IN 28 DAYS)

Effective 10/1/2024

Drug Name	Drug Tier	Notes
GE100 CONTROL	T2	HDHP
GLUCOCARD 01 CONTROL	T2	HDHP
GLUCOCARD EXPRESSION CONTROL	T2	HDHP
GLUCOCARD SHINE CONTROL	T2	HDHP
GLUCOCARD X-SENSOR CONTROL	T2	HDHP
GLUCOCOM CONTROL	T2	HDHP
GLUCOSE CONTROL	T2	HDHP
GNP EASY TOUCH CONT HIGH/LOW	T2	HDHP
GOJJI BLOOD KETONE TEST	T2	QL (100 IN 30 DAYS)
GOJJI CONTROL	T2	HDHP
IN TOUCH GLUCOSE CONTROL	T2	HDHP
INFINITY CONTROL	T2	HDHP
INFINITY VOICE IN VITRO LIQUID	T2	HDHP
INPEN 100-BLUE-NOVOLOG-FIASP	T1	
INPEN 100-GREY-NOVOLOG-FIASP	T1	
INPEN 100-PINK-NOVOLOG-FIASP	T1	
KETO-DIASTIX	T2	
KETONE TEST	T2	
KETOSTIX	T2	
KROGER HEALTHPRO CONTROL HI/LO	T2	HDHP
LANCETS	T1	HDHP
LANCETS SUPER THIN	T1	HDHP
LIBERTY GLUCOSE CONTROL	T2	HDHP
LIBERTY GLUCOSE CONTROL MID	T2	HDHP
MEDISENSE GLUCOSE KETONE CONTR	T2	HDHP
MEDISENSE HI/MID/LOW CONTROL	T2	HDHP
MICRODOT CONTROL HIGH/LOW	T2	HDHP
MONOJECT MEDICATION TRANSF NDL	T3	HDHP
MULTISTIX 10 SG	T2	
MYGLUCOHEALTH CONTROL	T2	HDHP
NEUTEK 2TEK CONTROL	T2	HDHP
NOVA MAX PLUS GLU/KET CONTROL	T2	HDHP
NOVA MAX PLUS KETONE TEST	T2	QL (100 IN 30 DAYS)
NOVOPEN ECHO	T1	QL (2 IN 30 DAYS); HDHP
ONETOUCH DELICA SAFETY LANCING	T1	HDHP
ONETOUCH ULTRA 2 KIT W/DEVICE	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
ONETOUCH ULTRA CONTROL	T2	HDHP

Drug Name	Drug Tier	Notes
ONETOUCH ULTRA IN VITRO LIQUID	T2	HDHP
ONETOUCH ULTRA IN VITRO STRIP	T2	QL (200 IN 30 DAYS)
ONETOUCH ULTRA TEST STRIPS	T2	QL (200 IN 30 DAYS)
ONETOUCH VERIO FLEX SYSTEM KIT	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
ONETOUCH VERIO IN VITRO LIQUID	T2	HDHP
ONETOUCH VERIO TEST STRIPS	T2	QL (200 IN 30 DAYS)
ONETOUCH VERIO REFLECT KIT W/DEVICE	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
PERFECT POINT SAFETY LANCETS	T1	HDHP
PIP GLUCOSE CONTROL SOLUTION	T2	HDHP
POCKETCHEM EZ CONTROL	T2	HDHP
PRECISION GLUCOSE KETONE CONTR	T2	HDHP
PRECISION XTRA KETONE	T2	QL (100 IN 30 DAYS)
PRODIGY CONTROL SOLUTION	T2	HDHP
QUICKTEK CONTROL SOLUTION	T2	HDHP
QUINTET CONTROL HIGH/NORMAL	T2	HDHP
REFUAH PLUS GLUCOSE CONTROL	T2	HDHP
RELION KETONE TEST	T2	
RIGHTEST GC300 CONTROL	T2	HDHP
SMARTEST CONTROL MEDIUM	T2	HDHP
SOLUS V2 CONTROL	T2	HDHP
SUPREME II HIGH/LOW CONTROL	T2	HDHP
TAI DOC CONTROL	T2	HDHP
TECHLITE LANCETS 26G	T1	HDHP
TRUE METRIX LEVEL 1	T2	HDHP
TRUE METRIX LEVEL 2	T2	HDHP
TRUE METRIX LEVEL 3	T2	HDHP
TRUECONTROL GLUCOSE CONT LEV 0	T2	HDHP
TRUECONTROL GLUCOSE CONT LEV 1	T2	HDHP
UNISTRIP CONTROL	T2	HDHP
VERASENS GLUCOSE CONTROL	T2	HDHP
VERIFINE SAFE LANCET MINI 21G	T1	HDHP
VERIFINE SAFE LANCET MINI 23G	T1	HDHP
VERIFINE SAFE LANCET MINI 28G	T1	HDHP
VERIFINE SAFE LANCET MINI 30G	T1	HDHP
VIVAGUARD INO CONTROL SOLUTION	T2	HDHP
VIVAGUARD LANCETS 30G	T1	HDHP
VIVAGUARD SAFETY LANCETS 28G	T1	HDHP

Effective 10/1/2024

Drug Name	Drug Tier	Notes
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	T2	QL (2 IN 30 DAYS)
BAQSIMI TWO PACK	T2	QL (2 IN 30 DAYS)
<i>diazoxide oral</i>	T3	
<i>glucagon emergency kit injection kit</i>	T1	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T2	QL (0.2 ML IN 30 DAYS)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T2	QL (0.4 ML IN 30 DAYS)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T2	QL (0.2 ML IN 30 DAYS)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T2	QL (0.4 ML IN 30 DAYS)
GVOKE KIT	T2	QL (0.4 ML IN 30 DAYS)
GVOKE PFS	T2	QL (0.4 ML IN 30 DAYS)
Diabetes - Insulins		
AFREZZA	T3	PA
APIDRA SOLOSTAR	T3	PA; QL (45 ML IN 30 DAYS)
APIDRA VIAL	T3	PA; QL (45 ML IN 30 DAYS)
AQ INSULIN SYRINGE	T1	HDHP
BD ULTRA-FINE INSULIN SYRINGES 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML	T1	HDHP
DROPSAFE SAFETY SYRINGE/NEEDLE	T1	HDHP
HUMALOG MIX 50/50 KWIKPEN	T3	PA; QL (45 ML IN 30 DAYS)
HUMALOG MIX 50/50 VIAL	T3	PA; QL (45 ML IN 30 DAYS)
HUMULIN R U-500 KWIKPEN	T2	QL (45 ML IN 30 DAYS); HDHP
HUMULIN R U-500 VIAL	T2	QL (45 ML IN 30 DAYS); HDHP
INSULIN DEGLUDEC	T1	PA; QL (45 ML IN 30 DAYS)
INSULIN DEGLUDEC FLEXTOUCH	T1	PA; QL (45 ML IN 30 DAYS)

Drug Name	Drug Tier	Notes
INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML, U-100 0.3 ML, U-100 0.5 ML, U-100 1 ML	T1	HDHP
LEVEMIR FLEXPEN	T3	PA; QL (45 ML IN 30 DAYS)
LEVEMIR U-100 VIAL	T3	PA; QL (45 ML IN 30 DAYS)
NOVOLIN 70/30 FLEXPEN	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN 70/30 FLEXPEN RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN 70/30 RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN 70/30 VIAL	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N FLEXPEN	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N FLEXPEN RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N VIAL	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R FLEXPEN	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R FLEXPEN RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R VIAL	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG 70/30 FLEXPEN RELION	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG FLEXPEN	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG FLEXPEN RELION	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 FLEXPEN	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 RELION	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 VIAL	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG PENFILL	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG RELION	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG U-100 VIAL	T1	QL (45 ML IN 30 DAYS); HDHP
SEMGLEE (YFGN)	T1	QL (45 ML IN 30 DAYS); HDHP
ULTICARE INSULIN SYR 1/2 UNIT	T1	HDHP
ULTIGUARD SAFEPACK SYR/NEEDLE	T1	HDHP

Effective 10/1/2024

Drug Name	Drug Tier	Notes
VERIFINE INSULIN SYRINGE	T1	HDHP
Electrolytes / Minerals / Metals / Vitamins		
ATABEX	\$0	
CADEAU DHA	\$0	
<i>carglumic acid</i>	T4NP	SP-ORx
CENTRUM SPECIALIST PRENATAL	\$0	
CHEMET	T3	
<i>classic prenatal</i>	\$0	
C-NATE DHA	T2	
COMPLETE NATAL DHA	T2	
COMPLETENATE	T2	
<i>cv's d3 oral capsule 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>cv's folic acid</i>	\$0	
<i>cv's prenatal</i>	\$0	
<i>cv's prenatal gummy oral tablet chewable 0.4 mg, 0.4-113.5 mg</i>	\$0	
<i>cv's prenatal multi+dha</i>	\$0	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
<i>d3 high potency oral tablet</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>d3 kids</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>d-400</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
DECARA ORAL CAPSULE 1.25 MG (50000 UT)	T3	QL (4 IN 28 DAYS)
<i>deferasirox</i>	T4NP	
<i>deferasirox granules</i>	T4NP	
<i>deferiprone</i>	T4NP	
<i>delta d3</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
DODEX	T2	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	T2	
<i>effe-r-k oral tablet effervescent 25 meq</i>	T1	

Drug Name	Drug Tier	Notes
ELITE-OB	T2	
ENFAMIL EXPECTA	\$0	
<i>eql prenatal formula</i>	\$0	
<i>eql vitamin d3 oral capsule 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>ergocalciferol oral capsule</i>	T1	
<i>fa-8</i>	\$0	
FERRIPROX ORAL SOLUTION	T4NP	
FERRIPROX TWICE-A-DAY	T4NP	
<i>folate</i>	\$0	
<i>folic acid oral capsule 0.8 mg</i>	\$0	
<i>folic acid oral tablet 1 mg</i>	T1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
<i>ft folic acid</i>	\$0	
GALZIN	T3	
<i>gnp folic acid</i>	\$0	
<i>gnp prenatal</i>	\$0	
<i>gnp vitamin d oral tablet chewable</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>gnp vitamin d3</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>gnp vitamin d-400 oral tablet 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
HEALTHY MAMA BE WELL ROUNDED	\$0	
<i>iodine strong oral</i>	T3	
JYNARQUE	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
<i>klor-con m10</i>	T1	
<i>klor-con m15</i>	T1	
<i>klor-con m20</i>	T1	
<i>kp folic acid oral tablet 1 mg</i>	T1	
<i>kp folic acid oral tablet 800 mcg</i>	\$0	
<i>kp prenatal multivitamins</i>	\$0	
<i>kp vitamin d oral tablet chewable</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
K-PHOS	T3	
<i>levocarnitine oral solution</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
LOKELMA	T3	QL (3 IN 1 DAYS)
MASONATAL	\$0	
M-NATAL PLUS	T1	
<i>multi prenatal</i>	\$0	
NEONATAL PLUS	T1	
NEONATAL PRENATAL	\$0	
NEONATAL VITAMIN	\$0	
NIVA-PLUS	T1	
OBSTETRIX DHA	T2	
OBTREX DHA	T2	
ONE VITE WOMENS	\$0	
ONE VITE WOMENS PLUS	T1	
ONE-A-DAY WOMENS PRENATAL	\$0	
ONE-A-DAY WOMENS PRENATAL 1	\$0	
OPTIMAL D3	T3	QL (4 IN 28 DAYS)
<i>phytonadione oral</i>	T1	
<i>pnv prenatal plus multivit+dha</i>	T1	
<i>pnv-select</i>	T1	
<i>potassium chloride crys er</i>	T1	
<i>potassium chloride er</i>	T1	
<i>potassium chloride oral solution</i>	T1	
<i>potassium citrate er</i>	T1	
PRENATABS FA	T2	
PRENATABS RX	T1	
<i>prenatal (w/iron & fa)</i>	\$0	
<i>prenatal 19 oral tablet</i>	T1	
<i>prenatal 19 oral tablet chewable</i>	T1	
<i>prenatal complete oral tablet</i>	\$0	
<i>prenatal formula</i>	\$0	
<i>prenatal forte</i>	\$0	
<i>prenatal gummies/dha & fa</i>	\$0	
<i>prenatal multi +dha</i>	\$0	
PRENATAL MULTIVITAMIN + DHA	\$0	
<i>prenatal multivitamin plus dha</i>	\$0	
<i>prenatal one daily</i>	\$0	
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	\$0	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>prenatal oral tablet 27-1 mg</i>	T1	
<i>prenatal plus vitamin/mineral</i>	T1	
<i>prenatal vitamin and mineral</i>	\$0	
<i>prenatal vitamins</i>	\$0	
<i>prenatal/folic acid+dha</i>	\$0	
<i>prenatal/iron oral tablet</i>	\$0	
PRENATAL-U	T2	
PROVIDA OB	T2	
<i>qc folic acid</i>	\$0	
<i>qc prenatal</i>	\$0	
<i>qc vitamin d3 oral tablet 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>ra folic acid</i>	\$0	
<i>ra prenatal</i>	\$0	
<i>ra prenatal formula</i>	\$0	
RELNATE DHA	T2	
SE-NATAL 19	T2	
SIMILAC PRENATAL EARLY SHIELD	\$0	
<i>sm folic acid</i>	\$0	
<i>sm one daily prenatal</i>	\$0	
<i>sm prenatal vitamins</i>	\$0	
<i>sm vitamin d</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>sodium bicarbonate solution 8.4 % intravenous</i>	T1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	T2	
<i>sodium chloride irrigation</i>	T1	
<i>sodium fluoride oral</i>	\$0	
<i>sodium polystyrene sulfonate</i>	T1	
<i>sterile water for irrigation</i>	T3	
STUART ONE	\$0	
THERANATAL CORE NUTRITION	T1	
THRIVITE RX	T1	
<i>tolvaptan</i>	T4NP	PA; QL (2 IN 1 DAYS)
TRICARE	T1	
<i>trientine hcl</i>	T4NP	
TRINATAL RX 1	T2	

Drug Name	Drug Tier	Notes
TRINATE	T2	
TRUE FOLIC ACID ORAL TABLET 400 MCG	\$0	
TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT)	T3	QL (4 IN 28 DAYS)
VELTASSA	T3	QL (1 IN 1 DAYS)
VINATE CARE	T2	
VINATE ONE ORAL TABLET 60-1 MG	T2	
<i>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>vitamin d (cholecalciferol) tablet 10 mcg (400 unit) oral</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	T1	
<i>vitamin d oral capsule 400 unit</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>vitamin d oral tablet 400 unit</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>vitamin d2 oral tablet 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	T3	QL (4 IN 28 DAYS)
<i>vitamin d3 oral capsule 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
VIVA DHA	T2	
<i>water for irrigation, sterile</i>	T3	
<i>wee care</i>	T1	AL (AGE MAX 1 YEAR)
<i>weekly-d</i>	T3	QL (4 IN 28 DAYS)
WESNATAL DHA COMPLETE	T2	
WESTAB PLUS	T1	
<i>yl folic acid</i>	\$0	

Drug Name	Drug Tier	Notes
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
<i>cimetidine hcl</i>	T1	
<i>cimetidine oral</i>	T1	
<i>cvs lansoprazole</i>	T1	PA; QL (1 IN 1 DAYS; MAX AGE 12 YEARS)
<i>dexlansoprazole</i>	T3	PA; QL (1 IN 1 DAYS)
<i>esomeprazole magnesium oral capsule delayed release</i>	T1	QL (1 IN 1 DAYS)
<i>esomeprazole magnesium oral packet</i>	T3	QL (1 IN 1 DAYS; AGE MAX 12 YEARS)
<i>famotidine oral suspension reconstituted</i>	T1	AL (AGE MAX 12 YEARS)
<i>famotidine oral tablet 40 mg</i>	T1	
<i>famotidine tablet 20 mg oral (rx)</i>	T1	
<i>goodsense lansoprazole oral tablet delayed release dispersible</i>	T1	PA; QL (1 IN 1 DAYS; MAX AGE 12 YEARS)
<i>lansoprazole capsule delayed release 15 mg oral (rx)</i>	T1	QL (1 IN 1 DAYS)
<i>lansoprazole oral capsule delayed release 30 mg</i>	T1	QL (2 IN 1 DAYS)
<i>lansoprazole oral tablet delayed release dispersible</i>	T1	PA; QL (1 IN 1 DAYS; MAX AGE 12 YEARS)
<i>misoprostol oral</i>	T1	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	T3	QL (1 IN 1 DAYS; AGE MAX 12 YEARS)
<i>nizatidine</i>	T3	
<i>omeprazole oral capsule delayed release</i>	T1	QL (3 IN 1 DAYS)
<i>pantoprazole sodium oral</i>	T1	QL (2 IN 1 DAYS)
PRILOSEC	T3	QL (MAX 2 PACKETS/DAY. MAX AGE 12 YEARS)
<i>rabeprazole sodium oral tablet delayed release</i>	T1	QL (2 IN 1 DAYS)
<i>sucralfate oral</i>	T1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
<i>aloseptron hcl oral tablet 0.5 mg</i>	T3	PA; QL (3 IN 1 DAYS)
<i>aloseptron hcl oral tablet 1 mg</i>	T3	PA; QL (2 IN 1 DAYS)
<i>amoxicill-clarithro-lansopraz</i>	T3	QL (8 IN 1 DAYS; MAX 14 DAYS IN 365 DAYS)
<i>atropine sulfate solution prefilled syringe 0.5 mg/5ml injection</i>	T1	
<i>atropine sulfate solution prefilled syringe 1 mg/10ml injection</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
CHENODAL	T3	
<i>chlordiazepoxide-clidinium</i>	T1	
CLENPIQ	T3	PA; QL (350 ML IN 30 DAYS)
<i>constulose</i>	T1	
<i>cromolyn sodium oral</i>	T1	
<i>cvs purelax oral packet</i>	T1	
<i>dicyclomine hcl oral</i>	T1	
<i>diphenoxylate-atropine</i>	T1	
<i>enulose</i>	T1	
<i>eq laxative</i>	T1	
GATTEX	T4NP	PA
<i>gavilyte-c</i>	T1	QL (2 FILLS IN 365 DAYS); \$0 for age 45-75 years for 2 fills per year
<i>gavilyte-g</i>	T1	QL (2 FILLS IN 365 DAYS); \$0 for age 45-75 years for 2 fills per year
<i>gavilyte-n with flavor pack</i>	T1	QL (2 FILLS IN 365 DAYS); \$0 for age 45-75 years for 2 fills per year
<i>generlac</i>	T1	
<i>glycopyrrolate oral solution</i>	T3	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	T3	
<i>gnp clearlax oral packet</i>	T1	
<i>healthylax</i>	T1	
<i>hyoscyamine sulfate er</i>	T1	
<i>hyoscyamine sulfate oral elixir</i>	T1	
<i>hyoscyamine sulfate oral tablet</i>	T1	
<i>hyoscyamine sulfate oral tablet dispersible</i>	T1	
<i>hyoscyamine sulfate sublingual</i>	T1	
<i>hyosyne oral elixir</i>	T1	
KRISTALOSE	T3	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	T1	
<i>lactulose oral packet</i>	T3	
<i>lactulose oral solution</i>	T1	
LINZESS	T2	PA; QL (1 IN 1 DAYS)
<i>loperamide hcl oral capsule</i>	T3	
<i>lubiprostone</i>	T1	QL (2 IN 1 DAYS)

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>methscopolamine bromide oral</i>	T3	
MOTEGRITY	T3	PA; QL (1 IN 1 DAYS)
MOVANTIK	T2	PA; QL (1 IN 1 DAYS)
MYTESI	T3	
<i>na sulfate-k sulfate-mg sulf</i>	T3	PA; QL (360 ML IN 30 DAYS); \$0 for age 45-75 years for 2 fills per year
OSCIMIN	T2	
<i>peg 3350 oral packet</i>	T1	
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	QL (2 FILLS IN 365 DAYS); \$0 for age 45-75 years for 2 fills per year
<i>peg-3350/electrolytes</i>	T1	QL (2 FILLS IN 365 DAYS); \$0 for age 45-75 years for 2 fills per year
<i>peg-3350/electrolytes/ascorbat</i>	T1	QL (1 IN 30 DAYS)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1	QL (1 IN 30 DAYS)
PEG-PREP	T3	PA; QL (1 IN 30 DAYS)
PLENVU	T3	PA; QL (3 IN 30 DAYS)
<i>polyethylene glycol 3350 oral packet 17 gm</i>	T1	
SEROSTIM	T4P	PA; SP-QTZ
<i>smooth lax oral packet</i>	T1	
SUFLAVE	T3	PA; QL (2 FILLS IN 365 DAYS)
SYMPROIC	T3	PA; QL (1 IN 1 DAYS)
TRULANCE	T3	PA; QL (1 IN 1 DAYS)
<i>ursodiol oral capsule 300 mg</i>	T1	
<i>ursodiol oral tablet</i>	T1	
VIBERZI	T3	PA; QL (2 IN 1 DAYS)
VOWST	T4P	PA; QL (4 IN 1 DAYS)
XERMELO	T4NP	PA; QL (3 IN 1 DAYS)
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
<i>betaine</i>	T3	
CERDELGA	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
CHOLBAM	T4NP	
CREON	T2	
CYSTAGON	T2	
EVRYSDI	T4P	PA; QL (4 ML IN 1 DAYS)
GALAFOLD	T4NP	PA; QL (0.5 IN 1 DAYS)
<i>miglustat</i>	T4NP	PA

Effective 10/1/2024

Drug Name	Drug Tier	Notes
MYALEPT	T4NP	PA
<i>nitisinone</i>	T4NP	PA
NITYR	T4NP	PA
OCALIVA	T4NP	PA; QL (1 IN 1 DAYS)
ORFADIN ORAL SUSPENSION	T4NP	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	T4NP	PA; QL (0.5 ML IN 1 DAYS)
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML	T4NP	PA
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	T4NP	PA; QL (1 ML IN 1 DAYS)
RAVICTI	T4NP	
REVCOVI	T4NP	PA
<i>sapropterin dihydrochloride</i>	T4NP	PA
<i>sodium phenylbutyrate oral</i>	T4NP	
STRENSIQ	T4P	PA
SUCRAID	T4NP	
XURIDEN	T4NP	PA
<i>yargesa</i>	T4NP	PA
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
<i>acetic acid irrigation</i>	T1	
AURYXIA	T3	PA
<i>bethanechol chloride oral</i>	T1	
<i>calcium acetate (phos binder)</i>	T1	
<i>calcium acetate oral tablet 667 mg</i>	T1	
<i>darifenacin hydrobromide er</i>	T3	QL (1 IN 1 DAYS)
ELMIRON	T3	
<i>fesoterodine fumarate er</i>	T3	QL (1 IN 1 DAYS)
<i>flavoxate hcl</i>	T1	
FOSRENOL ORAL PACKET	T2	
GELNIQUE	T3	
<i>glycine irrigation</i>	T3	
<i>lanthanum carbonate</i>	T1	
LITHOSTAT	T3	
<i>mirabegron er</i>	T1	ST; QL (1 IN 1 DAYS)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (200 ML IN 30 DAYS)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	ST; QL (1 IN 1 DAYS)

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 5 mg</i>	T1	QL (1 IN 1 DAYS)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>	T1	
<i>oxybutynin chloride oral solution</i>	T1	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	
<i>penicillamine oral</i>	T4NP	
<i>phenazo oral tablet 200 mg</i>	T1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1	
RENACIDIN	T3	
<i>sevelamer carbonate oral packet</i>	T1	AL (AGE MAX 12 YEARS)
<i>sevelamer carbonate oral tablet</i>	T1	
<i>sevelamer hcl oral tablet 400 mg</i>	T1	
<i>solifenacin succinate</i>	T1	QL (1 IN 1 DAYS)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T3	PA; QL (1 IN 1 DAYS)
<i>tiopronin</i>	T3	
<i>tolterodine tartrate er</i>	T1	QL (1 IN 1 DAYS)
<i>tolterodine tartrate oral tablet 1 mg</i>	T1	QL (2 IN 1 DAYS)
<i>tolterodine tartrate oral tablet 2 mg</i>	T1	
<i>tropium chloride</i>	T1	
<i>tropium chloride er</i>	T1	QL (1 IN 1 DAYS)
VELPHORO	T3	PA
Genitourinary Agents - Drugs for Prostate Conditions		
<i>alfuzosin hcl er</i>	T1	
CARDURA XL	T3	PA; QL (1 IN 1 DAYS)
<i>dutasteride oral</i>	T1	
<i>dutasteride-tamsulosin hcl</i>	T3	
<i>finasteride oral tablet 5 mg</i>	T1	
<i>silodosin oral capsule 4 mg</i>	T3	QL (1 IN 1 DAYS)
<i>silodosin oral capsule 8 mg</i>	T3	
<i>tamsulosin hcl</i>	T1	
<i>terazosin hcl</i>	T1	
Hormonal Agents - Adrenal		
CORTISONE ACETATE ORAL	T2	
<i>dexamethasone intensol</i>	T1	
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>dexamethasone sod phos +rfid</i>	T1	
<i>dexamethasone sod phosphate pf injection solution</i>	T1	
<i>dexamethasone sodium phosphate injection solution</i>	T1	
<i>fludrocortisone acetate oral</i>	T1	
<i>hydrocortisone oral</i>	T1	
KENALOG-10	T3	
MEDROL ORAL TABLET 2 MG	T2	
<i>methylprednisolone oral</i>	T1	
<i>prednisolone oral</i>	T1	
<i>prednisolone sodium phosphate oral solution 10 mg/5ml</i>	T3	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	T3	
<i>prednisone intensol</i>	T1	
<i>prednisone oral</i>	T1	
RAYOS	T4NP	PA
SOLU-CORTEF	T2	
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	T3	
Hormonal Agents - Men's Health		
ANDRODERM	T3	PA
<i>danazol oral</i>	T1	
METHITEST	T4P	
<i>methyltestosterone oral</i>	T4NP	
<i>testosterone cypionate intramuscular</i>	T1	PA
<i>testosterone enanthate intramuscular</i>	T1	PA
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	T1	PA
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	T1	PA; QL (2.5 GM IN 1 DAYS)
Hormonal Agents - Pituitary		
ACTHAR	T4NP	PA; SP-ORx
ACTHAR GEL	T4NP	PA; SP-ORx
<i>cabergoline</i>	T1	

Drug Name	Drug Tier	Notes
CHORIONIC GONADOTROPIN INTRAMUSCULAR	T3	PA
CLOMID	T3	PA
CORTROPHIN	T4NP	PA; SP-ORx
<i>desmopressin ace spray refrig</i>	T1	
<i>desmopressin acetate oral</i>	T1	
<i>desmopressin acetate spray</i>	T1	
INCRELEX	T4NP	PA; SP-ORx
<i>leuprolide acetate injection</i>	T3	PA
NOCDURNA	T3	QL (1 IN 1 DAYS)
NOVAREL	T3	PA
<i>octreotide acetate</i>	T1	
OMNITROPE	T4P	PA; SP-QTZ
ORILISSA ORAL TABLET 150 MG	T3	PA; QL (1 IN 1 DAYS)
ORILISSA ORAL TABLET 200 MG	T3	PA; QL (2 IN 1 DAYS)
PREGNYL	T3	PA
SIGNIFOR	T4NP	PA; QL (2 ML IN 1 DAYS)
SOMAVERT	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
SYNAREL	T2	
Hormonal Agents - Prostaglandins		
<i>mifepristone</i>	T3	
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	T3	
<i>raloxifene hcl</i>	T1	\$0 for breast cancer PX
Hormonal Agents - Sex Hormones and Birth Control		
<i>afirmelle</i>	\$0	
<i>aftera</i>	\$0	
<i>altavera</i>	\$0	
<i>alyacen 1/35</i>	\$0	
<i>alyacen 7/7/7</i>	\$0	
<i>amethyst</i>	\$0	
ANGELIQ	T3	
ANNOVERA	\$0	QL (1 IN 365 DAYS)
<i>apri</i>	\$0	
<i>aranelle</i>	\$0	
<i>ashlyna</i>	\$0	QL (1 IN 1 DAYS)
<i>aubra eq</i>	\$0	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>aurovela 1.5/30</i>	\$0	
<i>aurovela 1/20</i>	\$0	
<i>aurovela 24 fe</i>	\$0	
<i>aurovela fe 1.5/30</i>	\$0	
<i>aurovela fe 1/20</i>	\$0	
<i>aviane</i>	\$0	
<i>ayuna</i>	\$0	
<i>azurette</i>	\$0	
<i>balziva</i>	\$0	
<i>blisovi 24 fe</i>	\$0	
<i>blisovi fe 1.5/30</i>	\$0	
<i>blisovi fe 1/20</i>	\$0	
<i>briellyn</i>	\$0	
<i>camila</i>	\$0	
<i>camrese</i>	\$0	QL (1 IN 1 DAYS)
<i>camrese lo</i>	\$0	QL (1 IN 1 DAYS)
<i>charlotte 24 fe</i>	\$0	
<i>chateal eq</i>	\$0	
COMBIPATCH	T2	QL (8 IN 28 DAYS)
CRINONE	T3	PA
<i>cryselle-28</i>	\$0	
<i>curae</i>	\$0	
<i>cyred eq</i>	\$0	
<i>dasetta 1/35</i>	\$0	
<i>dasetta 7/7/7</i>	\$0	
<i>daysee</i>	\$0	QL (1 IN 1 DAYS)
<i>deblitane</i>	\$0	
<i>delyla</i>	\$0	
DEPO-SUBQ PROVERA 104	\$0	QL (1 IN 91 DAYS)
<i>desogestrel-ethinyl estradiol</i>	\$0	
<i>dolishale</i>	\$0	
<i>dotti</i>	T1	QL (8 IN 28 DAYS)
<i>drospiren-eth estrad-levomefol</i>	\$0	
<i>drospirenone-ethinyl estradiol</i>	\$0	
DUAVEE	T2	
<i>econtra one-step</i>	\$0	
ELESTRIN	T3	QL (26 GM IN 30 DAYS; MAX 90 DAYS)

Drug Name	Drug Tier	Notes
<i>elimest</i>	\$0	
ELLA	\$0	
<i>eluryng</i>	\$0	
<i>emzahh</i>	\$0	
ENDOMETRIN	T3	PA
<i>enilloring</i>	\$0	
<i>enpresse-28</i>	\$0	
<i>enskyce</i>	\$0	
<i>errin</i>	\$0	
<i>estarylla</i>	\$0	
<i>estradiol oral</i>	T1	
<i>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</i>	T3	
<i>estradiol transdermal patch twice weekly</i>	T1	QL (8 IN 28 DAYS)
<i>estradiol transdermal patch weekly</i>	T1	QL (4 IN 28 DAYS)
<i>estradiol vaginal</i>	T1	
<i>estradiol valerate intramuscular</i>	T1	
<i>estradiol-norethindrone acet</i>	T3	
ESTRING	T2	QL (1 IN 90 DAYS)
<i>ethynodiol diac-eth estradiol</i>	\$0	
<i>etonogestrel-ethinyl estradiol</i>	\$0	
<i>falmina</i>	\$0	
<i>finzala</i>	\$0	
<i>fyavolv</i>	T1	
<i>gallifrey</i>	T1	
<i>gemmily</i>	\$0	
<i>hailey 1.5/30</i>	\$0	
<i>hailey 24 fe</i>	\$0	
<i>hailey fe 1.5/30</i>	\$0	
<i>hailey fe 1/20</i>	\$0	
<i>haloette</i>	\$0	
<i>heather</i>	\$0	
<i>her style</i>	\$0	
<i>iclevia</i>	\$0	QL (1 IN 1 DAYS)
<i>incassia</i>	\$0	
<i>introvale</i>	\$0	QL (1 IN 1 DAYS)
<i>isibloom</i>	\$0	
<i>jaimiess</i>	\$0	QL (1 IN 1 DAYS)

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>jasmiel</i>	\$0	
<i>jencycla</i>	\$0	
<i>jinteli</i>	T1	
<i>jolessa</i>	\$0	QL (1 IN 1 DAYS)
<i>joyeaux</i>	\$0	
<i>juleber</i>	\$0	
<i>junel 1.5/30</i>	\$0	
<i>junel 1/20</i>	\$0	
<i>junel fe 1.5/30</i>	\$0	
<i>junel fe 1/20</i>	\$0	
<i>junel fe 24</i>	\$0	
<i>kaitlib fe</i>	\$0	
<i>kalliga</i>	\$0	
<i>kariva</i>	\$0	
<i>kelnor 1/35</i>	\$0	
<i>kelnor 1/50</i>	\$0	
<i>kurvelo</i>	\$0	
<i>larin 1.5/30</i>	\$0	
<i>larin 1/20</i>	\$0	
<i>larin 24 fe</i>	\$0	
<i>larin fe 1.5/30</i>	\$0	
<i>larin fe 1/20</i>	\$0	
<i>layolis fe</i>	\$0	
<i>leena</i>	\$0	
<i>lessina</i>	\$0	
<i>levonest</i>	\$0	
<i>levonorgest-eth est & eth est</i>	\$0	QL (1 IN 1 DAYS)
<i>levonorgest-eth estrad 91-day</i>	\$0	QL (1 IN 1 DAYS)
<i>levonorgest-eth estradiol-iron</i>	\$0	
<i>levonorgestrel</i>	\$0	
<i>levonorgestrel-ethinyl estrad</i>	\$0	
<i>levonorg-eth estrad triphasic</i>	\$0	
<i>levora 0.15/30 (28)</i>	\$0	
<i>lojaimiess</i>	\$0	QL (1 IN 1 DAYS)
<i>loryna</i>	\$0	
<i>low-ogestrel</i>	\$0	
<i>lo-zumandimine</i>	\$0	
<i>luteru</i>	\$0	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>lyleq</i>	\$0	
<i>lyllana</i>	T1	QL (8 IN 28 DAYS)
<i>lyza</i>	\$0	
<i>marlissa</i>	\$0	
<i>medroxyprogesterone acetate intramuscular</i>	\$0	QL (1 IN 91 DAYS)
<i>medroxyprogesterone acetate oral</i>	T1	
<i>megestrol acetate oral</i>	T1	
MENEST	T2	
MENOSTAR	T3	QL (4 IN 28 DAYS)
<i>merzee</i>	\$0	
<i>mibelas 24 fe</i>	\$0	
<i>microgestin 1.5/30</i>	\$0	
<i>microgestin 1/20</i>	\$0	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	\$0	
<i>microgestin fe 1.5/30</i>	\$0	
<i>microgestin fe 1/20</i>	\$0	
<i>mili</i>	\$0	
<i>mimvey</i>	T3	
<i>mono-linyah</i>	\$0	
<i>my choice</i>	\$0	
<i>my way</i>	\$0	
MYFEMBREE	T2	PA; QL (1 IN 1 DAYS)
NATAZIA	\$0	
<i>necon 0.5/35 (28)</i>	\$0	
<i>new day</i>	\$0	
<i>nikki</i>	\$0	
<i>nora-be</i>	\$0	
<i>norelgestromin-eth estradiol</i>	\$0	
<i>norethin ace-eth estrad-fe</i>	\$0	
<i>norethindrone acetate oral</i>	T1	
<i>norethindrone acet-ethinyl est</i>	\$0	
<i>norethindrone oral</i>	\$0	
<i>norethindrone-eth estradiol</i>	T1	
<i>norethindron-ethinyl estrad-fe</i>	\$0	
<i>norethin-eth estradiol-fe</i>	\$0	
<i>norgestimate-eth estradiol</i>	\$0	
<i>norgestimate-ethinyl estradiol triphasic</i>	\$0	
<i>norlyroc</i>	\$0	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>nortrel 0.5/35 (28)</i>	\$0	
<i>nortrel 1/35 (21)</i>	\$0	
<i>nortrel 1/35 (28)</i>	\$0	
<i>nortrel 7/7/7</i>	\$0	
<i>nylia 1/35</i>	\$0	
<i>nylia 7/7/7</i>	\$0	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	\$0	
<i>ocella</i>	\$0	
<i>opcicon one-step</i>	\$0	
<i>option 2</i>	\$0	
<i>philith</i>	\$0	
<i>pimtrea</i>	\$0	
<i>portia-28</i>	\$0	
PREMARIN ORAL	T2	
PREMARIN VAGINAL	T2	
PREMPHASE	T2	
PREMPRO	T2	
<i>progesterone intramuscular</i>	T3	PA
<i>progesterone oral</i>	T1	
<i>react</i>	\$0	
<i>reclipsen</i>	\$0	
<i>rivelsa</i>	\$0	QL (1 IN 1 DAYS)
<i>setlakin</i>	\$0	QL (1 IN 1 DAYS)
<i>sharobel</i>	\$0	
<i>simliya</i>	\$0	
<i>simpesse</i>	\$0	QL (1 IN 1 DAYS)
<i>sprintec 28</i>	\$0	
<i>sronyx</i>	\$0	
<i>syeda</i>	\$0	
<i>take action</i>	\$0	
<i>tarina 24 fe</i>	\$0	
<i>tarina fe 1/20 eq</i>	\$0	
<i>taysofy</i>	\$0	
<i>tilia fe</i>	\$0	
<i>tri-estarylla</i>	\$0	
<i>tri-legest fe</i>	\$0	
<i>tri-linyah</i>	\$0	
<i>tri-lo-estarylla</i>	\$0	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>tri-lo-marzia</i>	\$0	
<i>tri-lo-mili</i>	\$0	
<i>tri-lo-sprintec</i>	\$0	
<i>tri-mili</i>	\$0	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	\$0	
<i>tri-sprintec</i>	\$0	
<i>trivora (28)</i>	\$0	
<i>tri-vylibra</i>	\$0	
<i>tri-vylibra lo</i>	\$0	
<i>turqoz</i>	\$0	
<i>tydemy</i>	\$0	
<i>velivet</i>	\$0	
<i>vestura</i>	\$0	
<i>vienva</i>	\$0	
<i>viorele</i>	\$0	
<i>volnea</i>	\$0	
<i>vyfemla</i>	\$0	
<i>vylibra</i>	\$0	
<i>wera</i>	\$0	
<i>wymzya fe</i>	\$0	
<i>xulane</i>	\$0	
<i>yuvafem</i>	T1	
<i>zafemy</i>	\$0	
<i>zovia 1/35 (28)</i>	\$0	
<i>zumandimine</i>	\$0	
Hormonal Agents - Thyroid		
ADTHYZA	T2	
ARMOUR THYROID	T2	
<i>euthyrox</i>	T1	
<i>levo-t</i>	T1	
<i>levothyroxine sodium oral tablet</i>	T1	
<i>levoxyl</i>	T1	
<i>liothyronine sodium oral</i>	T1	
<i>methimazole oral</i>	T1	
NIVA THYROID	T2	
<i>np thyroid</i>	T1	
<i>propylthiouracil oral</i>	T1	
SYNTHROID	T2	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
THYQUIDITY	T3	AL (AGE MAX 12 YEARS)
<i>thyroid oral</i>	T1	
<i>unithroid</i>	T1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	T4NP	PA; QL (2 ML IN 28 DAYS); SP-QTZ
ACTEMRA SUBCUTANEOUS	T4NP	PA; QL (2 ML IN 28 DAYS; MAX 30 DAYS); SP-QTZ
ACTIMMUNE	T4P	PA; SP-ORx
ADALIMUMAB-ADAZ	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
ADALIMUMAB-FKJP (2 PEN)	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
ADALIMUMAB-FKJP (2 SYRINGE)	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
ARCALYST	T4NP	PA
ASTAGRAF XL	T3	PA
<i>azathioprine oral tablet 50 mg</i>	T1	
BENLYSTA SUBCUTANEOUS	T4NP	PA; QL (4 ML IN 28 DAYS); SP-QTZ
BERINERT	T4NP	PA; SP-ORx
CIMZIA	T4P	PA; QL (1 in 28 days); SP-QTZ
CIMZIA (2 SYRINGE)	T4P	PA; QL (1 in 28 days); SP-QTZ
CIMZIA STARTER KIT	T4P	PA; QL (1 in 56 days); SP-QTZ
CINRYZE	T4NP	PA; SP-ORx
COSENTYX (300 MG DOSE)	T4NP	PA; QL (1 ML IN 28 DAYS; MAX 56 DAYS); SP-QTZ
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T4NP	PA; QL (1 ML IN 28 DAYS; MAX 56 DAYS); SP-QTZ
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T4NP	PA; QL (1 ML IN 28 DAYS); SP-QTZ
COSENTYX SENSOREADY (300 MG)	T4NP	PA; QL (1 IN 28 DAYS); SP-QTZ
COSENTYX SENSOREADY PEN	T4NP	PA; QL (1 IN 28 DAYS); SP-QTZ
COSENTYX UNOREADY	T4NP	PA; QL (2 IN 28 DAYS); SP-QTZ
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral</i>	T1	
ENBREL	T4P	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENBREL MINI	T4P	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENBREL SURECLICK	T4P	PA; QL (4 ML IN 28 DAYS); SP-QTZ

Effective 10/1/2024

Drug Name	Drug Tier	Notes
ENSPRYNG	T4NP	PA; QL (0.04 ML IN 1 DAY); SP-QTZ
ENVARBUS XR	T3	PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T3	
<i>gengraf</i>	T1	
HADLIMA	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HADLIMA PUSH TOUCH	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HAEGARDA	T4NP	PA
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	T4P	PA; QL (4 IN 28 DAYS); SP-QTZ
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4P	PA; QL (6 IN 28 DAYS); SP-QTZ
HUMIRA (2 SYRINGE)	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA-CD/UC/HS STARTER	T4P	PA; QL (4 IN 28 DAYS); SP-QTZ
HUMIRA-PSORIASIS/UEVIT STARTER	T4P	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	T4P	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HYRIMOZ-CROHNS/UC STARTER	T4P	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ-PED<40KG CROHN STARTER	T4P	PA; QL (1 IN 28 DAYS); SP-QTZ
HYRIMOZ-PED>=40KG CROHN START	T4P	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ-PLAQ PSOR/UEVIT START	T4P	PA; QL (1 IN 28 DAYS); SP-QTZ
HYRIMOZ-PLAQUE PSORIASIS START	T4P	PA; QL (1 IN 28 DAYS); SP-QTZ
<i>icatibant acetate</i>	T4NP	PA
KINERET	T4NP	PA; QL (0.67 ML IN 1 DAYS)
<i>leflunomide oral</i>	T1	
LUPKYNIS	T4NP	PA; QL (6 IN 1 DAYS)
<i>methotrexate sodium</i>	T1	
<i>methotrexate sodium (pf)</i>	T1	
<i>mycophenolate mofetil oral</i>	T1	
<i>mycophenolate sodium</i>	T1	
<i>mycophenolic acid</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
ORENCIA CLICKJECT	T4NP	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T4NP	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T4NP	PA; QL (1.6 ML IN 28 DAYS); SP-QTZ
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T4NP	PA; QL (2.8 ML IN 28 DAYS); SP-QTZ
ORLADEYO	T4NP	PA; QL (1 IN 1 DAYS)
OTEZLA	T4P	PA; QL (2 IN 1 DAYS); SP-QTZ
OTREXUP	T3	PA
PROGRAF ORAL PACKET	T2	PA
RASUVO	T3	PA
REZUROCK	T4NP	PA; QL (1 IN 1 DAYS)
RIDAURA	T2	
RINVOQ	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
RINVOQ LQ	T4P	PA; QL (12 ML IN ONE DAY); SP-QTZ
RUCONEST	T4NP	PA
<i>sajazir</i>	T4NP	PA
SANDIMMUNE INTRAVENOUS	T2	
SIMPONI	T4P	PA; QL (1 IN 28 DAYS); SP-QTZ
<i>sirolimus oral</i>	T1	
SKYRIZI PEN	T4P	PA; QL (1 ML IN 84 DAYS); SP-QTZ
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	T4P	PA; QL (1.2 ML IN 56 DAYS); SP-QTZ
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	T4P	PA; QL (2.4 ML IN 56 DAYS); SP-QTZ
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4P	PA; QL (1 ML IN 84 DAYS); SP-QTZ
STELARA SUBCUTANEOUS SOLUTION	T4P	PA; QL (0.5 ML IN 84 DAYS); SP-QTZ
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4P	PA; QL (0.5 ML IN 84 DAYS); SP-QTZ
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4P	PA; QL (1 ML IN 84 DAYS); SP-QTZ
<i>tacrolimus oral</i>	T1	
TAKHZYRO SUBCUTANEOUS SOLUTION	T4NP	PA; QL (4 ML IN 28 DAYS); SP-ORx
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4NP	PA; QL (2 ML IN 28 DAYS); SP-ORx

Effective 10/1/2024

Drug Name	Drug Tier	Notes
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4P	PA; QL (1 ML IN 56 DAYS); SP-QTZ
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4P	PA; QL (Member Note: 1 IN 56 DAYS); SP-QTZ
XATMEP	T3	
XELJANZ ORAL SOLUTION	T4P	PA; QL (20 ML IN 1 DAY); SP-QTZ
XELJANZ ORAL TABLET 10 MG	T4P	PA; QL (2 IN 1 DAYS); SP-QTZ
XELJANZ ORAL TABLET 5 MG	T4P	PA; QL (2 IN 1 DAYS; MAX 30 DAYS); SP-QTZ
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T4P	PA; QL (1 in 1 DAY); SP-QTZ
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	T4P	PA; QL (1 IN 1 DAY); SP-QTZ
Immunological Agents - Drugs for Vaccination		
ABRYSVO	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
ADACEL	\$0	AL (AGE MIN 18 YEARS)
AFLURIA	\$0	
AFLURIA PRESERVATIVE FREE	\$0	
AREXVY	\$0	AL (AGE GREATER THAN OR = TO 60 YEARS)
BOOSTRIX	\$0	AL (AGE MIN 18 YEARS)
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	\$0	AL (AGE MIN 18 YEARS)
COMIRNATY	\$0	QL (0.3 ML PER FILL; AGE MIN 12 YEARS)
ENGERIX-B	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
FLUAD	\$0	
FLUARIX	\$0	
FLUBLOK	\$0	
FLUCELVAX	\$0	
FLULAVAL	\$0	
FLUMIST QUADRIVALENT NASAL SUSPENSION	\$0	
FLUZONE	\$0	
FLUZONE HIGH-DOSE	\$0	
HEPLISAV-B	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)

Drug Name	Drug Tier	Notes
PFIZER COVID-19 VAC-TRIS 5-11Y	\$0	QL (0.3 ML PER FILL; AGE MIN 5 YEARS)
PFIZER COVID-19 VAC-TRIS 6M-4Y	\$0	QL (0.3 ML PER FILL; AGE MIN 6 MONTHS)
PNEUMOVAX 23	\$0	AL (AGE MIN 18 YEARS)
PREHEVBRIO	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
PREVNAR 20	\$0	AL (AGE MIN 18 YEARS)
RECOMBIVAX HB	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
SHINGRIX	\$0	AL (AGE MIN 50 YEARS)
SPIKEVAX	\$0	QL (0.5 ML PER FILL; AGE MIN 12 YEARS)
TDVAX	\$0	AL (AGE MIN 18 YEARS)
TENIVAC	\$0	AL (AGE MIN 18 YEARS)
TWINRIX	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
VAXNEUVANCE	\$0	AL (AGE MIN 18 YEARS)
VIVOTIF	T2	QL (0.5 IN 1 DAYS; MAX 8 DAYS; 1 FILLS IN 999 DAYS)
Inflammatory Bowel Disease Agents		
ANALPRAM-HC EXTERNAL LOTION	T2	
<i>balsalazide disodium</i>	T1	
<i>budesonide er</i>	T1	QL (1 IN 1 DAYS)
<i>budesonide oral</i>	T1	QL (3 IN 1 DAYS)
<i>budesonide rectal</i>	T3	
DIPENTUM	T2	
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	T3	
<i>hydrocortisone rectal</i>	T1	
<i>mesalamine er oral capsule 500 mg</i>	T1	
<i>mesalamine er oral capsule 0.375 gm</i>	T3	
<i>mesalamine oral capsule delayed release 400 mg</i>	T3	
<i>mesalamine oral tablet delayed release</i>	T1	
<i>mesalamine rectal</i>	T1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	T2	
PROCTOFOAM HC	T2	
<i>procto-med hc</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>proctosol hc</i>	T1	
<i>proctozone-hc</i>	T1	
<i>sulfasalazine oral</i>	T1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
<i>alendronate sodium oral solution</i>	T1	QL (300 ML IN 28 DAYS); HDHP
<i>alendronate sodium oral tablet</i>	T1	HDHP
<i>calcitonin (salmon) nasal</i>	T1	HDHP
FOSAMAX PLUS D	T3	QL (4 IN 28 DAYS)
<i>ibandronate sodium oral</i>	T1	QL (1 IN 28 DAYS); HDHP
<i>risedronate sodium oral tablet 150 mg</i>	T1	QL (1 IN 28 DAYS); HDHP
<i>risedronate sodium oral tablet 30 mg</i>	T1	HDHP
<i>risedronate sodium oral tablet 35 mg</i>	T1	QL (4 IN 28 DAYS); HDHP
<i>risedronate sodium oral tablet 5 mg</i>	T3	PA
<i>teriparatide</i>	T4NP	PA; QL (24 months of therapy per lifetime)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml</i>	T4NP	PA; QL (24 months of therapy per lifetime)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	T4NP	PA; QL (24 months of therapy per lifetime)
TYMLOS	T4P	PA; QL (24 months of therapy per lifetime)
Metabolic Bone Disease Agents - Other		
<i>calcitriol oral</i>	T1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	T1	QL (2 IN 1 DAYS)
<i>cinacalcet hcl oral tablet 90 mg</i>	T1	
<i>doxercalciferol oral</i>	T3	PA
<i>paricalcitol oral</i>	T3	PA
RAYALDEE	T3	PA
Miscellaneous Therapeutic Agents		
ADVOCATE INSULIN PEN NEEDLE	T1	QL (200 in 30 days); HDHP
AEROCHAMBER HOLDING CHAMBER	T2	HDHP
AEROCHAMBER MINI CHAMBER	T2	HDHP
AEROCHAMBER MV	T2	HDHP
AEROCHAMBER PLS FLOVU MTHPIECE	T2	HDHP
AEROCHAMBER PLUS FLO-VU INTERM	T2	HDHP
AEROCHAMBER PLUS FLO-VU LARGE	T2	HDHP
AEROCHAMBER PLUS FLO-VU MEDIUM	T2	HDHP
AEROCHAMBER PLUS FLO-VU SMALL	T2	HDHP

Effective 10/1/2024

Drug Name	Drug Tier	Notes
AEROCHAMBER PLUS FLOW VU	T2	HDHP
AEROCHAMBER W/FLOWSIGNAL	T2	HDHP
AEROCHAMBER Z-STAT PLUS	T2	HDHP
AEROCHAMBER Z-STAT PLUS CHAMBR	T2	HDHP
AEROCHAMBER Z-STAT PLUS/LARGE	T2	HDHP
AEROCHAMBER Z-STAT PLUS/MEDIUM	T2	HDHP
AEROCHAMBER Z-STAT PLUS/SMALL	T2	HDHP
AEROGEAR ACTION ASTHMA KIT	T2	QL (1 IN 365 DAYS); HDHP
AEROVENT PLUS	T2	HDHP
AIMSCO LUBRICATED	\$0	
AIRZONE PEAK FLOW METER	T2	HDHP
ALCOHOL PREP PADS PAD , 70 %	T1	
AQINJECT PEN NEEDLE	T1	QL (200 in 30 days); HDHP
ASSESS PEAK FLOW METER	T2	HDHP
ASSURE ID DUO PRO PEN NEEDLES	T1	QL (200 in 30 days); HDHP
ASSURE ID PRO PEN NEEDLES	T1	QL (200 in 30 days); HDHP
AUM ALCOHOL PREP PADS	T1	
AUM INSULIN SAFETY PEN NEEDLE	T1	QL (200 in 30 days); HDHP
AUM MINI INSULIN PEN NEEDLE	T1	QL (200 in 30 days); HDHP
AUM PEN NEEDLE	T1	QL (200 in 30 days); HDHP
AUM READYGARD DUO PEN NEEDLE	T1	QL (200 in 30 days); HDHP
AUM SAFETY PEN NEEDLE	T1	QL (200 in 30 days); HDHP
BARDIA BULB IRRIGATION SYRINGE	T3	
BARDIA PISTON IRRIGATION SYR	T3	
BD ALLERGIST TRAY	T3	HDHP
BD ALLERGY SYRINGE	T3	HDHP
BD AUTOSHIELD DUO PEN NEEDLES	T1	QL (200 in 30 days); HDHP
BD BLUNT FILL NEEDLE	T3	HDHP
BD BLUNT FILTER NEEDLE	T3	HDHP
BD CATHETER TIP SYRINGE	T3	
BD CONTROL SYRING LUER-LOK	T3	
BD DISP NEEDLE	T3	HDHP
BD DISP NEEDLES	T3	HDHP
BD ECLIPSE LUER-LOK NEEDLE	T3	HDHP
BD ECLIPSE NEEDLE	T3	HDHP
BD ECLIPSE SHIELDED NEEDLE	T3	HDHP
BD ECLIPSE SYRINGE	T3	HDHP
BD ECLIPSE SYRINGE/NEEDLE	T3	HDHP

Effective 10/1/2024

Drug Name	Drug Tier	Notes
BD FILTER NEEDLE/5 MICRON	T3	
BD HYPODERMIC NEEDLE	T3	HDHP
BD INTEGRA NEEDLE	T3	HDHP
BD INTEGRA SYRINGE	T3	HDHP
BD LUER-LOCK SYRINGE	T3	HDHP
BD LUER-LOK SYRINGE 10 ML	T3	
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML, 20G X 1" 1 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 3 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 10 ML, 22G X 1" 3 ML, 22G X 1" 5 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 1 ML, 25G X 5/8" 3 ML, 26G X 5/8" 3 ML	T3	HDHP
BD NOKOR ADMIX NEEDLE	T3	HDHP
BD PLASTIPAK SYRINGE 21G X 1" 3 ML	T3	HDHP
BD PLASTIPAK SYRINGE 3 ML	T3	
BD PRECISIONGLIDE NEEDLE	T3	HDHP
BD SAFETYGLIDE ALLERGY SYRINGE	T3	HDHP
BD SAFETYGLIDE NEEDLE	T3	HDHP
BD SAFETYGLIDE SHIELDED NEEDLE	T3	HDHP
BD SAFETYGLIDE SYRINGE/NEEDLE	T3	HDHP
BD SYRINGE	T3	
BD SYRINGE BLUNT CANNULA 17G	T3	
BD SYRINGE DISPOSABLE	T3	
BD SYRINGE DUAL CANNULA	T3	
BD SYRINGE LUER SLIP TIP	T3	
BD SYRINGE LUER-LOK	T3	
BD SYRINGE SLIP TIP 1 ML , 10 ML , 3 ML	T3	
BD SYRINGE SLIP TIP 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 26G X 5/8" 1 ML	T3	HDHP
BD SYRINGE/NEEDLE	T3	HDHP
BD TB SYRINGE	T3	HDHP
BD ULTRA-FINE PEN NEEDLES	T1	QL (200 in 30 days); HDHP
BREATHE COMFORT CHAMBER/ADULT	T2	HDHP
BREATHE COMFORT CHAMBER/CHILD	T2	HDHP
BREATHE EASE LARGE	T2	HDHP
BREATHE EASE MEDIUM	T2	HDHP

Effective 10/1/2024

Drug Name	Drug Tier	Notes
BREATHE EASE PEAK FLOW METER	T2	HDHP
BREATHE EASE SMALL	T2	HDHP
BREATHERITE VALVED MDI CHAMBER	T2	HDHP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG	T4NP	PA; QL (30 IN 1 DAYS)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG	T4NP	PA; QL (10 IN 1 DAYS)
BYLVAY ORAL CAPSULE 1200 MCG	T4NP	PA; QL (5 IN 1 DAYS)
BYLVAY ORAL CAPSULE 400 MCG	T4NP	PA; QL (15 IN 1 DAYS)
CAREPOINT POLY HUB NEEDLE	T3	HDHP
CAREPOINT SAFETY 1ST NEEDLE	T3	HDHP
CAREPOINT SAFETY1ST SYR/NEEDLE	T3	HDHP
CAREPOINT SYRINGE CATHETER TIP	T3	
CAREPOINT SYRINGE LUER LOCK 1 ML , 10 ML , 20 ML , 3 ML , 30 ML , 5 ML , 60 ML	T3	
CAREPOINT SYRINGE LUER LOCK 20G X 1" 3 ML, 20G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML	T3	HDHP
CAREPOINT SYRINGE LUER SLIP	T3	
CAREPOINT TUBERCLN SYR/LUER SL	T3	HDHP
CARETOUCH CATHETER TIP SYRINGE	T3	
CARETOUCH HYPODERMIC NEEDLE	T3	HDHP
CARETOUCH LUER LOCK 1 ML , 10 ML , 3 ML , 5 ML	T3	
CARETOUCH LUER LOCK 23G X 1" 3 ML	T3	HDHP
CARETOUCH LUER LOCK SYR/NEEDLE	T3	HDHP
CARETOUCH LUER SLIP	T3	
CAYA	\$0	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	T1	QL (200 in 30 days); HDHP
CLEVER CHOICE HOLDING CHAMBER	T2	HDHP
CLEVER CHOICE PEAK FLOW METER	T2	HDHP
COMFORT EZ PRO PEN NEEDLES	T1	QL (200 in 30 days); HDHP
COMPACT SPACE CHAMBER	T2	HDHP
COMPACT SPACE CHAMBER/LG MASK	T2	HDHP
COMPACT SPACE CHAMBER/MED MASK	T2	HDHP
COMPACT SPACE CHAMBER/SM MASK	T2	HDHP
CONDOMS	\$0	
CRONO SYRINGE	T3	HDHP

Effective 10/1/2024

Drug Name	Drug Tier	Notes
DEFLUX METAL NEEDLE	T3	HDHP
DOJOLVI	T4NP	PA
DOVER BULB SYRINGE	T3	
DROPLET MICRON	T1	QL (200 in 30 days); HDHP
DROPSAFE ALCOHOL PREP	T1	
DROPSAFE SICURA	T3	HDHP
DUREX EXTRA SENSITIVE THIN	\$0	
DUREX REALFEEL	\$0	
DUREX TROPICAL	\$0	
EASIVENT	T2	HDHP
EASIVENT MASK LARGE	T2	HDHP
EASIVENT MASK MEDIUM	T2	HDHP
EASIVENT MASK SMALL	T2	HDHP
EASY GLIDE CATH TIP SYRINGE	T3	
EASY GLIDE LUER LOCK SYRINGE	T3	
EASY GLIDE SLIP LOCK SYRINGE	T3	
EASY TOUCH ALLERGY SYRINGE	T3	HDHP
EASY TOUCH FLIPLOCK NEEDLES	T3	HDHP
EASY TOUCH FLIPLOCK SAFETY SYR	T3	HDHP
EASY TOUCH FLURINGE	T3	HDHP
EASY TOUCH FLURINGE FLIPLOCK	T3	HDHP
EASY TOUCH FLURINGE SHEATHLOCK	T3	HDHP
EASY TOUCH HYPODERMIC NEEDLE	T3	HDHP
EASY TOUCH SAFETY SYRINGE	T3	HDHP
EASY TOUCH SYRINGE BARREL	T3	
EASY TOUCH SYRINGE BARREL 10ML	T3	
EASY TOUCH SYRINGE BARREL 1ML	T3	
EASY TOUCH SYRINGE BARREL 3ML	T3	
EASY TOUCH SYRINGE BARREL 5ML	T3	
EASY TOUCH TB FLIPLOCK SYRINGE	T3	HDHP
EASY TOUCH TB SHEATHLOCK SYR	T3	HDHP
EASYPOINT NEEDLE	T3	HDHP
EASYPOINT NEEDLE/SYRINGE	T3	HDHP
EMBRACE PEN NEEDLES	T1	QL (200 in 30 days); HDHP
ENCARE	\$0	
EPISIL	T3	PA
EQ SPACE CHAMBER ANTI-STATIC	T2	HDHP
EQ SPACE CHAMBER ANTI-STATIC L	T2	HDHP

Effective 10/1/2024

Drug Name	Drug Tier	Notes
EQ SPACE CHAMBER ANTI-STATIC M	T2	HDHP
EQ SPACE CHAMBER ANTI-STATIC S	T2	HDHP
<i>ergoloid mesylates oral</i>	T3	
EZY DOSE PILL CUTTER ORIGINAL	\$0	QL (1 IN 365 DAYS)
FANTASY LUBRICATED	\$0	
FANTASY LUBRICATED/SPERMICIDE	\$0	
FC2 FEMALE CONDOM	\$0	
FEMCAP	\$0	
FIRDAPSE	T4NP	PA; QL (10 IN 1 DAYS)
FLEXICHAMBER	T2	HDHP
FLEXICHAMBER ADULT MASK/SMALL	T2	HDHP
FLEXICHAMBER CHILD MASK/LARGE	T2	HDHP
FLEXICHAMBER CHILD MASK/SMALL	T2	HDHP
GELCLAIR	T3	PA
GNP ULTIGUARD SAFEPACK NEEDLE	T1	QL (200 in 30 days); HDHP
GRASTEK	T2	QL (1 IN 1 DAYS)
HYPODERMIC NEEDLE	T3	HDHP
INCONTROL ULTICARE PEN NEEDLES	T1	QL (200 in 30 days); HDHP
INSPIREASE	T2	HDHP
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	T1	QL (200 in 30 days); HDHP
INSULIN SYRINGES 21G X 1" 3 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 10 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 25G X 1" 10 ML, 25G X 1" 3 ML, 25G X 1" 5 ML, 25G X 5/8" 3 ML	T3	HDHP
KAMELEON LUBRICATED	\$0	
KERENDIA	T3	PA; QL (1 IN 1 DAYS)
KIMONO	\$0	
KIMONO COLORS	\$0	
KIMONO MAXX-LARGE FLARE	\$0	
KIMONO MICRO THIN	\$0	
KIMONO MICRO THIN PLUS	\$0	
KIMONO PLUS	\$0	
KIMONO PS	\$0	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
KIMONO PS PLUS	\$0	
KIMONO SENSATION	\$0	
KIMONO SENSATION PLUS	\$0	
KIMONO SPECIAL	\$0	
LIVMARLI	T4NP	PA; QL (3 ML IN 1 DAYS)
LUER LOCK SAFETY SYRINGES 21G X 1-1/2" 3 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 5/8" 3 ML	T3	HDHP
LUER LOCK SAFETY SYRINGES 3 ML	T3	
LUNG PERFORM PEAK FLOW METER	T2	HDHP
MAGELLAN SYRINGE-SAFETY NEEDLE	T3	HDHP
MAGELLAN TUBERCULIN SYRINGE	T3	HDHP
MASK VORTEX	T2	HDHP
MASK VORTEX/CHILD/FROG	T2	HDHP
MASK VORTEX/TODDLER/LADYBUG	T2	HDHP
MAXX	\$0	
MAXX PLUS	\$0	
<i>methylergonovine maleate oral</i>	T1	
MICROCHAMBER	T2	HDHP
MICROLIFE DIGITAL PEAK FLOW	T2	HDHP
MICROSPACER	T2	HDHP
MINI WRIGHT PEAK FLOW METER	T2	HDHP
MONOJECT ALLERGIST TRAY	T3	HDHP
MONOJECT BLUNTIP CANNULA	T3	HDHP
MONOJECT BLUNTIP SYR/CANNULA	T3	
MONOJECT CONTROL SYRINGE	T3	
MONOJECT FILTER ASPIRATOR	T3	
MONOJECT HYPODERMIC NEEDLE	T3	HDHP
MONOJECT LIFESHIELD CANNULA	T3	
MONOJECT LIFESHIELD SYRINGE	T3	HDHP
MONOJECT MAGELLAN SAFETY NDL	T3	HDHP
MONOJECT MAGELLAN SYRINGE	T3	HDHP
MONOJECT PHARMACY TRAY	T3	
MONOJECT PISTON SYRINGE	T3	
MONOJECT SMARTIP SYR/CANNULA	T3	
MONOJECT SOFTPACK/CATHTIP	T3	
MONOJECT SOFTPACK/LLOCK	T3	
MONOJECT SOFTPACK/LTIP	T3	
MONOJECT SOFTPACK/RG LOCK	T3	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
MONOJECT SOFTPACK/RG LUER	T3	
MONOJECT SYRINGE 12 ML , 3 ML , 6 ML	T3	
MONOJECT SYRINGE 18G X 1" 12 ML, 20G X 1" 3 ML, 20G X 1-1/2" 12 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 6 ML, 20G X 3/4" 3 ML, 21G X 1" 3 ML, 21G X 1" 6 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 6 ML, 22G X 1" 3 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 6 ML, 23G X 1" 3 ML, 25G X 1" 3 ML, 25G X 1-1/4" 3 ML, 25G X 5/8" 3 ML, 27G X 1-1/4" 3 ML, 27G X 1/2" 1 ML	T3	HDHP
MONOJECT SYRINGE CATH TIP	T3	
MONOJECT SYRINGE ECC LUER	T3	
MONOJECT SYRINGE ECCENTRIC TIP	T3	
MONOJECT SYRINGE LUER LOCK	T3	
MONOJECT SYRINGE LUER-LOCK TIP	T3	
MONOJECT SYRINGE PHARMACY TRAY	T3	
MONOJECT SYRINGE REG LUER	T3	
MONOJECT SYRINGE REGULAR TIP	T3	
MONOJECT SYRINGE TOOMEY TYPE	T3	
MONOJECT TB SAFETY SYRINGE	T3	HDHP
MONOJECT TB SYRINGE 1 ML	T3	
MONOJECT TB SYRINGE 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	T3	HDHP
MONOJECT VIAL ACCESS CANNULA	T3	
MUGARD	T3	PA; QL (60 ML IN 1 DAYS)
NOKOR VENTED NEEDLE	T3	HDHP
NORM-JECT LUER LOCK SYRINGE	T3	
NORM-JECT LUER SLIP SYRINGE	T3	
NOVOFINE PEN NEEDLE	T1	QL (200 in 30 days); HDHP
NOVOFINE PLUS PEN NEEDLE	T1	QL (200 in 30 days); HDHP
ODACTRA	T2	QL (1 IN 1 DAYS)
OMNIFLEX DIAPHRAGM	\$0	
OMNIPOD 5 G6 INTRO (GEN 5)	T4NP	
OMNIPOD 5 G6 PODS (GEN 5)	T4NP	
OMNIPOD 5 LIBRE2 PLUS G6	T4NP	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T4NP	
OMNIPOD DASH PODS (GEN 4)	T4NP	
OPTICHAMBER DIAMOND	T2	HDHP
OPTICHAMBER DIAMOND-LG MASK	T2	HDHP

Drug Name	Drug Tier	Notes
OPTICHAMBER DIAMOND-MD MASK	T2	HDHP
OPTICHAMBER DIAMOND-SM MASK	T2	HDHP
OPTIONS GYNOL II CONTRACEPTIVE	\$0	
ORALAIR	T2	QL (1 IN 1 DAYS)
ORAMAGICRX	T3	
OXBRYTA ORAL TABLET 300 MG	T4NP	PA; QL (3 IN 1 DAYS)
OXBRYTA ORAL TABLET 500 MG	T4NP	PA; QL (5 IN 1 DAYS)
OXBRYTA ORAL TABLET SOLUBLE	T4NP	PA; QL (8 IN 1 DAYS)
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	T2	PA
PALFORZIA ORAL PACKET 300 MG	T2	PA; QL (1 IN 1 DAYS)
PANDA MASK LARGE	T2	HDHP
PANDA MASK MEDIUM	T2	HDHP
PANDA MASK SMALL	T2	HDHP
PARI VORTEX ADULT MASK	T2	HDHP
PEAK A-I-R FLOW METER	T2	HDHP
PEAK AIR PEAK FLOW METER	T2	HDHP
PEAK FLOW METER UNIVERSAL RANG	T2	HDHP
PEDIATRIC PANDA MASK	T2	HDHP
PEDIATRIC SMALL MASK	T2	HDHP
PERFECT POINT SAFETY NEEDLE	T3	HDHP
PERSONAL BEST FULL RANGE	T2	HDHP
PHEXXI	\$0	
PIKO 1	T2	HDHP
PIP PEN NEEDLES 31G X 5MM	T1	QL (200 in 30 days); HDHP
PIP PEN NEEDLES 32G X 4MM	T1	QL (200 in 30 days); HDHP
POCKET CHAMBER	T2	HDHP
POCKET PEAK FLOW METER	T2	HDHP
POCKET SPACER	T2	HDHP
POCKETPEAK PEAK FLOW METER	T2	HDHP
POLY HUB NEEDLE	T3	HDHP
PRO COMFORT SPACER ADULT	T2	HDHP
PRO COMFORT SPACER CHILD	T2	HDHP
PRO COMFORT SPACER INFANT	T2	HDHP
PROCARE SPACER/ADULT MASK	T2	HDHP
PROCARE SPACER/CHILD MASK	T2	HDHP

Effective 10/1/2024

Drug Name	Drug Tier	Notes
PROCHAMBER VHC	T2	HDHP
PROTHELIAL	T3	PA
PURE COMFORT FLOW METER ADULT	T2	HDHP
PURE COMFORT FLOW METER CHILD	T2	HDHP
PURE COMFORT SAFETY PEN NEEDLE	T1	QL (200 in 30 days); HDHP
PURE COMFORT SPACER CHAMBER	T2	HDHP
RADIOGARDASE	T3	
RAGWITEK	T2	QL (1 IN 1 DAYS)
RAYA SURE PEN NEEDLE	T1	QL (200 in 30 days); HDHP
REALITY LATEX CONDOMS	\$0	
REALITY LATEX/ULTRA TEXTURED	\$0	
REALITY LATEX/ULTRA THIN	\$0	
RITEFLO	T2	HDHP
SAFETY PEN NEEDLES	T1	QL (200 in 30 days); HDHP
SECURESAFE HYPODERMIC NEEDLE	T3	HDHP
SECURESAFE SYRINGE/NEEDLE	T3	HDHP
SILATRIX	T3	PA; QL (10 GM IN 1 DAYS)
SORBITOL IRRIGATION	T3	
STRIVE DUAL ZONE PEAK FLOW MTR	T2	HDHP
SYRINGE DISPOSABLE	T3	
SYRINGE ECCENTRIC TIP	T3	
SYRINGE LUER LOCK 10 ML , 20 ML , 3 ML , 30 ML , 5 ML , 60 ML	T3	
SYRINGE LUER LOCK 20G X 1" 10 ML, 20G X 1" 3 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 3 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 3 ML, 21G X 1" 5 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 10 ML, 22G X 1" 3 ML, 22G X 1-1/2" 10 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 3 ML	T3	HDHP
SYRINGE LUER SLIP 1 ML , 10 ML , 3 ML , 35 ML , 5 ML , 60 ML	T3	
SYRINGE LUER SLIP 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 27G X 1/2" 1 ML	T3	HDHP
SYRINGE/HYPODERMIC SAFETY	T3	HDHP
TABLET CUTTER/DELUXE SAFETY	\$0	QL (1 IN 365 DAYS)
TABLET CUTTER/SAFETY SHIELD	\$0	QL (1 IN 365 DAYS)
TECHLITE PLUS PEN NEEDLES	T1	QL (200 in 30 days); HDHP
TODAY SPONGE	\$0	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
TOOMEY SYRINGE	T3	
TRUE COVER	\$0	
TRUSTEX COLOR CONDOMS + LUBE	\$0	
TRUSTEX LUB/RIBBED/STUDDED	\$0	
TRUSTEX LUB/SPERMICIDE EX ST	\$0	
TRUSTEX LUB/SPERMICIDE XL	\$0	
TRUSTEX LUBRICATED	\$0	
TRUSTEX LUBRICATED EX LARGE	\$0	
TRUSTEX LUBRICATED EXTRA ST	\$0	
TRUSTEX LUBRICATED/SPERMICIDE	\$0	
TRUSTEX NATURAL CONDOMS + LUBE	\$0	
TRUSTEX NON-LUBRICATED	\$0	
TRUSTEX RIA LUB/SPERMICIDE	\$0	
TRUSTEX RIA LUBRICATED	\$0	
TRUSTEX RIA NON-LUBRICATED	\$0	
TRUSTEX-NONOXYNOL-9/RIB/STUD	\$0	
TRUZONE PEAK FLOW METER	T2	HDHP
ULTICARE SYRINGE	T3	HDHP
ULTICARE TUBERCULIN SAFETY SYR	T3	HDHP
UNIFINE PROTECT PEN NEEDLE	T1	QL (200 in 30 days); HDHP
VANISHPOINT ALLERGY TRAY	T3	HDHP
VANISHPOINT SAFETY SYRINGE	T3	HDHP
VANISHPOINT SYRINGE	T3	HDHP
VANISHPOINT TUBERCULIN SYRINGE	T3	HDHP
VASELINE	T3	
VCF VAGINAL CONTRACEPTIVE	\$0	
VERIFINE INSULIN PEN NEEDLE	T1	QL (200 in 30 days); HDHP
VERIFINE PLUS PEN NEEDLE	T1	QL (200 in 30 days); HDHP
VISTOGARD	T4NP	QL (20 IN 30 DAYS; MAX 30 DAYS)
VORTEX HOLD CHMBR/MASK/CHILD	T2	HDHP
VORTEX HOLD CHMBR/MASK/TODDLER	T2	HDHP
VORTEX VALVED HOLDING CHAMBER	T2	HDHP
WIDE-SEAL DIAPHRAGM 60	\$0	
WIDE-SEAL DIAPHRAGM 65	\$0	
WIDE-SEAL DIAPHRAGM 70	\$0	
WIDE-SEAL DIAPHRAGM 75	\$0	
WIDE-SEAL DIAPHRAGM 80	\$0	

Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 85	\$0	
WIDE-SEAL DIAPHRAGM 90	\$0	
WIDE-SEAL DIAPHRAGM 95	\$0	
YALE DISP NEEDLES	T3	HDHP
ZOKINVY	T4P	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACUVAIL	T2	
ALOCRI	T3	
ALOMIDE	T2	
AZASITE	T3	
<i>azelastine hcl ophthalmic</i>	T1	
<i>bacitracin ophthalmic</i>	T1	
<i>bepotastine besilate</i>	T3	
BESIVANCE	T3	
BETADINE OPHTHALMIC PREP	T3	
<i>bromfenac sodium (once-daily)</i>	T3	
<i>bromfenac sodium ophthalmic</i>	T3	
CILOXAN	T2	
<i>ciprofloxacin hcl ophthalmic</i>	T1	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cvs olopatadine hcl</i>	T1	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
<i>diclofenac sodium ophthalmic</i>	T1	
<i>difluprednate</i>	T3	
<i>epinastine hcl</i>	T3	
<i>eq olopatadine hcl</i>	T1	
<i>erythromycin ophthalmic</i>	T1	
<i>eye allergy itch relief</i>	T1	
<i>eye allergy itch/redness rel</i>	T1	
FLAREX	T3	
<i>fluorometholone</i>	T1	
<i>flurbiprofen sodium</i>	T1	
FML FORTE	T3	
<i>ft eye allergy itch & redness</i>	T1	
<i>ft eye allergy itch relief</i>	T1	
<i>gatifloxacin ophthalmic</i>	T1	
<i>gentamicin sulfate ophthalmic</i>	T1	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>gnp olopatadine hcl</i>	T1	
<i>hm eye allergy itch relief</i>	T1	
<i>hm eye allergy itch/red relief</i>	T1	
ILEVRO	T2	
INVELTYS	T3	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	T1	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	T1	QL (10 ML IN 30 DAYS)
<i>levofloxacin ophthalmic</i>	T3	
LOTEMAX OPHTHALMIC OINTMENT	T3	
LOTEMAX SM	T3	
<i>loteprednol etabonate</i>	T3	
MAXIDEX	T3	
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic</i>	T1	
NATACYN	T3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
<i>neomycin-polymyxin-hc ophthalmic</i>	T1	
NEVANAC	T2	
<i>ofloxacin ophthalmic</i>	T1	
<i>olopatadine hcl ophthalmic</i>	T1	
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 %	T2	
PRED MILD	T3	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>qc olopatadine hcl</i>	T1	
<i>sm olopatadine hcl</i>	T1	
<i>sulfacetamide sodium ophthalmic</i>	T1	
TOBRADEX	T2	
TOBRADEX ST	T3	
<i>tobramycin solution 0.3 % ophthalmic</i>	T3	
<i>tobramycin solution 0.3 % ophthalmic</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	
TOBEX	T2	

Drug Name	Drug Tier	Notes
<i>trifluridine</i>	T1	
UPNEEQ	T3	QL (1 IN 1 DAYS)
XDEMVY	T3	PA; QL (10 ML per Fill)
ZIRGAN	T3	
Ophthalmic Agents - Drugs for Glaucoma		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>apraclonidine hcl</i>	T3	
<i>betaxolol hcl ophthalmic</i>	T1	
BETIMOL	T3	
BETOPTIC-S	T2	
<i>bimatoprost ophthalmic</i>	T3	
<i>brimonidine tartrate ophthalmic</i>	T1	
<i>brimonidine tartrate-timolol</i>	T1	
<i>brinzolamide</i>	T1	
<i>carteolol hcl</i>	T1	
<i>dichlorphenamide</i>	T4NP	PA; QL (4 IN 1 DAYS)
<i>dorzolamide hcl ophthalmic</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
<i>dorzolamide hcl-timolol mal pf</i>	T3	
IOPIDINE	T2	
<i>latanoprost ophthalmic</i>	T1	
<i>levobunolol hcl</i>	T1	
LUMIGAN	T3	
<i>methazolamide oral</i>	T1	
PHOSPHOLINE IODIDE	T2	
<i>pilocarpine hcl ophthalmic</i>	T1	
RHOPRESSA	T3	
ROCKLATAN	T3	
SIMBRINZA	T2	
<i>tafluprost (pf)</i>	T3	
<i>timolol maleate (once-daily)</i>	T1	
<i>timolol maleate ocudose</i>	T1	
<i>timolol maleate ophthalmic</i>	T1	
<i>timolol maleate pf</i>	T1	
<i>travoprost (bak free)</i>	T1	
VUITY	T3	QL (5 ML IN 30 DAYS)
VYZULTA	T3	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ALTACAINE	T2	
ALTAFLUOR BENOX	T3	
<i>atropine sulfate ophthalmic ointment</i>	T1	
<i>atropine sulfate solution 1 % ophthalmic</i>	T1	
<i>bacitracin-polymyxin b</i>	T1	
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
CEQUA	T3	ST
CYCLOMYDRIL	T2	
<i>cyclopentolate hcl ophthalmic</i>	T1	
<i>cyclosporine ophthalmic</i>	T1	
CYSTADROPS	T4NP	
CYSTARAN	T4NP	
MIEBO	T2	
<i>neomycin-bacitracin zn-polymyx</i>	T1	
<i>neomycin-polymyxin-gramicidin</i>	T1	
<i>neo-polycin</i>	T1	
<i>neo-polycin hc</i>	T1	
OXERVATE	T4NP	PA; QL (1 ML IN 1 DAYS; 56 days of therapy per lifetime)
<i>phenylephrine hcl ophthalmic solution 10 %</i>	T1	
<i>phenylephrine hcl ophthalmic solution 2.5 %</i>	T1	QL (30 ML IN 30 DAYS)
<i>polycin</i>	T1	
<i>polymyxin b-trimethoprim</i>	T1	
<i>proparacaine hcl ophthalmic</i>	T1	
<i>sulfacetamide-prednisolone</i>	T1	
<i>tetracaine hcl ophthalmic</i>	T1	
<i>tropicamide ophthalmic</i>	T1	
TYRVAYA	T3	ST
VERKAZIA	T4NP	PA; QL (4 IN 1 DAYS)
XIIDRA	T2	
ZYLET	T3	
Otic Agents - Drugs for Ear Conditions		
<i>acetic acid otic</i>	T1	
CIPRO HC	T2	QL (40 IN 30 DAYS)
<i>ciprofloxacin hcl otic</i>	T1	
<i>ciprofloxacin-dexamethasone</i>	T1	
CIPROFLOXACIN-FLUOCINOLONE PF	T3	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
CORTISPORIN-TC	T3	
<i>fluocinolone acetonide otic</i>	T3	
<i>hydrocortisone-acetic acid</i>	T1	
<i>neomycin-polymyxin-hc otic</i>	T1	
<i>ofloxacin otic</i>	T1	QL (20 ML IN 30 DAYS)
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
<i>azelastine hcl nasal</i>	T1	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	
<i>benzonatate oral capsule 150 mg</i>	T3	
CAPCOF	T2	QL (240 ML IN 30 DAYS)
CARBINOXAMINE MALEATE ER	T3	
<i>carbinoxamine maleate oral solution</i>	T3	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T3	
CLARINEX-D 12 HOUR	T3	PA
<i>clemastine fumarate oral syrup</i>	T3	
<i>clemastine fumarate oral tablet</i>	T1	
<i>cyproheptadine hcl oral</i>	T1	
<i>desloratadine</i>	T3	PA
<i>fluticasone propionate nasal</i>	T1	
<i>g tussin ac</i>	T1	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
<i>guaifenesin-codeine</i>	T1	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
<i>hydrocod poli-chlorphe poli er</i>	T1	
<i>hydrocodone bit-homatrop mbr</i>	T1	
<i>hydromet</i>	T1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	T2	
<i>ipratropium bromide nasal</i>	T1	
KARBINAL ER	T3	
<i>maxi-tuss ac</i>	T1	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	T2	
NINJACOF-XG	T2	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
<i>olopatadine hcl nasal</i>	T3	
<i>promethazine vc</i>	T3	
<i>promethazine-codeine oral solution</i>	T1	AL (AGE MIN 12 YEARS)

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>promethazine-dm</i>	T3	
<i>promethazine-phenylephrine</i>	T3	
<i>pseudoephedrine-bromphen-dm</i>	T3	
RYDEX	T2	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
<i>sodium chloride inhalation</i>	T1	
TUXARIN ER	T3	AL (AGE MIN 12 YEARS)
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
<i>acetylcysteine inhalation</i>	T3	
ADVAIR DISKUS	T1	HDHP
ADVAIR HFA	T2	HDHP
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	T1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	T2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	QL (300 ML IN 30 DAYS)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	T1	QL (120 ML IN 30 DAYS)
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	T1	QL (120 ML IN 30 DAYS)
<i>albuterol sulfate oral</i>	T1	
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	T3	PA
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	T3	PA; QL (6.1 GM IN 30 DAYS)
ANORO ELLIPTA	T2	
<i>arformoterol tartrate</i>	T3	
ARNUIITY ELLIPTA	T2	HDHP
ASMANEX (120 METERED DOSES)	T3	ST
ASMANEX (30 METERED DOSES)	T3	ST
ASMANEX (60 METERED DOSES)	T3	ST
ASMANEX HFA	T3	ST
ATROVENT HFA	T2	
BREO ELLIPTA	T2	HDHP
BREZTRI AEROSPHERE	T2	
<i>budesonide inhalation</i>	T1	QL (120 ML IN 30 DAYS); HDHP
COMBIVENT RESPIMAT	T2	

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>cromolyn sodium inhalation</i>	T1	QL (480 ML IN 30 DAYS)
<i>elixophyllin</i>	T1	
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml</i>	T1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	T1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	T1	QL (4 IN 30 DAYS)
FASENRA PEN	T4P	PA; QL (1 ML IN 56 DAYS); SP-QTZ
FLUTICASONE PROPIONATE HFA	T2	HDHP
<i>formoterol fumarate inhalation</i>	T1	
INCRUSE ELLIPTA	T2	
<i>ipratropium bromide inhalation</i>	T1	QL (300 ML IN 30 DAYS)
<i>ipratropium-albuterol</i>	T1	QL (360 ML IN 30 DAYS)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	T3	QL (270 ML IN 30 DAYS)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	T3	QL (90 ML IN 30 DAYS)
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	T3	
<i>montelukast sodium oral</i>	T1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4P	PA; QL (1 ML IN 28 DAYS); SP-QTZ
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4P	PA; QL (1 ML IN 28 DAYS); SP-QTZ
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T4P	PA; QL (0.4 ML IN 28 DAYS); SP-QTZ
OFEV	T4P	PA; QL (2 IN 1 DAYS); SP-QTZ
<i>pirfenidone oral capsule</i>	T4P	PA; QL (9 IN 1 DAYS); SP-QTZ
<i>pirfenidone oral tablet 267 mg</i>	T4P	PA; QL (9 IN 1 DAYS); SP-QTZ
<i>pirfenidone oral tablet 801 mg</i>	T4P	PA; QL (3 IN 1 DAYS); SP-QTZ
PROAIR RESPICLICK	T3	
PULMICORT FLEXHALER	T3	PA
<i>roflumilast oral tablet 250 mcg</i>	T3	QL (1 IN 1 DAYS)
<i>roflumilast oral tablet 500 mcg</i>	T3	
SEREVENT DISKUS	T2	
SPIRIVA RESPIMAT	T2	
STIOLTO RESPIMAT	T3	PA
STRIVERDI RESPIMAT	T3	
SYMBICORT	T2	HDHP

Effective 10/1/2024

Drug Name	Drug Tier	Notes
<i>terbutaline sulfate oral</i>	T1	
TEZSPIRE	T4NP	PA; QL (1.91 ML IN 28 DAYS); SP-QTZ
THEO-24	T2	
<i>theophylline er</i>	T1	
<i>theophylline oral</i>	T3	
<i>tiotropium bromide monohydrate</i>	T1	
TRELEGY ELLIPTA	T2	
TUDORZA PRESSAIR	T3	ST
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4P	PA; SP-QTZ
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4P	PA; SP-QTZ
XOPENEX HFA	T3	
YUPELRI	T3	QL (3 ML IN 1 DAYS)
<i>zafirlukast</i>	T3	
ZYFLO	T3	
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
CAYSTON	T4P	PA; QL (3 ML IN 1 DAYS)
KALYDECO	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
ORKAMBI ORAL PACKET	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
ORKAMBI ORAL TABLET	T4NP	PA; QL (4 IN 1 DAYS); SP-ORx
PULMOZYME	T4P	QL (2.5 ML IN 1 DAYS; MAX 30 DAYS)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG	T4NP	PA; SP-ORx
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	T4P	PA; QL (10 ML IN 1 DAYS)
TRIKAFTA ORAL TABLET THERAPY PACK	T4NP	PA; QL (3 IN 1 DAYS); SP-ORx
TRIKAFTA ORAL THERAPY PACK	T4NP	PA; QL (56 IN 28 DAYS); SP-ORx
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	T4P	PA; QL (3 IN 1 DAYS)
<i>alyq</i>	T1	PA
<i>ambrisentan</i>	T4P	PA; QL (1 IN 1 DAYS)
<i>bosentan</i>	T4P	PA; QL (2 IN 1 DAYS)
OPSUMIT	T4P	PA

Effective 10/1/2024

Drug Name	Drug Tier	Notes
ORENITRAM	T4NP	PA
ORENITRAM MONTH 1	T4NP	PA; QL (168 IN 28 DAYS)
ORENITRAM MONTH 2	T4NP	PA; QL (336 IN 28 DAYS)
ORENITRAM MONTH 3	T4NP	PA; QL (252 IN 28 DAYS)
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA
<i>tadalafil (pah)</i>	T1	PA
TRACLEER 32 MG	T4P	PA; QL (4 IN 1 DAYS); SP-ORx
TYVASO	T4P	
TYVASO REFILL KIT	T4P	
TYVASO STARTER KIT	T4P	
UPTRAVI ORAL	T4P	PA; QL (2 IN 1 DAYS)
UPTRAVI TITRATION	T4P	PA; QL (2 IN 1 DAYS)
VENTAVIS	T4NP	PA
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
BACLOFEN ORAL SOLUTION 5 MG/5ML	T3	AL (AGE MAX 11 YEARS)
<i>baclofen oral tablet 10 mg, 20 mg</i>	T1	
<i>baclofen oral tablet 5 mg</i>	T3	
BACLOFEN SOLUTION 10 MG/5ML ORAL	T3	
<i>carisoprodol oral</i>	T1	
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	T3	
<i>chlorzoxazone oral tablet 500 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>dantrolene sodium oral</i>	T3	
<i>metaxalone</i>	T1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1	
NORGESIC FORTE	T2	
<i>orphenadrine citrate er</i>	T1	
ORPHENGESIC FORTE	T2	
OZOBAX DS	T3	
<i>tizanidine hcl oral capsule</i>	T3	
<i>tizanidine hcl oral tablet</i>	T1	
Sleep Disorder Agents		
<i>armodafinil</i>	T1	QL (1 IN 1 DAYS)
BELSOMRA	T3	PA; QL (1 IN 1 DAYS)
<i>eszopiclone</i>	T1	QL (1 IN 1 DAYS)
<i>flurazepam hcl</i>	T1	

Drug Name	Drug Tier	Notes
HETLIOZ LQ	T3	PA; QL (5 ML IN 1 DAYS); SP-ORx
<i>modafinil oral tablet 100 mg</i>	T1	QL (1 IN 1 DAYS)
<i>modafinil oral tablet 200 mg</i>	T1	QL (2 IN 1 DAYS)
<i>ramelteon</i>	T3	QL (1 IN 1 DAYS)
SODIUM OXYBATE	T4NP	PA
SUNOSI	T3	PA; QL (1 IN 1 DAYS)
<i>tasimelteon</i>	T3	PA; QL (1 IN 1 DAYS); SP-ORx
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	
<i>temazepam oral capsule 22.5 mg</i>	T3	QL (1 IN 1 DAYS)
<i>temazepam oral capsule 7.5 mg</i>	T1	QL (1 IN 1 DAYS)
<i>zaleplon</i>	T1	
<i>zolpidem tartrate er</i>	T3	QL (1 IN 1 DAYS)
<i>zolpidem tartrate oral tablet</i>	T1	QL (1.5 IN 1 DAYS)

Index of Drugs

<i>abacavir sulfate</i>	25	ADVOCATE REDI-CODE+ CONTROL.....	43	AKLIEF.....	38
<i>abacavir sulfate-lamivudine</i>	25	AEMCOLO.....	7	AKYNZEO.....	14
<i>abiraterone acetate</i>	18	AEROCHAMBER HOLDING CHAMBER.....	73	ALA SCALP.....	38
ABRYSVO.....	71	AEROCHAMBER MINI CHAMBER.....	73	<i>albendazole</i>	23
<i>acamprosate calcium</i>	6	AEROCHAMBER MV.....	73	<i>albuterol sulfate</i>	89
<i>acarbose</i>	42	AEROCHAMBER PLS FLOVU MTHPIECE.....	73	<i>albuterol sulfate hfa</i>	89
ACCU-CHEK AVIVA DEVICE... 43		AEROCHAMBER PLUS FLO-VU INTERM.....	73	ALBUTEROL SULFATE HFA... 89	
ACCU-CHEK GUIDE CONTROL.....	43	AEROCHAMBER PLUS FLO-VU LARGE.....	73	<i>alclometasone dipropionate</i>	38
ACCU-CHEK SMARTVIEW CONTROL.....	43	AEROCHAMBER PLUS FLO-VU MEDIUM.....	73	<i>alcohol prep pads</i>	38
<i>accutane</i>	38	AEROCHAMBER PLUS FLO-VU SMALL.....	73	ALCOHOL PREP PADS.....	74
ACCUTREND GLUCOSE CONTROL.....	43	AEROCHAMBER PLUS FLOW VU.....	74	ALECENSA.....	18
<i>acebutolol hcl</i>	30	AEROCHAMBER W/FLOWSIGNAL.....	74	<i>alendronate sodium</i>	73
<i>acetaminophen-codeine</i>	3	AEROCHAMBER Z-STAT PLUS.....	74	<i>alfuzosin hcl er</i>	59
<i>acetazolamide</i>	86	AEROCHAMBER Z-STAT PLUS CHAMBR.....	74	<i>aliskiren fumarate</i>	30
<i>acetazolamide er</i>	86	AEROCHAMBER Z-STAT PLUS/LARGE.....	74	<i>allopurinol</i>	16
<i>acetic acid</i>	58, 87	AEROCHAMBER Z-STAT PLUS/MEDIUM.....	74	<i>almotriptan malate</i>	16
<i>acetylcysteine</i>	89	AEROCHAMBER Z-STAT PLUS/SMALL.....	74	ALOCRIL.....	84
<i>acitretin</i>	38	AEROGEAR ACTION ASTHMA KIT.....	74	ALOMIDE.....	84
ACTEMRA.....	68	AEROVENT PLUS.....	74	<i>alosectron hcl</i>	55
ACTEMRA ACTPEN.....	68	<i>afirmelle</i>	61	<i>alprazolam</i>	28
ACTHAR.....	60	AFLURIA.....	71	<i>alprazolam er</i>	28
ACTHAR GEL.....	60	AFLURIA PRESERVATIVE FREE.....	71	<i>alprazolam intensol</i>	28
ACTIMMUNE.....	68	AFREZZA.....	48	<i>alprazolam xr</i>	28
ACUVAIL.....	84	<i>aftera</i>	61	ALTACAINE.....	87
<i>acyclovir</i>	26	AGAMATRIX CONTROL LEVEL 2.....	44	ALTAFLUOR BENOX.....	87
ADACEL.....	71	AGAMATRIX CONTROL LEVEL 4.....	44	<i>altavera</i>	61
ADALIMUMAB-ADAZ.....	68	AIMOVIG.....	16	ALTRENO.....	38
ADALIMUMAB-FKJP (2 PEN).. 68		AIMSCO LUBRICATED.....	74	ALUNBRIG.....	18
ADALIMUMAB-FKJP (2 SYRINGE).....	68	AIRZONE PEAK FLOW METER.....	74	ALVESCO.....	89
<i>adapalene</i>	38	AJOVY.....	16	<i>alyacen 1/35</i>	61
ADAPALENE.....	38	AKEEGA.....	18	<i>alyacen 7/7/7</i>	61
<i>adapalene treatment</i>	38			<i>alyq</i>	91
<i>adefovir dipivoxil</i>	26			<i>amantadine hcl</i>	23
ADEMPAS.....	91			<i>ambrisentan</i>	91
ADLARITY.....	12			<i>amcinonide</i>	38
ADTHYZA.....	67			<i>amethyst</i>	61
ADVAIR DISKUS.....	89			<i>amiloride hcl</i>	30
ADVAIR HFA.....	89			<i>amiloride-hydrochlorothiazide</i> ... 30	
ADVANCE INTUITION CONTROL.....	43			<i>aminocaproic acid</i>	29
ADVANCE MICRO-DRAW CONTROL.....	43			<i>amiodarone hcl</i>	30
ADVANCE MICRO-DRAW NORMAL.....	43			<i>amitriptyline hcl</i>	12
ADVOCATE CONTROL SOLUTION.....	43			<i>amlodipine besylate</i>	30
ADVOCATE INSULIN PEN NEEDLE.....	73			<i>amlodipine besylate-benazepril hcl</i>	30
				<i>amlodipine besylate-valsartan</i> .. 30	
				<i>amlodipine-olmesartan</i>	30
				<i>amnesteam</i>	39
				<i>amoxapine</i>	13
				<i>amoxicill-clarithro-lansopraz</i>	55
				<i>amoxicillin</i>	7
				<i>amoxicillin-potassium clavulanate</i>	7

<i>amoxicillin-potassium</i>		ASSESS PEAK FLOW		<i>aviane</i>	62
<i>clavulanate er</i>	7	METER.....	74	AVONEX PEN.....	36
<i>amphetamine-</i>		ASSURE 3 CONTROL.....	44	AVONEX PREFILLED.....	36
<i>dextroamphetamine</i>	35	ASSURE 4 CONTROL LEVEL		<i>ayuna</i>	62
<i>amphetamine-</i>		1 & 2.....	44	AYVAKIT.....	18
<i>dextroamphetamine er</i>	35	ASSURE DOSE CONTROL.....	44	AZASITE.....	84
<i>amphotericin b</i>	15	ASSURE DOSE NORM/HIGH		<i>azathioprine</i>	68
<i>ampicillin</i>	7	CONTROL.....	44	<i>azelaic acid</i>	39
<i>anagrelide hcl</i>	29	ASSURE ID DUO PRO PEN		<i>azelastine hcl</i>	84, 88
ANALPRAM-HC.....	72	NEEDLES.....	74	AZELEX.....	39
<i>anastrozole</i>	18	ASSURE ID PRO PEN		<i>azithromycin</i>	7
ANDRODERM.....	60	NEEDLES.....	74	<i>azurette</i>	62
ANGELIQ.....	61	ASSURE II CONTROL.....	44	<i>bac</i>	3
ANNOVERA.....	61	ASSURE II CONTROL LEVEL		<i>bacitracin</i>	84
ANORO ELLIPTA.....	89	1 & 2.....	44	<i>bacitracin-polymyxin b</i>	87
ANTICOAGULANT SODIUM		ASSURE PRISM CONTROL		<i>bacitra-neomycin-polymyxin-hc</i>	87
CITRATE.....	10	LEVEL 1.....	44	BACLOFEN.....	92
<i>apap-caff-dihydrocodeine</i>	3	ASSURE PRO CONTROL		<i>baclofen</i>	92
APEXICON E.....	39	LEVEL 1 & 2.....	44	<i>balsalazide disodium</i>	72
APIDRA SOLOSTAR.....	48	ASTAGRAF XL.....	68	BALVERSA.....	18
APIDRA VIAL.....	48	ATABEX.....	50	<i>balziva</i>	62
<i>apomorphine hcl</i>	23	<i>atazanavir sulfate</i>	26	BAQSIMI ONE PACK.....	48
<i>apraclonidine hcl</i>	86	<i>atenolol</i>	30	BAQSIMI TWO PACK.....	48
<i>aprepitant</i>	14	<i>atenolol-chlorthalidone</i>	30	BARACLUDE.....	26
<i>apri</i>	61	<i>atomoxetine hcl</i>	35	BARDIA BULB IRRIGATION	
APTIOM.....	10	ATORVALIQ.....	30	SYRINGE.....	74
APTIVUS.....	26	<i>atorvastatin calcium</i>	30	BARDIA PISTON IRRIGATION	
AQ INSULIN SYRINGE.....	48	<i>atovaquone</i>	23	SYR.....	74
AQINJECT PEN NEEDLE.....	74	<i>atovaquone-proguanil hcl</i>	23	BAXDELA.....	7
ARAKODA.....	23	<i>atropine sulfate</i>	55, 87	BD ALLERGIST TRAY.....	74
<i>aranelle</i>	61	ATROVENT HFA.....	89	BD ALLERGY SYRINGE.....	74
ARANESP (ALBUMIN FREE).....	29	<i>aubra eq</i>	61	BD AUTOSHIELD DUO PEN	
ARCALYST.....	68	AUGMENTIN.....	7	NEEDLES.....	74
AREXVY.....	71	AUM ALCOHOL PREP PADS..	74	BD BLUNT FILL NEEDLE.....	74
<i>arformoterol tartrate</i>	89	AUM INSULIN SAFETY PEN		BD BLUNT FILTER NEEDLE...	74
ARIKAYCE.....	7	NEEDLE.....	74	BD CATHETER TIP SYRINGE.	74
<i>aripiprazole</i>	24	AUM MINI INSULIN PEN		BD CONTROL SYRING	
<i>armodafinil</i>	92	NEEDLE.....	74	LUER-LOK.....	74
ARMOUR THYROID.....	67	AUM PEN NEEDLE.....	74	BD DISP NEEDLE.....	74
ARNUITY ELLIPTA.....	89	AUM READYGARD DUO PEN		BD DISP NEEDLES.....	74
<i>ascomp-codeine</i>	3	NEEDLE.....	74	BD ECLIPSE LUER-LOK	
<i>asenapine maleate</i>	24	AUM SAFETY PEN NEEDLE...	74	NEEDLE.....	74
<i>ashlyna</i>	61	<i>aurovela 1.5/30</i>	62	BD ECLIPSE NEEDLE.....	74
ASMANEX (120 METERED		<i>aurovela 1/20</i>	62	BD ECLIPSE SHIELDED	
DOSES).....	89	<i>aurovela 24 fe</i>	62	NEEDLE.....	74
ASMANEX (30 METERED		<i>aurovela fe 1.5/30</i>	62	BD ECLIPSE SYRINGE.....	74
DOSES).....	89	<i>aurovela fe 1/20</i>	62	BD ECLIPSE	
ASMANEX (60 METERED		AURYXIA.....	58	SYRINGE/NEEDLE.....	74
DOSES).....	89	AUSTEDO.....	37	BD FILTER NEEDLE/5	
ASMANEX HFA.....	89	AUSTEDO XR.....	37	MICRON.....	75
<i>aspirin-dipyridamole er</i>	24	AUSTEDO XR PATIENT		<i>bd heparin posiflush</i>	10
ASPRUZYO SPRINKLE.....	30	TITRATION.....	37	BD HYPODERMIC NEEDLE....	75
		AUVELITY.....	13	BD INTEGRA NEEDLE.....	75

BD INTEGRA SYRINGE.....	75	<i>bicalutamide</i>	18	<i>butalbital-apap-caff-cod</i>	3
BD LUER-LOCK SYRINGE.....	75	BIKTARVY.....	26	<i>butalbital-apap-caffeine</i>	3
BD LUER-LOK SYRINGE.....	75	<i>bimatoprost</i>	86	<i>butalbital-asa-caff-codeine</i>	3
BD NOKOR ADMIX NEEDLE...	75	<i>bisoprolol fumarate</i>	30	<i>butalbital-aspirin-caffeine</i>	3
BD PLASTIPAK SYRINGE.....	75	<i>bisoprolol-hydrochlorothiazide</i> ..	30	<i>butorphanol tartrate</i>	3
BD PRECISIONGLIDE		<i>blisovi 24 fe</i>	62	BYDUREON BCISE	
NEEDLE.....	75	<i>blisovi fe 1.5/30</i>	62	AUTOINJECTOR.....	42
BD SAFETYGLIDE ALLERGY		<i>blisovi fe 1/20</i>	62	BYETTA 10 MCG PEN.....	42
SYRINGE.....	75	BLULINK CONTROL HIGH &		BYETTA 5 MCG PEN.....	42
BD SAFETYGLIDE NEEDLE...	75	LOW.....	44	BYLVAY.....	76
BD SAFETYGLIDE SHIELDED		BOOSTRIX.....	71	BYLVAY (PELLETS).....	76
NEEDLE.....	75	<i>bosentan</i>	91	<i>cabergoline</i>	60
BD SAFETYGLIDE		BOSULIF.....	18	CABLIVI.....	24
SYRINGE/NEEDLE.....	75	BRAFTOVI.....	18	CABOMETYX.....	18
BD SYRINGE.....	75	BREATHE COMFORT		CADEAU DHA.....	50
BD SYRINGE BLUNT		CHAMBER/ADULT.....	75	<i>caffeine citrate</i>	37
CANNULA 17G.....	75	BREATHE COMFORT		<i>calcipotriene</i>	39
BD SYRINGE DISPOSABLE...	75	CHAMBER/CHILD.....	75	CALCIPOTRIENE.....	39
BD SYRINGE DUAL		BREATHE EASE LARGE.....	75	<i>calcipotriene-betameth diprop</i> ...	39
CANNULA.....	75	BREATHE EASE MEDIUM.....	75	<i>calcitonin (salmon)</i>	73
BD SYRINGE LUER SLIP TIP..	75	BREATHE EASE PEAK FLOW		<i>calcitriol</i>	39, 73
BD SYRINGE LUER-LOK.....	75	METER.....	76	<i>calcium acetate</i>	58
BD SYRINGE SLIP TIP.....	75	BREATHE EASE SMALL.....	76	<i>calcium acetate (phos binder)</i> ...	58
BD SYRINGE/NEEDLE.....	75	BREATHERITE VALVED MDI		CALQUENCE.....	18
BD TB SYRINGE.....	75	CHAMBER.....	76	<i>camila</i>	62
BD ULTRA-FINE INSULIN		BREO ELLIPTA.....	89	<i>camrese</i>	62
SYRINGES.....	48	BREZTRI AEROSPHERE.....	89	<i>camrese lo</i>	62
BD ULTRA-FINE PEN		<i>briellyn</i>	62	CAMZYOS.....	30
NEEDLES.....	75	BRILINTA.....	24	<i>candesartan cilexetil</i>	30
BELBUCA.....	3	<i>brimonidine tartrate</i>	39, 86	<i>candesartan cilexetil-hctz</i>	30
BELSOMRA.....	92	<i>brimonidine tartrate-timolol</i>	86	CAPCOF.....	88
<i>benazepril hcl</i>	30	<i>brinzolamide</i>	86	<i>capecitabine</i>	18
<i>benazepril-hydrochlorothiazide</i> ..	30	BRIVIACT.....	10, 11	CAPLYTA.....	24
BENLYSTA.....	68	<i>bromfenac sodium</i>	84	CAPRELSA.....	18
BENZNIDAZOLE.....	23	<i>bromfenac sodium (once-daily)</i> ..	84	<i>captopril</i>	30
<i>benzonatate</i>	88	<i>bromocriptine mesylate</i>	23	<i>captopril-hydrochlorothiazide</i> ...	30
<i>benzoyl peroxide-erythromycin</i> ..	39	BRUKINSA.....	18	<i>carbamazepine</i>	11
<i>benztropine mesylate</i>	23	BRYHALI.....	39	<i>carbamazepine er</i>	11
<i>bepotastine besilate</i>	84	<i>budesonide</i>	72, 89	<i>carbidopa</i>	23
BERINERT.....	68	<i>budesonide er</i>	72	<i>carbidopa-levodopa</i>	23, 24
BESIVANCE.....	84	<i>bumetanide</i>	30	<i>carbidopa-levodopa er</i>	23
BETADINE OPHTHALMIC		<i>buprenorphine</i>	3	<i>carbidopa-levodopa-</i>	
PREP.....	84	<i>buprenorphine hcl</i>	6	<i>entacapone</i>	24
<i>betaine</i>	57	<i>buprenorphine hcl-naloxone</i>		<i>carbinoxamine maleate</i>	88
<i>betamethasone dipropionate</i> ...	39	<i>hcl</i>	6	CARBINOXAMINE MALEATE	
<i>betamethasone dipropionate</i>		<i>bupropion hcl</i>	13	ER.....	88
<i>aug</i>	39	<i>bupropion hcl er (smoking det)</i> ...	6	CARDURA XL.....	59
<i>betamethasone valerate</i>	39	<i>bupropion hcl er (sr)</i>	13	CAREPOINT POLY HUB	
<i>betaxolol hcl</i>	30, 86	<i>bupropion hcl er (xl)</i>	13	NEEDLE.....	76
<i>bethanechol chloride</i>	58	<i>buspirone hcl</i>	28	CAREPOINT SAFETY 1ST	
BETIMOL.....	86	<i>butalbital-acetaminophen</i>	3	NEEDLE.....	76
BETOPTIC-S.....	86	BUTALBITAL-		CAREPOINT SAFETY1ST	
<i>bexarotene</i>	18	ACETAMINOPHEN.....	3	SYR/NEEDLE.....	76

CAREPOINT SYRINGE		CHEMSTRIP 7.....	44	CLEVER CHOICE HOLDING	
CATHETER TIP.....	76	CHEMSTRIP 9.....	44	CHAMBER.....	76
CAREPOINT SYRINGE LUER		CHEMSTRIP K.....	44	CLEVER CHOICE PEAK	
LOCK.....	76	CHEMSTRIP UGK.....	44	FLOW METER.....	76
CAREPOINT SYRINGE LUER		CHENODAL.....	56	<i>clindamycin hcl</i>	8
SLIP.....	76	<i>chlordiazepoxide hcl</i>	28	<i>clindamycin palmitate hcl</i>	8
CAREPOINT TUBERCLN		<i>chlordiazepoxide-amitriptyline</i> ...	13	<i>clindamycin phosphate</i>	8, 39
SYR/LUER SL.....	76	<i>chlordiazepoxide-clidinium</i>	56	<i>clindamycin phosphate-</i>	
CARESENS CONTROL A.....	44	<i>chlorhexidine gluconate</i>	38	<i>benzoyl peroxide</i>	39
CARESENS CONTROL		<i>chloroquine phosphate</i>	23	<i>clindamycin-tretinoin</i>	39
SOLUTION A/B.....	44	<i>chlorpromazine hcl</i>	24	CLINDESSE.....	8
CARESENS LANCETS 30G.....	44	<i>chlorthalidone</i>	31	<i>clobazam</i>	11
CARETOUCH CATHETER TIP		<i>chlorzoxazone</i>	92	<i>clobetasol propionate</i>	39
SYRINGE.....	76	CHOLBAM.....	57	<i>clobetasol propionate e</i>	39
CARETOUCH CONTROL SOL		<i>cholestyramine</i>	31	<i>clobetasol propionate emulsion</i>	39
LEVEL 2.....	44	<i>cholestyramine light</i>	31	<i>clocortolone pivalate</i>	39
CARETOUCH HYPODERMIC		CHORIONIC		CLOMID.....	61
NEEDLE.....	76	GONADOTROPIN.....	61	<i>clomipramine hcl</i>	13
CARETOUCH LUER LOCK.....	76	CHOSEN LANCETS 30G.....	44	<i>clonazepam</i>	28, 29
CARETOUCH LUER LOCK		CHOSEN SAFETY LANCETS		<i>clonidine</i>	31
SYR/NEEDLE.....	76	28G.....	44	<i>clonidine hcl</i>	31
CARETOUCH LUER SLIP.....	76	<i>ciclopirox</i>	15	<i>clonidine hcl er</i>	35
<i>carglumic acid</i>	50	<i>ciclopirox olamine</i>	15	<i>clopidogrel bisulfate</i>	24
<i>carisoprodol</i>	92	<i>cilostazol</i>	24	<i>clorazepate dipotassium</i>	29
<i>carteolol hcl</i>	86	CILOXAN.....	84	<i>clotrimazole</i>	15
<i>cartia xt</i>	31	CIMDUO.....	26	<i>clotrimazole-betamethasone</i>	15
<i>carvedilol</i>	31	<i>cimetidine</i>	55	<i>clozapine</i>	24, 25
<i>carvedilol phosphate er</i>	31	<i>cimetidine hcl</i>	55	C-NATE DHA.....	50
CAYA.....	76	CIMZIA.....	68	COARTEM.....	23
CAYSTON.....	91	CIMZIA (2 SYRINGE).....	68	<i>codeine sulfate</i>	3
<i>cefaclor</i>	7	CIMZIA STARTER KIT.....	68	<i>colchicine</i>	16
<i>cefaclor er</i>	7	<i>cinacalcet hcl</i>	73	<i>colchicine-probenecid</i>	16
<i>cefadroxil</i>	7	CINRYZE.....	68	<i>colesevelam hcl</i>	31
<i>cefazolin sodium</i>	7, 8	CIPRO.....	8	<i>colestipol hcl</i>	31
<i>cefdinir</i>	8	CIPRO HC.....	87	<i>colistimethate sodium (cba)</i>	8
<i>cefixime</i>	8	<i>ciprofloxacin hcl</i>	8, 84, 87	COMBIPATCH.....	62
<i>cefepodoxime proxetil</i>	8	<i>ciprofloxacin-dexamethasone</i> ...	87	COMBIVENT RESPIMAT.....	89
<i>cefprozil</i>	8	CIPROFLOXACIN-		COMETRIQ.....	18
<i>cefuroxime axetil</i>	8	FLUOCINOLONE PF.....	87	COMFORT EZ PRO PEN	
<i>celecoxib</i>	4	<i>citalopram hydrobromide</i>	13	NEEDLES.....	76
CENTRUM SPECIALIST		<i>claravis</i>	39	COMFORT TOUCH TWIST	
PRENATAL.....	50	CLARINEX-D 12 HOUR.....	88	LANCET 30G.....	44
<i>cephalexin</i>	8	<i>clarithromycin</i>	8	COMIRNATY.....	71
CEQUA.....	87	<i>clarithromycin er</i>	8	COMMIT.....	6
CERDELGA.....	57	<i>classic prenatal</i>	50	COMPACT SPACE	
<i>cevimeline hcl</i>	37	<i>clemastine fumarate</i>	88	CHAMBER.....	76
<i>charlotte 24 fe</i>	62	CLENPIQ.....	56	COMPACT SPACE	
<i>chateal eq</i>	62	CLEOCIN.....	8	CHAMBER/LG MASK.....	76
CHEMET.....	50	CLEVER CHOICE COMFORT		COMPACT SPACE	
CHEMSTRIP 10 MD.....	44	EZ.....	44, 76	CHAMBER/MED MASK.....	76
CHEMSTRIP 10/SG.....	44	CLEVER CHOICE GLUCOSE		COMPACT SPACE	
CHEMSTRIP 2 GP.....	44	CONTROL.....	44	CHAMBER/SM MASK.....	76
CHEMSTRIP 5 OB.....	44			COMPLERA.....	26

COMPLETE NATAL DHA.....	50	CYCLOSET	42	<i>dexamethasone sodium</i>
COMPLETENATE	50	<i>cyclosporine</i>	68, 87	<i>phosphate</i>
<i>compro</i>	14	<i>cyclosporine modified</i>	68	DEXCOM G6 RECEIVER.....
CONDOMS	76	<i>cyproheptadine hcl</i>	88	DEXCOM G6 SENSOR.....
<i>constulose</i>	56	<i>cyred eq</i>	62	DEXCOM G6 TRANSMITTER..
CONTOUR CONTROL		CYSTADROPS	87	DEXCOM G7 RECEIVER.....
SOLUTION.....	44	CYSTAGON	57	DEXCOM G7 SENSOR.....
CONTOUR NEXT CONTROL		CYSTARAN	87	<i>dexlansoprazole</i>
SOLUTION.....	44	<i>d3 high potency</i>	50	<i>dexamethylphenidate hcl</i>
CONTROL.....	44	<i>d3 kids</i>	50	<i>dexamethylphenidate hcl er</i>
COOL CONTROL A.....	44	<i>d-400</i>	50	<i>dextroamphetamine sulfate</i>
COOL CONTROL B.....	44	<i>dabigatran etexilate mesylate</i> ...	10	<i>dextroamphetamine sulfate er..</i>
COPIKTRA.....	18	<i>dalfampridine er</i>	36	DIACOMIT
CORDRAN.....	39	<i>danazol</i>	60	DIASTIX.....
CORLANOR.....	31	<i>dantrolene sodium</i>	92	DIASTIX REAGENT
CORTISONE ACETATE	59	<i>dapsone</i>	17, 39	DIATHRIVE GLUCOSE
CORTISPORIN-TC.....	88	<i>darifenacin hydrobromide er</i>	58	CONTROL SOLN.....
CORTROPHIN.....	61	<i>darunavir</i>	26	DIATRUE CONTROL LEVEL 1
COSENTYX (300 MG DOSE)...	68	<i>dasetta 1/35</i>	62	DIATRUE CONTROL LEVEL 2
COSENTYX 150 MG/ML.....	68	<i>dasetta 7/7/7</i>	62	DIATRUE CONTROL LEVEL 3
COSENTYX SENSOREADY		DAURISMO	18	<i>diazepam</i>
(300 MG).....	68	<i>daysee</i>	62	<i>diazepam intensol</i>
COSENTYX SENSOREADY		<i>deblitane</i>	62	<i>diazoxide</i>
PEN.....	68	DECARA.....	50	<i>dichlorphenamide</i>
COSENTYX UNOREADY.....	68	<i>deferasirox</i>	50	DICLOFENAC PATCH 1.3%.....
COTELLIC.....	18	<i>deferasirox granules</i>	50	<i>diclofenac potassium</i>
CREON.....	57	<i>deferiprone</i>	50	<i>diclofenac potassium(migraine)</i>
CRESEMBA.....	15	DEFLUX METAL NEEDLE	77	<i>diclofenac sodium</i>
CRINONE.....	62	DELSTRIGO.....	26	<i>diclofenac sodium er</i>
<i>cromolyn sodium</i>	56, 84, 90	<i>delta d3</i>	50	<i>diclofenac-misoprostol</i>
CRONO SYRINGE.....	76	<i>delyla</i>	62	<i>dicloxacillin sodium</i>
CROTAN.....	23	<i>demeclocycline hcl</i>	8	<i>dicyclomine hcl</i>
<i>cryselle-28</i>	62	DENTA 5000 PLUS.....	38	DIFFERIN.....
<i>curae</i>	62	DENTA 5000 PLUS		DIFICID
<i>cvs adapalene</i>	39	SENSITIVE.....	38	<i>diflorasone diacetate</i>
<i>cvs d3</i>	50	DENTAGEL.....	38	<i>diflunisal</i>
<i>cvs folic acid</i>	50	DEPO-SUBQ PROVERA 104...	62	<i>difluprednate</i>
CVS KETONE CARE.....	44	DESCOVY	26	<i>digoxin</i>
<i>cvs lansoprazole</i>	55	<i>desipramine hcl</i>	13	<i>dihydroergotamine mesylate</i>
<i>cvs nicotine</i>	6	<i>desloratadine</i>	88	DILANTIN
<i>cvs nicotine polacrilex</i>	6	<i>desmopressin ace spray refrig</i> ..	61	DILANTIN INFATABS.....
<i>cvs olopatadine hcl</i>	84	<i>desmopressin acetate</i>	61	DILANTIN-125.....
<i>cvs prenatal</i>	50	<i>desmopressin acetate spray</i>	61	<i>diltiazem hcl</i>
<i>cvs prenatal gummy</i>	50	<i>desogestrel-ethinyl estradiol</i>	62	<i>diltiazem hcl er</i>
<i>cvs prenatal multi+dha</i>	50	<i>desonide</i>	39	<i>diltiazem hcl er beads</i>
<i>cvs purelax</i>	56	<i>desoximetasone</i>	39, 40	<i>diltiazem hcl er coated beads</i> ...
<i>cyanocobalamin</i>	50	<i>desvenlafaxine succinate er</i>	13	<i>dilt-xr</i>
<i>cyclobenzaprine hcl</i>	92	<i>dexamethasone</i>	59	<i>dimethyl fumarate</i>
CYCLOMYDRIL.....	87	<i>dexamethasone intensol</i>	59	<i>dimethyl fumarate starter pack</i> ..
<i>cyclopentolate hcl</i>	87	<i>dexamethasone sod phos +rfid</i> ..	60	DIPENTUM.....
<i>cyclophosphamide</i>	18	<i>dexamethasone sod</i>		<i>diphenoxylate-atropine</i>
CYCLOPHOSPHAMIDE	18	<i>phosphate pf</i>	60	<i>dipyridamole</i>
<i>cycloserine</i>	17			<i>disopyramide phosphate</i>

<i>disulfiram</i>	6	EASY GLIDE SLIP LOCK		EDURANT.....	26
DIURIL.....	31	SYRINGE.....	77	<i>efavirenz</i>	26
<i>divalproex sodium</i>	11	EASY PLUS II CONTROL.....	45	<i>efavirenz-emtricitab-tenofo df</i> ...	26
<i>divalproex sodium er</i>	11	EASY STEP CONTROL.....	45	<i>efavirenz-lamivudine-tenofovir</i> ..	26
DODEX.....	50	EASY TALK CONTROL.....	45	EFFER-K.....	50
<i>dofetilide</i>	31	EASY TALK PLUS II		<i>efter-k</i>	50
DOJOLVI.....	77	CONTROL.....	45	ELEMENT COMPACT	
<i>dolishale</i>	62	EASY TOUCH ALLERGY		CONTROL 2.....	45
<i>donepezil hcl</i>	12	SYRINGE.....	77	ELEMENT COMPACT	
DOPTELET.....	29	EASY TOUCH CONTROL		CONTROL 3.....	45
<i>dorzolamide hcl</i>	86	HIGH & LOW.....	45	ELEMENT CONTROL.....	45
<i>dorzolamide hcl-timolol mal</i>	86	EASY TOUCH FLIPLOCK		ELESTRIN.....	62
<i>dorzolamide hcl-timolol mal pf</i> ..	86	NEEDLES.....	77	<i>eletriptan hydrobromide</i>	17
<i>dotti</i>	62	EASY TOUCH FLIPLOCK		<i>elinest</i>	63
DOVATO.....	26	SAFETY SYR.....	77	ELIQUIS.....	10
DOVER BULB SYRINGE.....	77	EASY TOUCH FLURINGE.....	77	ELIQUIS DVT/PE STARTER	
<i>doxazosin mesylate</i>	31	EASY TOUCH FLURINGE		PACK.....	10
<i>doxepin hcl</i>	13	FLIPLOCK.....	77	ELITE-OB.....	51
<i>doxercalciferol</i>	73	EASY TOUCH FLURINGE		<i>elixophyllin</i>	90
<i>doxycycline hyclate</i>	8	SHEATHLOCK.....	77	ELLA.....	63
<i>doxycycline monohydrate</i>	8	EASY TOUCH HYPODERMIC		ELMIRON.....	58
<i>dronabinol</i>	14	NEEDLE.....	77	<i>eluryng</i>	63
DROPLET MICRON.....	77	EASY TOUCH SAFETY		EMBRACE CONTROL.....	45
DROPSAFE ALCOHOL PREP.....	77	SYRINGE.....	77	EMBRACE EVO CONTROL	
DROPSAFE SAFETY		EASY TOUCH SYRINGE		LEVEL 1.....	45
SYRINGE/NEEDLE.....	48	BARREL.....	77	EMBRACE GLUCOSE	
DROPSAFE SICURA.....	77	EASY TOUCH SYRINGE		CONTROL.....	45
<i>drospiren-eth estrad-levomefol</i> ..	62	BARREL 10ML.....	77	EMBRACE PEN NEEDLES.....	77
<i>drospirenone-ethinyl estradiol</i> ...	62	EASY TOUCH SYRINGE		EMBRACE PRO GLUCOSE	
DROXIA.....	18	BARREL 1ML.....	77	CONTROL.....	45
<i>droxidopa</i>	31	EASY TOUCH SYRINGE		EMBRACE TALK GLUCOSE	
DRYSOL.....	40	BARREL 3ML.....	77	CONTROL.....	45
DUAVEE.....	62	EASY TOUCH SYRINGE		EMCYT.....	18
<i>duloxetine hcl</i>	13	BARREL 5ML.....	77	EMEND.....	14
DUOBRII.....	40	EASY TOUCH TB FLIPLOCK		EMGALITY.....	17
DUO-CARE CONTROL		SYRINGE.....	77	EMPAVELI.....	29
SOLUTION.....	45	EASY TOUCH TB		EMSAM.....	13
DUPIXENT.....	40	SHEATHLOCK SYR.....	77	<i>emtricitabine</i>	26
DUREX EXTRA SENSITIVE		EASY TRAK CONTROL.....	45	<i>emtricitabine-tenofovir df</i>	26
THIN.....	77	EASY TRAK II CONTROL.....	45	EMTRIVA.....	26
DUREX REALFEEL.....	77	EASYGEL.....	38	EMVERM.....	23
DUREX TROPICAL.....	77	EASYMAX 15 LEVEL 2		<i>emzahn</i>	63
<i>dutasteride</i>	59	CONTROL.....	45	<i>enalapril maleate</i>	31
<i>dutasteride-tamsulosin hcl</i>	59	EASYMAX 15 LEVEL 2-3		<i>enalapril-hydrochlorothiazide</i>	31
E.E.S. 400.....	8	CONTROL.....	45	ENBREL.....	68
EASIVENT.....	77	EASYMAX CONTROL.....	45	ENBREL MINI.....	68
EASIVENT MASK LARGE.....	77	EASYPOINT NEEDLE.....	77	ENBREL SURECLICK.....	68
EASIVENT MASK MEDIUM.....	77	EASYPOINT		ENCARE.....	77
EASIVENT MASK SMALL.....	77	NEEDLE/SYRINGE.....	77	<i>endocet</i>	3
EASY GLIDE CATH TIP		<i>ec-naproxen</i>	5	ENDOMETRIN.....	63
SYRINGE.....	77	<i>econazole nitrate</i>	15	ENFAMIL EXPECTA.....	51
EASY GLIDE LUER LOCK		<i>econtra one-step</i>	62	ENGERIX-B.....	71
SYRINGE.....	77	ECOZA.....	15	<i>enilloring</i>	63

<i>enoxaparin sodium</i>	10	<i>estradiol</i>	63	FERRIPROX.....	51
<i>enpresse-28</i>	63	<i>estradiol valerate</i>	63	FERRIPROX TWICE-A-DAY ...	51
<i>enskyce</i>	63	<i>estradiol-norethindrone acet</i>	63	<i>fesoterodine fumarate er</i>	58
ENSPRYNG.....	69	ESTRING.....	63	FETZIMA.....	13
ENSTILAR.....	40	<i>eszopiclone</i>	92	FETZIMA TITRATION.....	13
<i>entacapone</i>	24	<i>ethacrynic acid</i>	31	FINACEA.....	40
<i>entecavir</i>	26	<i>ethambutol hcl</i>	17	<i>finasteride</i>	59
ENTRESTO.....	31	<i>ethosuximide</i>	11	<i>finngolimod hcl</i>	36
<i>enulose</i>	56	<i>ethynodiol diac-eth estradiol</i>	63	FINTEPLA.....	11
ENVARSUS XR.....	69	<i>etodolac</i>	5	<i>finzala</i>	63
EPCLUSA.....	26	<i>etodolac er</i>	5	FIRDAPSE.....	78
EPIDIOLEX.....	11	<i>etonogestrel-ethinyl estradiol</i>	63	FLAREX.....	84
EPIFOAM.....	40	<i>etoposide</i>	19	<i>flavoxate hcl</i>	58
<i>epinastine hcl</i>	84	<i>etravirine</i>	26	<i>flecainide acetate</i>	32
<i>epinephrine</i>	31, 90	EUCRISA.....	40	FLEXICHAMBER.....	78
<i>epinephrine (anaphylaxis)</i>	90	<i>euthyrox</i>	67	FLEXICHAMBER ADULT	
<i>epinephrine pf</i>	31	<i>everolimus</i>	19, 69	MASK/SMALL.....	78
EPISIL.....	77	EVOLUTION CONTROL.....	45	FLEXICHAMBER CHILD	
<i>epitol</i>	11	EVOTAZ.....	26	MASK/LARGE.....	78
<i>eplerenone</i>	31	EVRYSDI.....	57	FLEXICHAMBER CHILD	
<i>eq laxative</i>	56	EXELDERM.....	15	MASK/SMALL.....	78
<i>eq nicotine</i>	6	<i>exemestane</i>	19	FLOLIPID.....	32
<i>eq nicotine polacrilex</i>	6	EXODERM.....	15	FLOW-EZE VENTED NEEDLE	45
<i>eq nicotine step 3</i>	6	EXTAVIA.....	36	FLUAD.....	71
<i>eq olopatadine hcl</i>	84	<i>eye allergy itch relief</i>	84	FLUARIX.....	71
EQ SPACE CHAMBER ANTI- STATIC.....	77	<i>eye allergy itch/redness rel</i>	84	FLUBLOK.....	71
EQ SPACE CHAMBER ANTI- STATIC L.....	77	<i>ezetimibe</i>	32	FLUCELVAX.....	71
EQ SPACE CHAMBER ANTI- STATIC M.....	78	<i>ezetimibe-simvastatin</i>	32	<i>fluconazole</i>	15
EQ SPACE CHAMBER ANTI- STATIC S.....	78	EZY DOSE PILL CUTTER		<i>flucytosine</i>	15
<i>eql prenatal formula</i>	51	ORIGINAL.....	78	<i>fludrocortisone acetate</i>	60
<i>eql vitamin d3</i>	51	<i>fa-8</i>	51	FLULAVAL.....	71
EQUETRO.....	29	FABIOR.....	40	FLUMIST QUADRIVALENT ...	71
<i>ergocalciferol</i>	51	<i>falmina</i>	63	<i>fluocinolone acetonide</i>	40, 88
<i>ergoloid mesylates</i>	78	<i>famciclovir</i>	26	<i>fluocinolone acetonide body</i>	40
ERGOMAR.....	17	<i>famotidine</i>	55	<i>fluocinolone acetonide scalp</i>	40
<i>ergotamine-caffeine</i>	17	FANAPT.....	25	<i>fluocinonide</i>	40
ERIVEDGE.....	18	FANAPT TITRATION PACK.....	25	<i>fluocinonide emulsified base</i>	40
ERLEADA.....	19	FANTASY LUBRICATED.....	78	FLUORIDEX SENSITIVITY	
<i>erlotinib hcl</i>	19	FANTASY		RELIEF.....	38
<i>errin</i>	63	LUBRICATED/SPERMICIDE....	78	<i>fluorometholone</i>	84
ERTACZO.....	15	FARXIGA.....	42	<i>fluorouracil</i>	40
<i>ery pad 2%</i>	40	FASENRA PEN.....	90	<i>fluoxetine hcl</i>	13
<i>erythromycin</i>	8, 40, 84	FC2 FEMALE CONDOM.....	78	<i>fluoxetine hcl (pmd)</i>	13
<i>erythromycin base</i>	8	<i>febuxostat</i>	16	<i>fluphenazine hcl</i>	25
<i>erythromycin ethylsuccinate</i>	8	<i>felbamate</i>	11	<i>flurandrenolide</i>	40
<i>escitalopram oxalate</i>	13	<i>felodipine er</i>	32	<i>flurazepam hcl</i>	92
<i>esomeprazole magnesium</i>	55	FEMCAP.....	78	<i>flurbiprofen</i>	5
<i>estarylla</i>	63	<i>fenofibrate</i>	32	<i>flurbiprofen sodium</i>	84
<i>estazolam</i>	29	<i>fenofibrate micronized</i>	32	<i>fluticasone propionate</i>	40, 88
		<i>fenofibric acid</i>	32	FLUTICASONE PROPIONATE	
		<i>fenopropfen calcium</i>	5	HFA.....	90
		<i>fentanyl</i>	3	<i>fluvastatin sodium</i>	32
		<i>fentanyl citrate</i>	3	<i>fluvastatin sodium er</i>	32

<i>fluvoxamine maleate</i>	13	<i>gatifloxacin</i>	84	<i>gnp olopatadine hcl</i>	85
<i>fluvoxamine maleate er</i>	13	GATTEX.....	56	<i>gnp prenatal</i>	51
FLUZONE.....	71	<i>gavilyte-c</i>	56	GNP ULTIGUARD SAFEPAK	
FLUZONE HIGH-DOSE.....	71	<i>gavilyte-g</i>	56	NEEDLE.....	78
FML FORTE.....	84	<i>gavilyte-n with flavor pack</i>	56	<i>gnp vitamin d</i>	51
<i>folate</i>	51	GAVRETO.....	19	<i>gnp vitamin d3</i>	51
<i>folding paddle walker</i>	6	GE100 CONTROL.....	46	<i>gnp vitamin d-400</i>	51
<i>folic acid</i>	51	<i>gefitinib</i>	19	GOJJI BLOOD KETONE TEST	46
<i>fondaparinux sodium</i>	10	GELCLAIR.....	78	GOJJI CONTROL.....	46
FORA CONTROL.....	45	GEL-KAM.....	38	<i>goodsense lansoprazole</i>	55
FORA GTEL BLOOD KETONE		GELNIQUE.....	58	<i>goodsense nicotine</i>	6
TEST.....	45	<i>gemfibrozil</i>	32	<i>granisetron hcl</i>	14
FORA TEST N'GO ADV-		<i>gemmily</i>	63	GRANIX.....	29
VOICE-6 CON.....	45	<i>generlac</i>	56	GRASTEK.....	78
FORACARE GDH CONTROL..	45	<i>gengraf</i>	69	<i>griseofulvin microsize</i>	15
<i>formoterol fumarate</i>	90	<i>gentamicin sulfate</i>	8, 9, 84	<i>griseofulvin ultramicrosize</i>	15
FOSAMAX PLUS D.....	73	GENVOYA.....	26	<i>guaifenesin-codeine</i>	88
<i>fosamprenavir calcium</i>	26	GILENYA.....	36	<i>guanfacine hcl</i>	32
<i>fosfomycin tromethamine</i>	8	GILOTRIF.....	19	<i>guanfacine hcl er</i>	36
<i>fosinopril sodium</i>	32	<i>glatiramer acetate</i>	36	GVOKE HYPOPEN 1-PACK....	48
<i>fosinopril sodium-hctz</i>	32	<i>glatopa</i>	36	GVOKE HYPOPEN 2-PACK....	48
FOSRENOL.....	58	GLEOSTINE.....	19	GVOKE KIT.....	48
FOTIVDA.....	19	<i>glimepiride</i>	42	GVOKE PFS.....	48
FRAGMIN.....	10	<i>glipizide er</i>	42	GYNAZOLE-1.....	15
FREESTYLE CONTROL		<i>glipizide ir</i>	42	<i>habitrol</i>	6
SOLUTION.....	45	<i>glipizide xl</i>	42	HADLIMA.....	69
FREESTYLE LIBRE 2		<i>glipizide-metformin hcl</i>	42	HADLIMA PUSH TOUCH.....	69
READER.....	45	<i>glucagon emergency kit</i>	48	HAEGARDA.....	69
FREESTYLE LIBRE 2		GLUCOCARD 01 CONTROL...	46	<i>hailey 1.5/30</i>	63
SENSOR.....	45	GLUCOCARD EXPRESSION		<i>hailey 24 fe</i>	63
FREESTYLE LIBRE 3		CONTROL.....	46	<i>hailey fe 1.5/30</i>	63
READER.....	45	GLUCOCARD SHINE		<i>hailey fe 1/20</i>	63
FREESTYLE LIBRE 3		CONTROL.....	46	<i>halcinonide</i>	40
SENSOR.....	45	GLUCOCARD X-SENSOR		<i>halobetasol propionate</i>	40, 41
<i>frovatriptan succinate</i>	17	CONTROL.....	46	<i>haloette</i>	63
<i>ft eye allergy itch & redness</i>	84	GLUCOCOM CONTROL.....	46	HALOG.....	41
<i>ft eye allergy itch relief</i>	84	GLUCOSE CONTROL.....	46	<i>haloperidol</i>	25
<i>ft folic acid</i>	51	GLUCOSE CONTROL		<i>haloperidol lactate</i>	25
<i>ft nicotine</i>	6	SOLUTIONS.....	45	HARVONI.....	26
<i>ft nicotine mini</i>	6	<i>glyburide</i>	42	HEALTHY MAMA BE WELL	
FULPHILA.....	29	<i>glyburide micronized</i>	42	ROUNDED.....	51
<i>furosemide</i>	32	<i>glyburide-metformin</i>	42	<i>healthylax</i>	56
FUZEON.....	26	<i>glycine</i>	58	<i>heather</i>	63
<i>fyavolv</i>	63	<i>glycopyrrolate</i>	56	HEMANGEOL.....	32
FYCOMPA.....	11	GLYCOPYRROLATE.....	56	HEMLIBRA.....	29
FYLNETRA.....	29	<i>glydo</i>	5	<i>heparin na (pork) lock flush pf</i>	10
<i>g tussin ac</i>	88	<i>gnp clearlax</i>	56	<i>heparin sod (pork) lock flush</i>	10
<i>gabapentin</i>	11	GNP EASY TOUCH CONT		<i>heparin sodium (porcine)</i>	10
GALAFOLD.....	57	HIGH/LOW.....	46	<i>heparin sodium (porcine) pf</i>	10
<i>galantamine hydrobromide</i>	12	<i>gnp folic acid</i>	51	HEPLISAV-B.....	71
<i>galantamine hydrobromide er</i> ...	12	<i>gnp nicotine</i>	6	<i>her style</i>	63
<i>gallifrey</i>	63	<i>gnp nicotine mini</i>	6	HETLIOZ LQ.....	93
GALZIN.....	51	<i>gnp nicotine polacrilex</i>	6	<i>hm eye allergy itch relief</i>	85

<i>hm eye allergy itch/red relief</i>	85	<i>ibuprofen</i>	5	ISENTRESS.....	26
<i>hm nicotine polacrilex</i>	6	<i>ibuprofen-famotidine</i>	5	ISENTRESS HD.....	26
HUMALOG MIX 50/50		<i>icatibant acetate</i>	69	<i>isibloom</i>	63
KWIKPEN.....	48	<i>iclevia</i>	63	<i>isoniazid</i>	17
HUMALOG MIX 50/50 VIAL.....	48	ICLUSIG.....	19	<i>isopropyl alcohol</i>	41
HUMIRA (2 PEN).....	69	<i>icosapent ethyl</i>	32	<i>isosorb dinitrate-hydralazine</i>	32
HUMIRA (2 SYRINGE).....	69	IDHIFA.....	19	<i>isosorbide dinitrate</i>	32
HUMIRA-CD/UC/HS		ILEVRO.....	85	<i>isosorbide mononitrate</i>	32
STARTER.....	69	<i>imatinib mesylate</i>	19	<i>isosorbide mononitrate er</i>	32
HUMIRA-PSORIASIS/UEVIT		IMBRUVICA.....	19	<i>isotretinoin</i>	41
STARTER.....	69	<i>imipramine hcl</i>	13	<i>isradipine</i>	32
HUMULIN R U-500 KWIKPEN..	48	<i>imipramine pamoate</i>	13	<i>itraconazole</i>	15
HUMULIN R U-500 VIAL.....	48	<i>imiquimod</i>	41	IV PREP WIPES.....	9
HYCAMTIN.....	19	IMPAVIDO.....	23	<i>ivabradine hcl</i>	32
<i>hydralazine hcl</i>	32	IMPOYZ.....	41	<i>ivermectin</i>	23, 41
<i>hydrochlorothiazide</i>	32	IN TOUCH GLUCOSE		<i>jaimiess</i>	63
<i>hydrocod poli-chlorphe poli er</i> ...	88	CONTROL.....	46	JAKAFI.....	19
<i>hydrocodone bitartrate er</i>	3	INBRIJA.....	24	<i>jantoven</i>	10
<i>hydrocodone bit-homatrop mbr</i> ..	88	<i>incassia</i>	63	JANUMET.....	42, 43
<i>hydrocodone-acetaminophen</i>	3	INCONTROL ULTICARE PEN		JANUMET XR.....	43
<i>hydrocodone-ibuprofen</i>	3	NEEDLES.....	78	JANUVIA.....	43
<i>hydrocortisone</i>	41, 60, 72	INCRELEX.....	61	<i>jasmiel</i>	64
<i>hydrocortisone (perianal)</i>	72	INCRUSE ELLIPTA.....	90	JAYPIRCA.....	19
<i>hydrocortisone ace-pramoxine</i> ..	72	<i>indapamide</i>	32	<i>jencycla</i>	64
<i>hydrocortisone butyrate</i>	41	<i>indomethacin</i>	5	<i>jinteli</i>	64
<i>hydrocortisone valerate</i>	41	<i>indomethacin er</i>	5	<i>jolessa</i>	64
<i>hydrocortisone-acetic acid</i>	88	INFINITY CONTROL.....	46	<i>joyeaux</i>	64
<i>hydrogen peroxide</i>	9	INFINITY VOICE.....	46	JUBLIA.....	15
<i>hydromet</i>	88	INGREZZA.....	37	<i>juleber</i>	64
<i>hydromorphone hcl</i>	3	INLYTA.....	19	JULUCA.....	26
<i>hydromorphone hcl er</i>	3	INPEN 100-BLUE-NOVOLOG-		<i>junel 1.5/30</i>	64
<i>hydroxychloroquine sulfate</i>	23	FIASP.....	46	<i>junel 1/20</i>	64
<i>hydroxyurea</i>	19	INPEN 100-GREY-		<i>junel fe 1.5/30</i>	64
<i>hydroxyzine hcl</i>	29	NOVOLOG-FIASP.....	46	<i>junel fe 1/20</i>	64
<i>hydroxyzine pamoate</i>	29	INPEN 100-PINK-NOVOLOG-		<i>junel fe 24</i>	64
<i>hyoscyamine sulfate</i>	56	FIASP.....	46	JUST FOR KIDS.....	38
<i>hyoscyamine sulfate er</i>	56	INQOVI.....	19	JUXTAPID.....	33
<i>hyosyne</i>	56	INREBIC.....	19	JYNARQUE.....	51
HYPERSAL.....	88	INSPIREASE.....	78	<i>kaitlib fe</i>	64
HYPODERMIC NEEDLE.....	78	INSULIN DEGLUDEC.....	48	<i>kalliga</i>	64
HYRIMOZ.....	69	INSULIN DEGLUDEC		KALYDECO.....	91
HYRIMOZ-CROHNS/UC		FLEXTOUCH.....	48	KAMELEON LUBRICATED.....	78
STARTER.....	69	INSULIN PEN NEEDLES.....	78	KAPSPARGO SPRINKLE.....	33
HYRIMOZ-PED<40KG		INSULIN SYRINGES.....	49, 78	KARBINAL ER.....	88
CROHN STARTER.....	69	INTELENCE.....	26	<i>kariva</i>	64
HYRIMOZ-PED>/=40KG		<i>introvale</i>	63	KATERZIA.....	33
CROHN START.....	69	INVELTYS.....	85	<i>kelnor 1/35</i>	64
HYRIMOZ-PLAQ		<i>iodine strong</i>	51	<i>kelnor 1/50</i>	64
PSOR/UEVIT START.....	69	IOPIDINE.....	86	KENALOG-10.....	60
HYRIMOZ-PLAQUE		<i>ipratropium bromide</i>	88, 90	KERENDIA.....	78
PSORIASIS START.....	69	<i>ipratropium-albuterol</i>	90	KESIMPTA.....	36
<i>ibandronate sodium</i>	73	<i>irbesartan</i>	32	<i>ketoconazole</i>	15
IBRANCE.....	19	<i>irbesartan-hydrochlorothiazide</i> ..	32	KETO-DIASTIX.....	46

KETONE TEST.....	46	<i>lapatinib ditosylate</i>	20	<i>lisdexamfetamine dimesylate</i>	36
<i>ketoprofen</i>	5	<i>larin 1.5/30</i>	64	<i>lisinopril</i>	33
<i>ketoprofen er</i>	5	<i>larin 1/20</i>	64	<i>lisinopril-hydrochlorothiazide</i>	33
<i>ketorolac tromethamine</i>	5, 85	<i>larin 24 fe</i>	64	<i>lithium carbonate</i>	29
KETOSTIX.....	46	<i>larin fe 1.5/30</i>	64	<i>lithium carbonate er</i>	29
KIMONO.....	78	<i>larin fe 1/20</i>	64	LITHOSTAT.....	58
KIMONO COLORS.....	78	<i>latanoprost</i>	86	LIVMARLI.....	79
KIMONO MAXX-LARGE		<i>layolis fe</i>	64	LIVTENCITY.....	27
FLARE.....	78	<i>leena</i>	64	<i>lojaimiess</i>	64
KIMONO MICRO THIN.....	78	<i>leflunomide</i>	69	LOKELMA.....	52
KIMONO MICRO THIN PLUS...	78	<i>lenalidomide</i>	20	LONSURF.....	20
KIMONO PLUS.....	78	LENVIMA.....	20	<i>loperamide hcl</i>	56
KIMONO PS.....	78	<i>lessina</i>	64	<i>lopinavir-ritonavir</i>	27
KIMONO PS PLUS.....	79	<i>letrozole</i>	20	<i>lorazepam</i>	29
KIMONO SENSATION.....	79	<i>leucovorin calcium</i>	20	<i>lorazepam intensol</i>	29
KIMONO SENSATION PLUS...	79	LEUKERAN.....	20	LORBRENA.....	20
KIMONO SPECIAL.....	79	LEUKINE.....	29	<i>loryna</i>	64
KINERET.....	69	<i>leuprolide acetate</i>	61	<i>losartan potassium</i>	33
KISQALI (200 MG DOSE).....	19	<i>levabuterol hcl</i>	90	<i>losartan potassium-hctz</i>	33
KISQALI (400 MG DOSE).....	19	LEVALBUTEROL HFA.....	90	LOTEMAX.....	85
KISQALI (600 MG DOSE).....	19	LEVEMIR FLEXPEN.....	49	LOTEMAX SM.....	85
<i>klayesta</i>	15	LEVEMIR U-100 VIAL.....	49	<i>loteprednol etabonate</i>	85
<i>klor-con m10</i>	51	<i>levetiracetam</i>	11	<i>lovastatin</i>	33
<i>klor-con m15</i>	51	<i>levetiracetam er</i>	11	<i>low-ogestrel</i>	64
<i>klor-con m20</i>	51	<i>levobunolol hcl</i>	86	<i>loxapine succinate</i>	25
<i>kls quit2</i>	6	<i>levocarnitine</i>	51, 52	<i>lo-zumandimine</i>	64
<i>kls quit4</i>	6	<i>levocarnitine sf</i>	52	<i>lubiprostone</i>	56
KOSELUGO.....	19	<i>levofloxacin</i>	9, 85	LUER LOCK SAFETY	
<i>kourzeq</i>	38	<i>levonest</i>	64	SYRINGES.....	79
<i>kp folic acid</i>	51	<i>levonorgest-eth est & eth est</i> ...	64	LULICONAZOLE.....	15
<i>kp prenatal multivitamins</i>	51	<i>levonorgest-eth estrad 91-day</i> ..	64	LUMAKRAS.....	20
<i>kp vitamin d</i>	51	<i>levonorgest-eth estradiol-iron</i> ...	64	LUMIGAN.....	86
K-PHOS.....	51	<i>levonorgestrel</i>	64	LUNG PERFORM PEAK	
KRAZATI.....	19	<i>levonorgestrel-ethinyl estrad</i>	64	FLOW METER.....	79
KRINTAFEL.....	23	<i>levonorg-eth estrad triphasic</i>	64	LUPKYNIS.....	69
KRISTALOSE.....	56	<i>levora 0.15/30 (28)</i>	64	<i>lurasidone hcl</i>	25
KROGER HEALTHPRO		<i>levo-t</i>	67	<i>lutera</i>	64
CONTROL HI/LO.....	46	<i>levothyroxine sodium</i>	67	<i>lyleq</i>	65
<i>kurvelo</i>	64	<i>levoxyl</i>	67	<i>lyllana</i>	65
<i>labetalol hcl</i>	33	LEVULAN KERASTICK.....	41	LYNPARZA.....	20
<i>lacosamide</i>	11	LIBERTY GLUCOSE		LYSODREN.....	20
<i>lactulose</i>	56	CONTROL.....	46	LYTGOBI (12 MG DAILY	
<i>lactulose encephalopathy</i>	56	LIBERTY GLUCOSE		DOSE).....	20
LAGEVRIO.....	27	CONTROL MID.....	46	LYTGOBI (16 MG DAILY	
<i>lamivudine</i>	27	<i>lidocaine</i>	5	DOSE).....	20
<i>lamivudine-zidovudine</i>	27	<i>lidocaine hcl</i>	5	LYTGOBI (20 MG DAILY	
<i>lamotrigine</i>	11	<i>lidocaine hcl urethral/mucosal</i>	5	DOSE).....	20
<i>lamotrigine er</i>	11	<i>lidocaine viscous hcl</i>	38	<i>lyza</i>	65
LAMPIT.....	23	<i>lidocaine-prilocaine</i>	6	<i>mafenide acetate</i>	9
LANCETS.....	46	<i>linezolid</i>	9	MAGELLAN SYRINGE-	
LANCETS SUPER THIN.....	46	LINZESS.....	56	SAFETY NEEDLE.....	79
<i>lansoprazole</i>	55	<i>liothyronine sodium</i>	67	MAGELLAN TUBERCULIN	
<i>lanthanum carbonate</i>	58	LIRAGLUTIDE.....	43	SYRINGE.....	79

<i>malathion</i>	23	<i>methimazole</i>	67	<i>mirabegron er</i>	58
<i>maraviroc</i>	27	METHITEST.....	60	MIRCERA.....	29
<i>marlissa</i>	65	<i>methocarbamol</i>	92	<i>mirtazapine</i>	13
MARPLAN.....	13	<i>methotrexate sodium</i>	69	<i>misoprostol</i>	55
MASK VORTEX.....	79	<i>methotrexate sodium (pf)</i>	69	M-NATAL PLUS.....	52
MASK VORTEX/CHILD/FROG.....	79	<i>methoxsalen rapid</i>	41	<i>modafinil</i>	93
MASK VORTEX/TODDLER/LADYBU.....	79	<i>methscopolamine bromide</i>	57	<i>moexipril hcl</i>	33
G.....	79	<i>methsuximide</i>	11	<i>molindone hcl</i>	25
MASONATAL.....	52	METHYLDOPA.....	33	<i>mometasone furoate</i>	41
MATULANE.....	20	<i>methylergonovine maleate</i>	79	<i>mondoxyne nl</i>	9
<i>matzim la</i>	33	<i>methylphenidate</i>	36	MONOJECT ALLERGIST TRAY.....	79
MAVENCLAD.....	36	<i>methylphenidate hcl</i>	36	MONOJECT BLUNTIP CANNULA.....	79
MAVYRET.....	27	<i>methylphenidate hcl er</i>	36	MONOJECT BLUNTIP SYR/CANNULA.....	79
MAXIDEX.....	85	<i>methylphenidate hcl er (cd)</i>	36	MONOJECT CONTROL SYRINGE.....	79
<i>maxi-tuss ac</i>	88	<i>methylphenidate hcl er (la)</i>	36	MONOJECT FILTER ASPIRATOR.....	79
MAXX.....	79	<i>methylphenidate hcl er (osm)</i>	36	MONOJECT HYPODERMIC NEEDLE.....	79
MAXX PLUS.....	79	<i>methylprednisolone</i>	60	MONOJECT LIFESHIELD CANNULA.....	79
<i>meclizine hcl</i>	14	<i>methyltestosterone</i>	60	MONOJECT LIFESHIELD SYRINGE.....	79
<i>meclofenamate sodium</i>	5	<i>metoclopramide hcl</i>	14	MONOJECT MAGELLAN SAFETY NDL.....	79
MEDISENSE GLUCOSE KETONE CONTR.....	46	<i>metolazone</i>	33	MONOJECT MAGELLAN SYRINGE.....	79
MEDISENSE HI/MID/LOW CONTROL.....	46	<i>metoprolol succinate er</i>	33	MONOJECT MEDICATION TRANSF NDL.....	46
MEDROL.....	60	<i>metoprolol tartrate</i>	33	MONOJECT PHARMACY TRAY.....	79
<i>medroxyprogesterone acetate</i> ..	65	<i>metoprolol-hydrochlorothiazide</i> ..	33	MONOJECT PISTON SYRINGE.....	79
<i>mefenamic acid</i>	5	<i>metronidazole</i>	9, 41	MONOJECT SMARTIP SYR/CANNULA.....	79
<i>mefloquine hcl</i>	23	<i>metryrosine</i>	33	MONOJECT SOFTPACK/CATHTIP.....	79
<i>megestrol acetate</i>	65	<i>mexiletine hcl</i>	33	MONOJECT SOFTPACK/LLOCK.....	79
MEKINIST.....	20	<i>mibelas 24 fe</i>	65	MONOJECT SOFTPACK/LTIP.....	79
MEKTOVI.....	20	<i>miconazole 3</i>	15	MONOJECT SOFTPACK/RG LOCK.....	79
MELOXICAM.....	5	MICROCHAMBER.....	79	MONOJECT SOFTPACK/RG LUER.....	80
<i>meloxicam</i>	5	MICRODOT CONTROL HIGH/LOW.....	46	MONOJECT SYRINGE.....	80
<i>memantine hcl</i>	12	<i>microgestin 1.5/30</i>	65	MONOJECT SYRINGE CATH TIP.....	80
<i>memantine hcl er</i>	12	<i>microgestin 1/20</i>	65	MONOJECT SYRINGE ECC LUER.....	80
MENEST.....	65	<i>microgestin 24 fe</i>	65		
MENOSTAR.....	65	<i>microgestin fe 1.5/30</i>	65		
<i>meperidine hcl</i>	3	<i>microgestin fe 1/20</i>	65		
<i>meprobamate</i>	29	MICROLIFE DIGITAL PEAK FLOW.....	79		
<i>mercaptapurine</i>	20	MICROSPACER.....	79		
<i>merzee</i>	65	<i>midazolam hcl</i>	29		
<i>mesalamine</i>	72	<i>midodrine hcl</i>	33		
<i>mesalamine er</i>	72	MIEBO.....	87		
MESNEX.....	20	<i>mifepristone</i>	61		
<i>metaxalone</i>	92	MIGERGOT.....	17		
<i>metformin hcl er</i>	43	<i>miglitol</i>	43		
<i>metformin hcl ir</i>	43	<i>miglustat</i>	57		
<i>methadone hcl</i>	3	<i>mili</i>	65		
<i>methadone hcl intensol</i>	3	<i>mimvey</i>	65		
<i>methadose</i>	3	MINI WRIGHT PEAK FLOW METER.....	79		
<i>methamphetamine hcl</i>	36	<i>minocycline hcl</i>	9		
<i>methazolamide</i>	86	<i>minocycline hcl er</i>	9		
<i>methenamine hippurate</i>	9	<i>minoxidil</i>	33		

MONOJECT SYRINGE		<i>naloxone hcl</i>	6	NICOTROL.....	7
ECCENTRIC TIP.....	80	<i>naltrexone hcl</i>	6	NICOTROL NS.....	7
MONOJECT SYRINGE LUER		<i>naproxen</i>	5	<i>nifedipine</i>	33
LOCK.....	80	<i>naproxen dr</i>	5	<i>nifedipine er</i>	33
MONOJECT SYRINGE LUER-		<i>naproxen sodium</i>	5	<i>nifedipine er osmotic release</i>	33
LOCK TIP.....	80	<i>naproxen-esomeprazole mg</i>	5	<i>nikki</i>	65
MONOJECT SYRINGE		<i>naratriptan hcl</i>	17	<i>nilutamide</i>	20
PHARMACY TRAY.....	80	NATACYN.....	85	<i>nimodipine</i>	33
MONOJECT SYRINGE REG		NATAZIA.....	65	NINJACOF-XG.....	88
LUER.....	80	<i>nateglinide</i>	43	NINLARO.....	20
MONOJECT SYRINGE		NAYZILAM.....	11	<i>nisoldipine er</i>	33
REGULAR TIP.....	80	<i>nebivolol hcl</i>	33	<i>nitazoxanide</i>	23
MONOJECT SYRINGE		NEBUSAL.....	88	<i>nitisinone</i>	58
TOOMEY TYPE.....	80	<i>necon 0.5/35 (28)</i>	65	NITRO-BID.....	33
MONOJECT TB SAFETY		<i>nefazodone hcl</i>	13	NITRO-DUR.....	33, 34
SYRINGE.....	80	<i>neomycin sulfate</i>	9	<i>nitrofurantoin</i>	9
MONOJECT TB SYRINGE.....	80	<i>neomycin-bacitracin zn-</i>		<i>nitrofurantoin macrocrystal</i>	9
MONOJECT VIAL ACCESS		<i>polymyx</i>	87	<i>nitrofurantoin monohydrate</i>	
CANNULA.....	80	<i>neomycin-polymyxin b gu</i>	9	<i>macrocrystals</i>	9
<i>mono-lynyah</i>	65	<i>neomycin-polymyxin-dexameth</i>	85	<i>nitroglycerin</i>	34
<i>montelukast sodium</i>	90	<i>neomycin-polymyxin-</i>		NITYR.....	58
<i>morphine sulfate</i>	4	<i>gramicidin</i>	87	NIVA THYROID.....	67
<i>morphine sulfate (concentrate)</i> ...	4	<i>neomycin-polymyxin-hc</i>	85, 88	NIVA-PLUS.....	52
<i>morphine sulfate er</i>	4	NEONATAL PLUS.....	52	<i>nizatidine</i>	55
<i>morphine sulfate er beads</i>	4	NEONATAL PRENATAL.....	52	NOC DURNA.....	61
MOTEGRITY.....	57	NEONATAL VITAMIN.....	52	NOKOR VENTED NEEDLE.....	80
MOUNJARO.....	43	<i>neo-polycin</i>	87	<i>nora-be</i>	65
MOVANTIK.....	57	<i>neo-polycin hc</i>	87	<i>norelgestromin-eth estradiol</i>	65
<i>moxifloxacin hcl</i>	9, 85	NEO-SYNALAR.....	41	<i>norethin ace-eth estrad-fe</i>	65
<i>moxifloxacin hcl (2x day)</i>	85	NERLYNX.....	20	<i>norethindrone</i>	65
MUGARD.....	80	<i>neuac</i>	41	<i>norethindrone acetate</i>	65
MULPLETA.....	29	NEUPRO.....	24	<i>norethindrone acet-ethinyl est</i> ...	65
MULTAQ.....	33	NEUTEK 2TEK CONTROL.....	46	<i>norethindrone-eth estradiol</i>	65
<i>multi prenatal</i>	52	NEVANAC.....	85	<i>norethindron-ethinyl estrad-fe</i> ...	65
MULTISTIX 10 SG.....	46	<i>nevirapine</i>	27	<i>norethin-eth estradiol-fe</i>	65
<i>mupirocin</i>	9	<i>nevirapine er</i>	27	NORGESIC FORTE.....	92
<i>mupirocin calcium</i>	9	<i>new day</i>	65	<i>norgestimate-eth estradiol</i>	65
<i>my choice</i>	65	NEXIUM.....	55	<i>norgestimate-ethinyl estradiol</i>	
<i>my way</i>	65	<i>niacin (antihyperlipidemic)</i>	33	<i>triphasic</i>	65
MYALEPT.....	58	<i>niacin er (antihyperlipidemic)</i> ...	33	NORLIQVA.....	34
<i>mycophenolate mofetil</i>	69	<i>niacor</i>	33	<i>norlyroc</i>	65
<i>mycophenolate sodium</i>	69	<i>nicardipine hcl</i>	33	NORM-JECT LUER LOCK	
<i>mycophenolic acid</i>	69	NICODERM CQ.....	6	SYRINGE.....	80
MYFEMBREE.....	65	NICORETTE.....	6	NORM-JECT LUER SLIP	
MYGLUCOHEALTH		NICORETTE MINI.....	6	SYRINGE.....	80
CONTROL.....	46	NICORETTE STARTER KIT.....	6	NORPACE CR.....	34
MYLERAN.....	20	<i>nicotine</i>	6	<i>nortrel 0.5/35 (28)</i>	66
MYRBETRIQ.....	58	<i>nicotine mini</i>	6	<i>nortrel 1/35 (21)</i>	66
MYTESI.....	57	<i>nicotine polacrilex</i>	6	<i>nortrel 1/35 (28)</i>	66
<i>na sulfate-k sulfate-mg sulf</i>	57	<i>nicotine polacrilex mini</i>	6	<i>nortrel 7/7/7</i>	66
<i>nabumetone</i>	5	<i>nicotine step 1</i>	7	<i>nortriptyline hcl</i>	13
<i>nadolol</i>	33	<i>nicotine step 2</i>	7	NORVIR.....	27
<i>naftifine hcl</i>	15	<i>nicotine step 3</i>	7		

NOVA MAX PLUS GLU/KET CONTROL.....	46	<i>nystatin</i>	15, 16	ONETOUCH VERIO REFLECT KIT W/DEVICE.....	47
NOVA MAX PLUS KETONE TEST.....	46	<i>nystatin-triamcinolone</i>	16	ONUREG.....	20
NOVAREL.....	61	<i>nystop</i>	16	<i>opcicon one-step</i>	66
NOVOFINE PEN NEEDLE.....	80	NYVEPRIA.....	29	OPSUMIT.....	91
NOVOFINE PLUS PEN NEEDLE.....	80	OBSTETRIX DHA.....	52	OPTICHAMBER DIAMOND.....	80
NOVOLIN 70/30 FLEXPEN.....	49	OBSTETRIX DHA.....	52	OPTICHAMBER DIAMOND-LG MASK.....	80
NOVOLIN 70/30 FLEXPEN.....	49	OCALIVA.....	58	OPTICHAMBER DIAMOND-MD MASK.....	81
RELION.....	49	<i>ocella</i>	66	OPTICHAMBER DIAMOND-SM MASK.....	81
NOVOLIN 70/30 RELION.....	49	<i>octreotide acetate</i>	61	OPTIMAL D3.....	52
NOVOLIN 70/30 VIAL.....	49	ODACTRA.....	80	<i>option 2</i>	66
NOVOLIN N FLEXPEN.....	49	ODEFSEY.....	27	OPTIONS GYNOL II CONTRACEPTIVE.....	81
NOVOLIN N FLEXPEN.....	49	ODOMZO.....	20	OPVEE.....	7
RELION.....	49	OFEV.....	90	OPZELURA.....	41
NOVOLIN N RELION.....	49	<i>ofloxacin</i>	9, 85, 88	ORALAIR.....	81
NOVOLIN N VIAL.....	49	OGSIVEO.....	20	<i>oralone</i>	38
NOVOLIN R FLEXPEN.....	49	<i>olanzapine</i>	25	ORAMAGICRX.....	81
NOVOLIN R FLEXPEN.....	49	<i>olmesartan medoxomil</i>	34	ORAVIG.....	16
RELION.....	49	<i>olmesartan medoxomil-hctz</i>	34	ORENCIA.....	70
NOVOLIN R RELION.....	49	<i>olopatadine hcl</i>	85, 88	ORENCIA CLICKJECT.....	70
NOVOLIN R VIAL.....	49	<i>omega-3-acid ethyl esters</i>	34	ORENITRAM.....	92
NOVOLOG 70/30 FLEXPEN.....	49	<i>omeprazole</i>	55	ORENITRAM MONTH 1.....	92
RELION.....	49	OMNIFLEX DIAPHRAGM.....	80	ORENITRAM MONTH 2.....	92
NOVOLOG FLEXPEN.....	49	OMNIPOD 5 G6 INTRO (GEN 5).....	80	ORENITRAM MONTH 3.....	92
NOVOLOG FLEXPEN.....	49	OMNIPOD 5 G6 PODS (GEN 5).....	80	ORFADIN.....	58
RELION.....	49	OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	80	ORGOVYX.....	20
NOVOLOG MIX 70/30 FLEXPEN.....	49	OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	80	ORLISSA.....	61
NOVOLOG MIX 70/30 FLEXPEN.....	49	OMNIPOD DASH PODS (GEN 4).....	80	ORKAMBI.....	91
RELION.....	49	OMNITROPE.....	61	ORLADEYO.....	70
NOVOLOG MIX 70/30 VIAL.....	49	<i>ondansetron hcl</i>	14	<i>orphenadrine citrate er</i>	92
NOVOLOG PENFILL.....	49	<i>ondansetron odt</i>	14	ORPHENGESIC FORTE.....	92
NOVOLOG RELION.....	49	ONE VITE WOMENS.....	52	ORSERDU.....	21
NOVOLOG U-100 VIAL.....	49	ONE VITE WOMENS PLUS.....	52	OSCIMIN.....	57
NOVOPEN ECHO.....	46	ONE-A-DAY WOMENS PRENATAL.....	52	<i>oseltamivir phosphate</i>	27
NOXAFIL.....	15	ONE-A-DAY WOMENS PRENATAL 1.....	52	OSPHENA.....	61
<i>np thyroid</i>	67	ONETOUCH DELICA SAFETY LANCING.....	46	OTEZLA.....	70
NUBEQA.....	20	ONETOUCH ULTRA 2 KIT W/DEVICE.....	46	OTREXUP.....	70
NUCALA.....	90	ONETOUCH ULTRA CONTROL.....	46	<i>oxaprozin</i>	5
NUCYNTA.....	4	ONETOUCH ULTRA TEST STRIPS.....	47	<i>oxazepam</i>	29
NUCYNTA ER.....	4	ONETOUCH VERIO FLEX SYSTEM.....	47	OXBRYTA.....	81
NUDEXTA.....	37	ONETOUCH VERIO KIT W/DEVICE.....	47	<i>oxcarbazepine</i>	11
NUPLAZID.....	25			OXERVATE.....	87
NURTEC.....	17			<i>oxiconazole nitrate</i>	16
NUVESSA.....	9			OXISTAT.....	16
NUZYRA.....	9			<i>oxybutynin chloride</i>	59
<i>nyamyc</i>	15			<i>oxybutynin chloride er</i>	59
<i>nylia 1/35</i>	66			<i>oxycodone hcl</i>	4
<i>nylia 7/7/7</i>	66			<i>oxycodone-acetaminophen</i>	4
NYMALIZE.....	34			OXYCONTIN.....	4
<i>nymyo</i>	66				

<i>oxymorphone hcl</i>	4	PERSONAL BEST FULL		<i>polycin</i>	87
<i>oxymorphone hcl er</i>	4	RANGE.....	81	<i>polyethylene glycol 3350</i>	57
OZOBAX DS.....	92	PFIZER COVID-19 VAC-TRIS		<i>polymyxin b-trimethoprim</i>	87
PALFORZIA.....	81	5-11Y.....	72	POMALYST.....	21
<i>paliperidone er</i>	25	PFIZER COVID-19 VAC-TRIS		<i>portia-28</i>	66
PALYNZIQ.....	58	6M-4Y.....	72	<i>posaconazole</i>	16
PANDA MASK LARGE.....	81	<i>phenazo</i>	59	<i>potassium chloride</i>	52
PANDA MASK MEDIUM.....	81	<i>phenazopyridine hcl</i>	59	<i>potassium chloride crys er</i>	52
PANDA MASK SMALL.....	81	<i>phenelzine sulfate</i>	14	<i>potassium chloride er</i>	52
PANDEL.....	41	<i>phenobarbital</i>	11	<i>potassium citrate er</i>	52
PANRETIN.....	21	<i>phenoxybenzamine hcl</i>	34	PRADAXA.....	10
<i>pantoprazole sodium</i>	55	<i>phenylephrine hcl</i>	87	<i>pramipexole dihydrochloride</i>	24
PARI VORTEX ADULT MASK..	81	<i>phenytek</i>	12	<i>pramipexole dihydrochloride er</i> ..	24
<i>paricalcitol</i>	73	<i>phenytoin</i>	12	PRAMOSONE.....	41
<i>paroxetine hcl</i>	13	<i>phenytoin infatabs</i>	12	<i>prasugrel hcl</i>	24
<i>paroxetine hcl er</i>	13	<i>phenytoin sodium extended</i>	12	<i>pravastatin sodium</i>	34
<i>paroxetine mesylate</i>	13	PHEXXI.....	81	<i>praziquantel</i>	23
PATADAY.....	85	<i>philith</i>	66	<i>prazosin hcl</i>	34
PAXLOVID (150/100).....	27	PHOSPHOLINE IODIDE.....	86	PRECISION GLUCOSE	
PAXLOVID (300/100).....	27	<i>phytonadione</i>	52	KETONE CONTR.....	47
<i>pazopanib hcl</i>	21	PIFELTRO.....	27	PRECISION XTRA KETONE...	47
PEAK A-I-R FLOW METER.....	81	PIKO 1.....	81	PRED MILD.....	85
PEAK AIR PEAK FLOW		<i>pilocarpine hcl</i>	38, 86	<i>prednisolone</i>	60
METER.....	81	<i>pimecrolimus</i>	41	<i>prednisolone acetate</i>	85
PEAK FLOW METER		<i>pimozide</i>	25	<i>prednisolone sodium</i>	
UNIVERSAL RANG.....	81	<i>pimtree</i>	66	<i>phosphate</i>	60, 85
PEDIATRIC PANDA MASK.....	81	<i>pindolol</i>	34	<i>prednisone</i>	60
PEDIATRIC SMALL MASK.....	81	<i>pioglitazone hcl</i>	43	<i>prednisone intensol</i>	60
<i>peg 3350</i>	57	<i>pioglitazone hcl-metformin hcl</i> ..	43	<i>pregabalin</i>	37
<i>peg 3350-kcl-na bicarb-nacl</i>	57	PIP GLUCOSE CONTROL		PREGNYL.....	61
<i>peg-3350/electrolytes</i>	57	SOLUTION.....	47	PREHEVBRIO.....	72
<i>peg-3350/electrolytes/ascorbat</i> ..	57	PIP PEN NEEDLES 31G X		PREMARIN.....	66
PEGASYS.....	27	5MM.....	81	PREMPHASE.....	66
<i>peg-kcl-nacl-nasulf-na asc-c</i>	57	PIP PEN NEEDLES 32G X		PREMPRO.....	66
PEG-PREP.....	57	4MM.....	81	PRENATABS FA.....	52
PEMAZYRE.....	21	PIQRAY.....	21	PRENATABS RX.....	52
<i>penciclovir</i>	27	<i>pirfenidone</i>	90	<i>prenatal</i>	52, 53
<i>penicillamine</i>	59	<i>piroxicam</i>	5	<i>prenatal (w/iron & fa)</i>	52
<i>penicillin v potassium</i>	9	PLEGRIDY.....	36	<i>prenatal 19</i>	52
<i>pentamidine isethionate</i>	23	PLEGRIDY STARTER PACK...	36	<i>prenatal complete</i>	52
PENTASA.....	72	PLENVU.....	57	<i>prenatal formula</i>	52
<i>pentazocine-naloxone hcl</i>	4	PNEUMOVAX 23.....	72	<i>prenatal forte</i>	52
<i>pentoxifylline er</i>	34	<i>pnv prenatal plus multivit+dha</i> ..	52	<i>prenatal gummies/dha & fa</i>	52
PERFECT POINT SAFETY		<i>pnv-select</i>	52	<i>prenatal multi +dha</i>	52
LANCETS.....	47	POCKET CHAMBER.....	81	PRENATAL MULTIVITAMIN +	
PERFECT POINT SAFETY		POCKET PEAK FLOW		DHA.....	52
NEEDLE.....	81	METER.....	81	<i>prenatal multivitamin plus dha</i> ..	52
<i>perindopril erbumine</i>	34	POCKET SPACER.....	81	<i>prenatal one daily</i>	52
<i>perio gard</i>	38	POCKETCHEM EZ CONTROL	47	<i>prenatal plus vitamin/mineral</i>	53
<i>permethrin</i>	23	POCKETPEAK PEAK FLOW		<i>prenatal vitamin and mineral</i>	53
<i>perphenazine</i>	14	METER.....	81	<i>prenatal vitamins</i>	53
<i>perphenazine-amitriptyline</i>	14	<i>podofilox</i>	41	<i>prenatal/folic acid+dha</i>	53
		POLY HUB NEEDLE.....	81	<i>prenatal/iron</i>	53

PRENATAL-U.....	53	PULMICORT FLEXHALER.....	90	<i>ramipril</i>	34
PRESTALIA.....	34	PULMOZYME.....	91	<i>ranolazine er</i>	34
PRETOMANID.....	17	PURE COMFORT FLOW		<i>rasagiline mesylate</i>	24
<i>prevalite</i>	34	METER ADULT.....	82	RASUVO.....	70
PREVNAR 20.....	72	PURE COMFORT FLOW		RAVICTI.....	58
PREVYMIS.....	27	METER CHILD.....	82	RAYA SURE PEN NEEDLE.....	82
PREZCOBIX.....	27	PURE COMFORT SAFETY		RAYALDEE.....	73
PREZISTA.....	27	PEN NEEDLE.....	82	RAYOS.....	60
PRIFTIN.....	17	PURE COMFORT SPACER		<i>react</i>	66
PRILOSEC.....	55	CHAMBER.....	82	REALITY LATEX CONDOMS...	82
<i>primaquine phosphate</i>	23	PURIXAN.....	21	REALITY LATEX/ULTRA	
<i>primidone</i>	12	<i>pyrazinamide</i>	17	TEXTURED.....	82
PRO COMFORT SPACER		<i>pyridostigmine bromide</i>	17	REALITY LATEX/ULTRA THIN	82
ADULT.....	81	<i>pyridostigmine bromide er</i>	17	REBIF.....	37
PRO COMFORT SPACER		<i>pyrimethamine</i>	23	REBIF REBIDOSE.....	36
CHILD.....	81	PYRUKYND.....	29	REBIF REBIDOSE	
PRO COMFORT SPACER		PYRUKYND TAPER PACK.....	30	TITRATION PACK.....	36
INFANT.....	81	QBRELIS.....	34	REBIF TITRATION PACK.....	37
PROAIR RESPICLICK.....	90	QBREXZA.....	41	<i>reclipsen</i>	66
<i>probenecid</i>	16	<i>qc folic acid</i>	53	RECOMBIVAX HB.....	72
PROCARE SPACER/ADULT		<i>qc nicotine transdermal system..</i>	7	REFUAH PLUS GLUCOSE	
MASK.....	81	<i>qc olopatadine hcl</i>	85	CONTROL.....	47
PROCARE SPACER/CHILD		<i>qc prenatal</i>	53	REGRANEX.....	41
MASK.....	81	<i>qc vitamin d3</i>	53	RELENZA DISKHALER.....	27
PROCHAMBER VHC.....	82	QINLOCK.....	21	RELION KETONE TEST.....	47
<i>prochlorperazine</i>	14	<i>quetiapine fumarate</i>	25	RELNATE DHA.....	53
<i>prochlorperazine maleate</i>	14	<i>quetiapine fumarate er</i>	25	RELYVRIO.....	37
PROCTOFOAM HC.....	72	QUICKTEK CONTROL		RENACIDIN.....	59
<i>procto-med hc</i>	72	SOLUTION.....	47	<i>repaglinide</i>	43
<i>proctosol hc</i>	73	<i>quinapril hcl</i>	34	REPATHA.....	34
<i>proctozone-hc</i>	73	<i>quinapril-hydrochlorothiazide</i>	34	REPATHA PUSHTRONEX	
PRODIGY CONTROL		<i>quinidine gluconate er</i>	34	SYSTEM.....	34
SOLUTION.....	47	<i>quinidine sulfate</i>	34	REPATHA SURECLICK.....	34
<i>progesterone</i>	66	<i>quinine sulfate</i>	23	RETACRIT.....	30
PROGRAF.....	70	QUINTET CONTROL		RETEVMO.....	21
PROMACTA.....	29	HIGH/NORMAL.....	47	REVCОВI.....	58
<i>promethazine hcl</i>	14	QULIPTA.....	17	REXULTI.....	25
<i>promethazine vc</i>	88	<i>ra folic acid</i>	53	REYATAZ.....	27
<i>promethazine-codeine</i>	88	<i>ra mini nicotine</i>	7	REYVOW.....	17
<i>promethazine-dm</i>	89	<i>ra nicotine</i>	7	REZLIDHIA.....	21
<i>promethazine-phenylephrine</i>	89	<i>ra nicotine gum</i>	7	REZUROCK.....	70
<i>promethegan</i>	15	<i>ra nicotine polacrilex</i>	7	RHOFADE.....	41
<i>propafenone hcl</i>	34	<i>ra prenatal</i>	53	RHOPRESSA.....	86
<i>propafenone hcl er</i>	34	<i>ra prenatal formula</i>	53	<i>ribavirin</i>	27
<i>proparacaine hcl</i>	87	<i>rabeprazole sodium</i>	55	RIDAURA.....	70
<i>propranolol hcl</i>	34	RADIAPLEXRX.....	41	<i>rifabutin</i>	18
<i>propranolol hcl er</i>	34	RADICAVA ORS.....	37	<i>rifampin</i>	18
<i>propylthiouracil</i>	67	RADICAVA ORS STARTER		RIGHTEST GC300 CONTROL	47
PROTHELIAL.....	82	KIT.....	37	<i>riluzole</i>	37
<i>protriptyline hcl</i>	14	RADIOGARDASE.....	82	<i>rimantadine hcl</i>	27
PROVIDA OB.....	53	RAGWITEK.....	82	RINVOQ.....	70
<i>pseudoephedrine-bromphen-</i>		<i>raloxifene hcl</i>	61	RINVOQ LQ.....	70
<i>dm</i>	89	<i>ramelteon</i>	93	<i>risedronate sodium</i>	73

<i>risperidone</i>	25	<i>sildenafil citrate</i>	92	SOTYLIZE.....	35
RITEFLO.....	82	<i>silodosin</i>	59	SOVALDI.....	28
<i>ritonavir</i>	28	<i>silver sulfadiazine</i>	9	SPIKEVAX.....	72
<i>rivastigmine</i>	12	SIMBRINZA.....	86	<i>spinosad</i>	23
<i>rivastigmine tartrate</i>	12	SIMILAC PRENATAL EARLY		SPIRIVA RESPIMAT.....	90
<i>rivelsa</i>	66	SHIELD.....	53	<i>spironolactone</i>	35
<i>rizatriptan benzoate</i>	17	<i>simliya</i>	66	<i>spironolactone-hctz</i>	35
ROCKLATAN.....	86	<i>simpesse</i>	66	<i>sprintec 28</i>	66
<i>roflumilast</i>	90	SIMPONI.....	70	SPRITAM.....	12
<i>ropinirole hcl</i>	24	<i>simvastatin</i>	35	SPRYCEL.....	21
<i>ropinirole hcl er</i>	24	<i>sirolimus</i>	70	<i>sronyx</i>	66
<i>rosuvastatin calcium</i>	34	SIRTURO.....	18	<i>ssd</i>	9
ROZLYTREK.....	21	SIVEXTRO.....	9	STEGLATRO.....	43
RUBRACA.....	21	SKYRIZI.....	70	STEGLUJAN.....	43
RUCONEST.....	70	SKYRIZI PEN.....	70	STELARA.....	70
<i>rufinamide</i>	12	<i>sm folic acid</i>	53	<i>sterile water for irrigation</i>	53
RUKOBIA.....	28	<i>sm nicotine</i>	7	STIMUFEND.....	30
RYDAPT.....	21	<i>sm nicotine polacrilex</i>	7	STIOLTO RESPIMAT.....	90
RYDEX.....	89	<i>sm olopatadine hcl</i>	85	STIVARGA.....	21
RYTARY.....	24	<i>sm one daily prenatal</i>	53	STRENSIQ.....	58
SAFETY PEN NEEDLES.....	82	<i>sm prenatal vitamins</i>	53	STRIBILD.....	28
<i>sajazir</i>	70	<i>sm vitamin d</i>	53	STRIVE DUAL ZONE PEAK	
SANDIMMUNE.....	70	SMARTEST CONTROL		FLOW MTR.....	82
SANTYL.....	41	MEDIUM.....	47	STRIVERDI RESPIMAT.....	90
<i>sapropterin dihydrochloride</i>	58	<i>smooth lax</i>	57	STUART ONE.....	53
SAVELLA.....	37	<i>sod fluoride-potassium nitrate</i> ... 38		<i>subvenite</i>	12
SAVELLA TITRATION PACK... 37		<i>sodium bicarbonate</i>	53	SUCRAID.....	58
SCEMBLIX.....	21	SODIUM BICARBONATE.....	53	<i>sucralfate</i>	55
<i>scopolamine</i>	15	<i>sodium chloride</i>	53, 89	SUFLAVE.....	57
SECUADO.....	25	SODIUM CITRATE.....	10	SULCONAZOLE NITRATE.....	16
SECURESAFE HYPODERMIC		SODIUM CITRATE LOCK		<i>sulfacetamide sodium</i>	85
NEEDLE.....	82	FLUSH.....	10	<i>sulfacetamide sodium (acne)</i> 41	
SECURESAFE		<i>sodium fluoride</i>	38, 53	<i>sulfacetamide sodium-sulfur</i> 41	
SYRINGE/NEEDLE.....	82	<i>sodium fluoride 5000 enamel</i> ... 38		<i>sulfacetamide-prednisolone</i> 87	
SEGLUROMET.....	43	<i>sodium fluoride 5000 plus</i> 38		<i>sulfadiazine</i>	9
<i>selegiline hcl</i>	24	<i>sodium fluoride 5000 ppm</i> 38		<i>sulfamethoxazole-trimethoprim</i> ... 9	
<i>selenium sulfide</i>	41	<i>sodium fluoride 5000 sensitive</i> .. 38		SULFAMYLON.....	9
SELZENTRY.....	28	SODIUM OXYBATE.....	93	<i>sulfasalazine</i>	73
SEMGLEE (YFGN).....	49	<i>sodium phenylbutyrate</i>	58	<i>sulfatrim pediatric</i>	9
SE-NATAL 19.....	53	<i>sodium polystyrene sulfonate</i> ... 53		<i>sulindac</i>	5
SEREVENT DISKUS.....	90	<i>sodium sulfacetamide wash</i> 41		<i>sumatriptan</i>	17
SERNIVO.....	41	<i>solifenacin succinate</i>	59	<i>sumatriptan succinate</i>	17
SEROSTIM.....	57	SOLQUA.....	43	<i>sumatriptan succinate refill</i>	
<i>sertraline hcl</i>	14	SOLOSEC.....	9	<i>subcutaneous solution</i>	
<i>setlakin</i>	66	SOLTAMOX.....	21	<i>cartridge</i>	17
<i>sevelamer carbonate</i>	59	SOLU-CORTEF.....	60	<i>sunitinib malate</i>	21
<i>sevelamer hcl</i>	59	SOLUS V2 CONTROL.....	47	SUNLENCA.....	28
<i>sf 5000 plus</i>	38	SOMAVERT.....	61	SUNOSI.....	93
<i>sf gel 1.1%</i>	38	<i>sorafenib tosylate</i>	21	SUPREME II HIGH/LOW	
<i>sharobel</i>	66	SORBITOL.....	82	CONTROL.....	47
SHINGRIX.....	72	SORILUX.....	41	<i>syeda</i>	66
SIGNIFOR.....	61	<i>sotalol hcl</i>	35	SYMBICORT.....	90
SILATRIX.....	82	<i>sotalol hcl (af)</i>	35	SYMDEKO.....	91

SYMLINPEN 120.....	43	TEMBEXA.....	28	<i>tobramycin sulfate</i>	9
SYMLINPEN 60.....	43	<i>temozolomide</i>	22	<i>tobramycin-dexamethasone</i>	85
SYMPAZAN.....	12	TENCON.....	4	TOBREX.....	85
SYMPROIC.....	57	TENIVAC.....	72	TODAY SPONGE.....	82
SYMTUZA.....	28	<i>tenofovir disoproxil fumarate</i>	28	TOLAK.....	42
SYNAREL.....	61	TEPMETKO.....	22	<i>tolcapone</i>	24
SYNDROS.....	15	<i>terazosin hcl</i>	59	TOLSURA.....	16
SYNTHROID.....	67	<i>terbinafine hcl</i>	16	<i>tolterodine tartrate</i>	59
SYRINGE DISPOSABLE.....	82	<i>terbutaline sulfate</i>	91	<i>tolterodine tartrate er</i>	59
SYRINGE ECCENTRIC TIP.....	82	<i>terconazole</i>	16	<i>tolvaptan</i>	53
SYRINGE LUER LOCK.....	82	<i>teriflunomide</i>	37	TOOMEY SYRINGE.....	83
SYRINGE LUER SLIP.....	82	<i>teriparatide</i>	73	<i>topiramate</i>	12
SYRINGE/HYPODERMIC		<i>teriparatide (recombinant)</i>	73	<i>topiramate er</i>	12
SAFETY.....	82	TERIPARATIDE		<i>toremifene citrate</i>	22
TABLET CUTTER/DELUXE		(RECOMBINANT).....	73	<i>torpenz</i>	22
SAFETY.....	82	<i>testosterone</i>	60	<i>torseamide</i>	35
TABLET CUTTER/SAFETY		<i>testosterone cypionate</i>	60	TPOXX.....	28
SHIELD.....	82	<i>testosterone enanthate</i>	60	TRACLEER.....	92
TABLOID.....	21	<i>tetrabenazine</i>	37	<i>tramadol hcl (er biphasic)</i>	4
TABRECTA.....	21	<i>tetracaine hcl</i>	87	<i>tramadol hcl er</i>	4
<i>tacrolimus</i>	42, 70	<i>tetracycline hcl</i>	9	<i>tramadol hcl ir</i>	4
<i>tadalafil</i>	59	TEXACORT.....	42	<i>tramadol-acetaminophen</i>	4
<i>tadalafil (pah)</i>	92	TEZSPIRE.....	91	<i>trandolapril</i>	35
TAFINLAR.....	21	THALOMID.....	22	<i>tranexamic acid</i>	30
<i>tafluprost (pf)</i>	86	THEO-24.....	91	<i>tranylcypromine sulfate</i>	14
TAGRISSO.....	21	<i>theophylline</i>	91	<i>travoprost (bak free)</i>	86
TAI DOC CONTROL.....	47	<i>theophylline er</i>	91	<i>trazodone hcl</i>	14
<i>take action</i>	66	THERANATAL CORE		TRECTOR.....	18
TAKHZYRO.....	70	NUTRITION.....	53	TRELEGY ELLIPTA.....	91
TALZENNA.....	21	<i>thioridazine hcl</i>	25	TREMFYA.....	71
<i>tamoxifen citrate</i>	21	<i>thiothixene</i>	25	<i>tretinoin</i>	22, 42
<i>tamsulosin hcl</i>	59	THRIVE.....	7	<i>triamcinolone acetonide</i>	38, 42, 60
<i>tarina 24 fe</i>	66	THRIVITE RX.....	53	<i>triamcinolone in absorbase</i>	42
<i>tarina fe 1/20 eq</i>	66	THYQUIDITY.....	68	<i>triamterene</i>	35
TASIGNA.....	21	<i>thyroid</i>	68	<i>triamterene-hctz</i>	35
<i>tasimelteon</i>	93	<i>tiadyt er</i>	35	<i>triazolam</i>	29
<i>tavaborole</i>	16	<i>tiagabine hcl</i>	12	TRICARE.....	53
TAVALISSE.....	30	TIBSOVO.....	22	<i>triderm</i>	42
<i>taysofy</i>	66	<i>tilia fe</i>	66	<i>trientine hcl</i>	53
<i>tazarotene</i>	42	<i>timolol maleate</i>	35, 86	<i>tri-estarylla</i>	66
TAZAROTENE.....	42	<i>timolol maleate (once-daily)</i>	86	<i>trifluoperazine hcl</i>	25
TAZORAC.....	42	<i>timolol maleate ocudose</i>	86	<i>trifluridine</i>	86
TAZVERIK.....	21	<i>timolol maleate pf</i>	86	<i>trihexyphenidyl hcl</i>	24
TDVAX.....	72	<i>tinidazole</i>	9	TRIKAFTA.....	91
TECHLITE LANCETS 26G.....	47	<i>tiopronin</i>	59	<i>tri-legest fe</i>	66
TECHLITE PLUS PEN		<i>tiotropium bromide</i>		<i>tri-linyah</i>	66
NEEDLES.....	82	<i>monohydrate</i>	91	<i>tri-lo-estarylla</i>	66
TEGLUTIK.....	37	TIVICAY.....	28	<i>tri-lo-marzia</i>	67
TEGRETOL-XR.....	12	TIVICAY PD.....	28	<i>tri-lo-mili</i>	67
TEGSEDI.....	37	<i>tizanidine hcl</i>	92	<i>tri-lo-sprintec</i>	67
<i>telmisartan</i>	35	TOBRADEX.....	85	<i>trimethobenzamide hcl</i>	15
<i>telmisartan-hctz</i>	35	TOBRADEX ST.....	85	<i>trimethoprim</i>	10
<i>temazepam</i>	93	<i>tobramycin</i>	85, 91	<i>tri-mili</i>	67

<i>trimipramine maleate</i>	14	TRUZONE PEAK FLOW		VARUBI (180 MG DOSE).....	15
TRINATAL RX 1.....	53	METER.....	83	VASELINE.....	83
TRINATE.....	54	TUDORZA PRESSAIR.....	91	VAXNEUVANCE.....	72
TRINTELLIX.....	14	TUKYSA.....	22	VCF VAGINAL	
<i>tri-nymyo</i>	67	TURALIO.....	22	CONTRACEPTIVE.....	83
<i>tri-sprintec</i>	67	<i>turqoz</i>	67	VECAMYL.....	35
TRIUMEQ.....	28	TUXARIN ER.....	89	<i>velivet</i>	67
TRIUMEQ PD.....	28	TWINRIX.....	72	VELPHORO.....	59
<i>trivora (28)</i>	67	TYBOST.....	28	VELTASSA.....	54
<i>tri-vylibra</i>	67	<i>tydemy</i>	67	VEMLIDY.....	28
<i>tri-vylibra lo</i>	67	TYMLOS.....	73	VENCLEXTA.....	22
<i>tropicamide</i>	87	TYRVAYA.....	87	VENCLEXTA STARTING	
<i>tropium chloride</i>	59	TYVASO.....	92	PACK.....	22
<i>tropium chloride er</i>	59	TYVASO REFILL KIT.....	92	<i>venlafaxine hcl</i>	14
TRUE COVER.....	83	TYVASO STARTER KIT.....	92	<i>venlafaxine hcl er</i>	14
TRUE FOLIC ACID.....	54	UBRELVY.....	17	VENTAVIS.....	92
TRUE METRIX LEVEL 1.....	47	UDENYCA.....	30	<i>verapamil hcl</i>	35
TRUE METRIX LEVEL 2.....	47	ULTICARE INSULIN SYR 1/2		<i>verapamil hcl er</i>	35
TRUE METRIX LEVEL 3.....	47	UNIT.....	49	VERASENS GLUCOSE	
TRUE VITAMIN D3.....	54	ULTICARE SYRINGE.....	83	CONTROL.....	47
TRUECONTROL GLUCOSE		ULTICARE TUBERCULIN		VEREGEN.....	42
CONT LEV 0.....	47	SAFETY SYR.....	83	VERIFINE INSULIN PEN	
TRUECONTROL GLUCOSE		ULTIGUARD SAFEPACK		NEEDLE.....	83
CONT LEV 1.....	47	SYR/NEEDLE.....	49	VERIFINE INSULIN SYRINGE.....	50
TRULANCE.....	57	ULTRAVATE.....	42	VERIFINE PLUS PEN	
TRULICITY.....	43	UNIFINE PROTECT PEN		NEEDLE.....	83
TRUQAP.....	22	NEEDLE.....	83	VERIFINE SAFE LANCET	
TRUSTEX COLOR		UNISTRIP CONTROL.....	47	MINI 21G.....	47
CONDOMS + LUBE.....	83	<i>unithroid</i>	68	VERIFINE SAFE LANCET	
TRUSTEX		UPNEEQ.....	86	MINI 23G.....	47
LUB/RIBBED/STUDDED.....	83	UPTRAVI.....	92	VERIFINE SAFE LANCET	
TRUSTEX LUB/SPERMICIDE		UPTRAVI TITRATION.....	92	MINI 28G.....	47
EX ST.....	83	<i>ursodiol</i>	57	VERIFINE SAFE LANCET	
TRUSTEX LUB/SPERMICIDE		<i>valacyclovir hcl</i>	28	MINI 30G.....	47
XL.....	83	VALCHLOR.....	22	VERKAZIA.....	87
TRUSTEX LUBRICATED.....	83	<i>valganciclovir hcl</i>	28	VERQUVO.....	35
TRUSTEX LUBRICATED EX		<i>valproic acid</i>	12	VERSACLOZ.....	25
LARGE.....	83	VALSARTAN.....	35	VERZENIO.....	22
TRUSTEX LUBRICATED		<i>valsartan</i>	35	<i>vestura</i>	67
EXTRA ST.....	83	<i>valsartan-hydrochlorothiazide</i>	35	VIBERZI.....	57
TRUSTEX		VALTOCO.....	12	<i>vienna</i>	67
LUBRICATED/SPERMICIDE.....	83	<i>vancomycin hcl</i>	10	<i>vigabatrin</i>	12
TRUSTEX NATURAL		VANFLYTA.....	22	<i>vigadrone</i>	12
CONDOMS + LUBE.....	83	VANISHPOINT ALLERGY		<i>vigpoder</i>	12
TRUSTEX NON-LUBRICATED		TRAY.....	83	<i>vilazodone hcl</i>	14
TRUSTEX RIA		VANISHPOINT SAFETY		VINATE CARE.....	54
LUB/SPERMICIDE.....	83	SYRINGE.....	83	VINATE ONE.....	54
TRUSTEX RIA LUBRICATED..	83	VANISHPOINT SYRINGE.....	83	<i>viorele</i>	67
TRUSTEX RIA NON-		VANISHPOINT TUBERCULIN		VIRACEPT.....	28
LUBRICATED.....	83	SYRINGE.....	83	VIREAD.....	28
TRUSTEX-NONOXYNOL-		<i>varenicline tartrate</i>	7	VISTOGARD.....	83
9/RIB/STUD.....	83	<i>varenicline tartrate (starter)</i>	7	<i>vitamin d</i>	54
		<i>varenicline tartrate(continue)</i>	7	<i>vitamin d (cholecalciferol)</i>	54

<i>vitamin d (ergocalciferol)</i>	54	XCOPRI.....	12	ZOKINVY.....	84
<i>vitamin d2</i>	54	XDEMVY.....	86	ZOLINZA.....	23
<i>vitamin d3</i>	54	XELJANZ.....	71	<i>zolmitriptan</i>	17
VITRAKVI.....	22	XELJANZ XR.....	71	<i>zolpidem tartrate</i>	93
VIVA DHA.....	54	XERMELO.....	57	<i>zolpidem tartrate er</i>	93
VIVAGUARD INO CONTROL		XIFAXAN.....	10	ZONISADE.....	12
SOLUTION.....	47	XIGDUO XR.....	43	<i>zonisamide</i>	12
VIVAGUARD LANCETS 30G... 47		XIIDRA.....	87	ZONTIVITY.....	24
VIVAGUARD SAFETY		XOFLUZA (40 MG DOSE).....	28	ZORYVE.....	42
LANCETS 28G.....	47	XOFLUZA (80 MG DOSE).....	28	<i>zovia 1/35 (28)</i>	67
VIVJOA.....	16	XOLAIR.....	91	ZTLIDO.....	6
VIVOTIF.....	72	XOPENEX HFA.....	91	ZUBSOLV.....	7
VIZIMPRO.....	22	XOSPATA.....	22	<i>zumandimine</i>	67
<i>volnea</i>	67	XPOVIO (100 MG ONCE		ZYDELIG.....	23
VONJO.....	22	WEEKLY).....	22	ZYFLO.....	91
<i>voriconazole</i>	16	XPOVIO (40 MG ONCE		ZYKADIA.....	23
VORTEX HOLD		WEEKLY).....	22	ZYLET.....	87
CHMBR/MASK/CHILD.....	83	XPOVIO (40 MG TWICE			
VORTEX HOLD		WEEKLY).....	22		
CHMBR/MASK/TODDLER.....	83	XPOVIO (60 MG ONCE			
VORTEX VALVED HOLDING		WEEKLY).....	22		
CHAMBER.....	83	XPOVIO (60 MG TWICE			
VOSEVI.....	28	WEEKLY).....	22		
VOWST.....	57	XPOVIO (80 MG ONCE			
VRAYLAR.....	25	WEEKLY).....	22		
VUITY.....	86	XPOVIO (80 MG TWICE			
<i>vyfemla</i>	67	WEEKLY).....	22		
<i>vylibra</i>	67	XTANDI.....	22		
VYNDAMAX.....	35	<i>xulane</i>	67		
VYNDAQEL.....	35	XURIDEN.....	58		
VYVANSE.....	36	YALE DISP NEEDLES.....	84		
VYZULTA.....	86	<i>yargesa</i>	58		
<i>warfarin sodium</i>	10	<i>yl folic acid</i>	54		
<i>water for irrigation, sterile</i>	54	YONSA.....	22		
<i>wee care</i>	54	YUPELRI.....	91		
<i>weekly-d</i>	54	<i>yuvaferm</i>	67		
WELIREG.....	22	<i>zafemy</i>	67		
<i>wera</i>	67	<i>zafirlukast</i>	91		
WESNATAL DHA COMPLETE.....	54	<i>zaleplon</i>	93		
WESTAB PLUS.....	54	ZEJULA.....	23		
WIDE-SEAL DIAPHRAGM 60..	83	ZELAPAR.....	24		
WIDE-SEAL DIAPHRAGM 65..	83	ZELBORAF.....	23		
WIDE-SEAL DIAPHRAGM 70..	83	<i>zenatane</i>	42		
WIDE-SEAL DIAPHRAGM 75..	83	ZEPATIER.....	28		
WIDE-SEAL DIAPHRAGM 80..	83	ZEPOSIA.....	37		
WIDE-SEAL DIAPHRAGM 85..	84	ZEPOSIA 7-DAY STARTER			
WIDE-SEAL DIAPHRAGM 90..	84	PACK.....	37		
WIDE-SEAL DIAPHRAGM 95..	84	ZEPOSIA STARTER KIT.....	37		
<i>wymzya fe</i>	67	<i>zidovudine</i>	28		
XALKORI.....	22	ZIEXTENZO.....	30		
XARELTO.....	10	ZIMHI.....	7		
XARELTO STARTER PACK.....	10	<i>ziprasidone hcl</i>	25		
XATMEP.....	71	ZIRGAN.....	86		

2024 Quartz Standard Choice Commercial (IA/MN/WI) Drug Formulary Information

This Formulary serves members with an employer-sponsored health plan (at least 50 employees) and participants with a self-funded employer-sponsored health plan based in Iowa, Minnesota, and Wisconsin whose pharmacy benefits have a three or four tier cost share structure. Some plans may have a deductible that must be met before tiered cost shares apply.

This document does not apply to State of Wisconsin employees whose drug benefit is administered by Navitus or BadgerCare and/or Medicaid SSI members whose drug benefit is administered by ForwardHealth.

This document is to be used as a tool to help you understand how specific drugs are covered under the Prescription Drug Formulary and is not a guarantee of coverage. The most recent version is available at www.QuartzBenefits.com, or can be requested in hard copy format by calling (800) 362-3310. An online formulary lookup tool is also available. For a detailed explanation of the pharmacy benefit, refer to the prescription drug benefit [brochure](#) available on the website or your Schedule of Benefits.

The formulary is the list of medications covered by Quartz through the prescription drug benefit. Some state and federal laws require Quartz to cover specific drugs for some benefits that are excluded for others. This formulary includes drugs covered for ALL fully insured large group commercial policies. Certain drugs on the formulary may not be covered by your specific plan.

The differences are based on what type of plan you have and / or:

- what state your employer is based in
- if your benefit plan meets the requirements of the Affordable Care Act
- Individual employer coverage choices (for self-funded coverage)

This means that even though a drug is listed on this formulary, it may not be covered by your specific benefit plan. Please see your Quartz Prescription Drug Benefit Rider or contact Member Services at (800) 496-7509 to verify your coverage.

For information about drug coverage on the medical benefit, please go to the [clinic-administered drug](#) page on the Quartz website.

Using the Formulary Document

To search the document press "CTRL-F" to open the "Find" box at the top of the document and enter the drug name. The name may be listed multiple times in the document. Press "Enter" to tab through each entry.

Each page of the formulary has three columns: **Drug Name**, **Drug Tier**, and **Notes**. Drugs are grouped by therapeutic category and class and listed alphabetically within the class. Brand names are listed in all capital letters. Generic drug names are included in lowercase font. Drugs that do not have Food and Drug Administration (FDA)-approved generic formulations are only listed by brand name. Biosimilars, newer formulations of biologic drugs (Fulphila, Semglee (yfgn), etc.), are also listed in capitalized text.

The **Drug Tier** column identifies which cost sharing tier applies to the drug and **Notes** contains indicators that may limit coverage of specific drugs. Medications listed as T1, T2, or T4P are preferred while medications listed as Tier 3 and T4NP are nonpreferred.

General Drug Coverage Concepts

90-Day Supplies: Drugs **MAY** qualify for a 3-month supply fill at the pharmacy. Three copays will be charged for the 3-month supply. All additional restrictions apply. Drugs included in the Specialty Pharmaceuticals Program are not eligible for Choice90.

Exclusions: Some drug classes are not covered by your Quartz prescription benefit plan. Examples of these include hair loss drugs, sexual enhancement drugs, infertility drugs, most over-the-counter drugs, cosmetic treatments, and nutritional supplements / medical foods. Refer to your Prescription Drug Rider, the Certificate of Coverage, or your Summary Plan Description to view your specific exclusions. Excluded drugs are generally not listed on the formulary.

Generic Substitution Policy: Quartz requires the use of generic medications and biosimilars when they are available. When a generic or biosimilar is available for a drug, the brand product or reference biologic is Nonformulary and not covered. Requests for coverage of a brand-name product (including Reference Biologics) follow the Exceptions Process and coverage determinations are based on Medical Necessity. If your healthcare practitioner feels it is medically necessary to receive the brand-name product, a formulary exception request must be submitted for review.

Oral Oncology Drug cost share: For drugs taken at home to treat cancer, the state of Wisconsin has stated that the maximum cost share that can be applied to these medications is \$100 per fill after any benefit deductible has been met. The cost share may be less than \$100 depending on your benefit structure. The states of Iowa, and Minnesota have determined this cost share to be \$0 after any benefit deductible has been met. This maximum cost share amount applies regardless of what tier the drug is listed at on the formulary document.

Over-the-Counter Drug (OTC): Drugs that do not require a prescription from a doctor are not covered under the pharmacy benefit unless specifically listed on the formulary as approved by the Quartz Pharmacy & Therapeutics Committee.

Preventative Medication Coverage: Some laws, such as the Affordable Care Act (ACA), require that certain drugs need to be covered at a \$0 cost share for members. Quartz covers these drugs within the guidelines recommended by the United States Preventative Services Task Force (USPSTF). Restrictions, including age limits, quantity limits, prior authorization, and days' supply may apply to some drugs. In some cases, the pharmacy must indicate that the drug is being used for a specific diagnosis when filling the prescription for the \$0 cost share to apply. Coverage indicators in the **Notes** column will describe what uses are included.

Tier 4 cost share (T4P/T4NP): Members may have benefits that require a Tier 4 cost share for some drugs. **For members without a 4-tier benefit, drugs designated as "Tier 4" will default to their Tier 1 cost share for preferred generic drugs, the Tier 2 cost share for preferred brand drugs, and to the Tier 3 cost share for nonpreferred drugs.** Some benefits may process differently. Please refer to your Schedule of Benefits for your specific benefit.

Formulary Coverage Indicators

Specific requirements for coverage of some drugs are noted in the formulary listing in the Notes column. An explanation of each type of requirement or parameter is listed below.

Age Limits (AL): Drugs with AL are covered without prior authorization or at specific cost shares within the designated age limits. Consideration for coverage of medications with age limits may be made for those outside the age limits by submitting a medication coverage request form.

Quantity Limits (QL): Drugs with a QL are limited to a specific quantity (number of pills, grams, etc.) when filled at the pharmacy. For medications with a quantity limit, if a member requires a higher quantity per month, prior authorization is required.

Restricted Medications (PA): Drugs with a PA are restricted and require an approved prior authorization for coverage. Quartz requires the submission and approval of a Medication Coverage Request form before coverage is granted for restricted drugs. The *Medication Coverage Request Form* can be obtained through Member Services or via the Quartz website at www.QuartzBenefits.com. Please note: *The Medication Coverage Request Form* can also be used to submit an exceptions request for nonformulary (or not covered) drugs.

Requests can be submitted via fax to (844) 403-1029, by phone, or can be mailed to the address on the form. Your doctor may also be able to submit an electronic request (ePA) directly from the electronic health record (EHR) they use. The information will be reviewed, and both the requesting physician and the member will be notified regarding the coverage decision. If you would like to discuss the specifics of a medication request decision with a pharmacist, or have general questions about the prior authorization criteria, please call Member Services at (800) 496-7509.

Specialty Pharmaceuticals Program (SP-QTZ or SP-ORX): Specialty pharmaceuticals encompass a growing number of drugs that are usually high-cost, may involve complex treatment regimens, have special handling, storage, or delivery needs, may require injectable or infusible administration, are for rare diseases or therapeutic categories such as oncology, autoimmune, or inflammatory diseases with long-term, severe symptoms, and may have limited product availability.

Specialty drugs are listed with an SP-QTZ or SP-ORX in the formulary **Notes** column and are required to be obtained from a specific specialty pharmacy participating in the Quartz Specialty Pharmaceuticals network for coverage. The UW Health specialty pharmacies, Gundersen Health System pharmacies, and Aurora specialty pharmacy are currently participating in the Quartz Specialty Pharmaceuticals network for drugs marked as SP-QTZ. For information about these pharmacies, see the [Specialty Pharmaceuticals Program](#) section on the Quartz website. Drugs marked with SP-ORX must be filled at the Optum specialty pharmacy. For additional information on Optum's specialty pharmacy visit specialty.optumrx.com/new-fill.

Most of the drugs included in Quartz Specialty Pharmacy network have pharmacist-run management programs to maximize patient knowledge and outcomes from these medications. This may include additional follow-up from the pharmacist or partial dispensing protocols.

The Quartz Specialty Pharmacy program DOES NOT apply to medications administered in your physician's office, a hospital, or other health care facility. Coverage for medications administered in a health care facility falls under your medical benefit and may be subject to other requirements.

Step Therapy (ST): Drugs with a ST require step therapy, where a person must first try a prerequisite medication(s) before receiving coverage for the listed ST products. If step therapy criteria are not met through previous drug claim fills for the first line agents, then ST drugs require prior authorization. Members without a claims history or who have not filled the step drugs for an extended time will need to submit a Medication Coverage Request form for consideration of coverage.

Zero Dollar Cost Share Before Deductible (HDHP): Drugs with a HDHP listing are covered at a \$0 cost share before a plan deductible has been met for some Internal Revenue Service (IRS) qualified high-deductible health plans (HDHP) with a health savings account (HSA). Please contact Member Services at (800) 496-7509 to check to see if your plan has this benefit.

Where to find additional information when you have questions:

Topic	Where Available
To check how a drug is covered by Quartz or print a copy of the drug formulary	QuartzBenefits.com
For criteria for coverage of a drug	Optum Member Services: (800) 496-7509 or QuartzBenefits.com
To speak with a pharmacist regarding a prior authorization denial	Optum Member Services: (800) 496-7509
To appeal a prior authorization denial	Quartz Customer Success: (800) 362-3310
To enroll in the Quartz Specialty Pharmaceuticals program	UW Health Pharmacy: (866) 894-3784 UW Health Northern Illinois: (888) 861-0854 Gundersen Health System Pharmacy: (877) 208-1096 Aurora Specialty Pharmacy: (844) 820-5600