



# 2024 Standard Choice Quality Commercial (IL) Drug Formulary

**QuartzBenefits.com**

This formulary does not apply to Quartz State and Local Government members or Quartz BadgerCare Plus members. State and Local Government members should call **Navitus** at **(866) 333-2757** or visit [www.navitus.com](http://www.navitus.com) for information about your prescription drug benefits.

BadgerCare Plus and/or Medicaid SSI members must call the **Wisconsin Department of Health and Family Services** at **(800) 362-3002** or visit [www.forwardhealth.wi.gov](http://www.forwardhealth.wi.gov) for information about your prescription drug benefits.



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# 2024 Quartz Standard Choice Quality Commercial (IL) Drug Formulary Information

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

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](http://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 Illinois 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:

- if your benefit plan meets the requirements of the Affordable Care Act

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. The drug must cost less than \$1,000 per month. 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 or the Certificate of Coverage 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 Illinois has determined the maximum 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.** benefits may process differently. Please refer to your Schedule of Benefits for your specific benefit.

**Value Tier/RX Outcomes (VBB):** Some drugs have been shown to improve the overall health of people with health problems like high blood pressure, high blood sugars (diabetes mellitus), and breathing difficulties (asthma) when taken daily. For members whose plan includes the Value Tier/RX Outcomes benefit, the drugs noted as VBB in the **Drug Tier** section will process with a value tier copay. This only applies to plans with the value tier benefit. Please refer to the plan Summary of Benefits documents 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](http://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](http://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	<a href="#">QuartzBenefits.com</a>
For criteria for coverage of a drug	Optum Member Services: <b>(800) 496-7509</b> or <a href="#">QuartzBenefits.com</a>
To speak with a pharmacist regarding a prior authorization denial	Optum Member Services: <b>(800) 496-7509</b>
To appeal a prior authorization denial	Quartz Customer Success: <b>(800) 362-3310</b>
To enroll in the Quartz Specialty Pharmaceuticals program	UW Health Pharmacy: <b>(866) 894-3784</b> UW Health Northern Illinois: <b>(888) 861-0854</b> Gundersen Health System Pharmacy: <b>(877) 208-1096</b> Aurora Specialty Pharmacy: <b>(844) 820-5600</b>

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Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	T1	AL (AGE MIN 12 YEARS)
apap-caff-dihydrocodeine	T3	AL (AGE MIN 12 YEARS)
ascomp-codeine	T1	AL (AGE MIN 12 YEARS)
bac	T1	
BELBUCA	T3	
buprenorphine	T1	
butalbital-acetaminophen capsule 50-300 mg oral	T3	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	T3	
butalbital-acetaminophen oral tablet 50-325 mg	T1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	T3	AL (AGE MIN 12 YEARS)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	AL (AGE MIN 12 YEARS)
butalbital-apap-caffeine oral tablet	T1	
butalbital-asa-caff-codeine	T1	AL (AGE MIN 12 YEARS)
butalbital-aspirin-caffeine	T1	
butorphanol tartrate nasal	T1	QL (10 ML IN 30 DAYS)
codeine sulfate	T1	AL (AGE MIN 12 YEARS)
endocet	T1	
fentanyl citrate buccal lozenge on a handle	T3	PA; QL (4 IN 1 DAYS)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T1	QL (10 IN 30 DAYS)
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	T3	QL (10 IN 30 DAYS)
hydrocodone bitartrate er oral capsule extended release 12 hour	T3	ST; QL (2 IN 1 DAYS)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	T1	
hydrocodone-ibuprofen	T3	
hydromorphone hcl er	T3	
hydromorphone hcl oral	T1	
meperidine hcl oral	T1	
methadone hcl intensol	T1	
methadone hcl oral	T1	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T2	

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Drug Name	Drug Tier	Notes
<i>methadose oral tablet soluble</i>	T1	
METHADOSE SUGAR-FREE	T2	
<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)
OXYCODONE HCL ER	T2	QL (3 IN 1 DAYS)
<i>oxycodone hcl oral</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)
<b>Analgesics - Drugs for Pain and Inflammation</b>		
<i>aspirin 81</i>	\$0	
<i>aspirin adult low dose</i>	\$0	
<i>aspirin adult low strength</i>	\$0	
<i>aspirin childrens</i>	\$0	
<i>aspirin ec adult low strength oral tablet delayed release 81 mg</i>	\$0	
<i>aspirin ec low dose</i>	\$0	
<i>aspirin ec low strength</i>	\$0	
<i>aspirin low dose</i>	\$0	

Drug Name	Drug Tier	Notes
aspirin oral tablet chewable	\$0	
aspirin oral tablet delayed release 81 mg	\$0	
aspirin regimen	\$0	
BAYER ASPIRIN EC LOW DOSE	\$0	
BAYER LOW DOSE	\$0	
celecoxib oral	T1	QL (2 IN 1 DAYS)
childrens aspirin	\$0	
cvs aspirin adult low dose	\$0	
cvs aspirin adult low strength	\$0	
cvs aspirin ec	\$0	
cvs aspirin low dose	\$0	
cvs aspirin low strength	\$0	
DICLOFENAC PATCH 1.3%	T3	
diclofenac potassium oral capsule	T3	PA
diclofenac potassium oral tablet 50 mg	T1	
diclofenac sodium er	T1	
diclofenac sodium external solution	T3	PA
diclofenac sodium gel 1 % external (rx)	T1	
diclofenac sodium oral	T1	
diclofenac-misoprostol	T1	
diflunisal oral	T1	
ec-naproxen	T3	
ECOTRIN LOW STRENGTH	\$0	
eq adult aspirin low strength oral tablet delayed release 81 mg	\$0	
eq aspirin adult low dose	\$0	
eq aspirin low dose	\$0	
eq aspirin low dose oral tablet 81 mg	\$0	
eql aspirin low dose	\$0	
eql childrens aspirin oral tablet chewable 81 mg	\$0	
etodolac	T1	
etodolac er	T1	
fenoprofen calcium oral capsule 400 mg	T1	
fenoprofen calcium oral tablet	T1	
flurbiprofen oral tablet 100 mg	T1	
ft aspirin low dose	\$0	
gnp adult aspirin low strength	\$0	
gnp aspirin low dose	\$0	

Drug Name	Drug Tier	Notes
gnp aspirin oral tablet delayed release 81 mg	\$0	
goodsense aspirin adult low st oral tablet chewable 81 mg	\$0	
goodsense aspirin low dose	\$0	
goodsense aspirin oral tablet chewable	\$0	
h-e-b aspirin	\$0	
ibuprofen oral suspension 100 mg/5ml	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
ibuprofen-famotidine	T4NP	PA; QL (3 IN 1 DAYS)
indomethacin er	T1	
indomethacin oral	T1	
ketoprofen er	T1	
ketoprofen oral capsule 50 mg	T1	
ketorolac tromethamine injection	T3	QL (20 ML IN 30 DAYS)
ketorolac tromethamine oral	T1	QL (20 IN 30 DAYS)
ketorolac tromethamine solution 60 mg/2ml intramuscular	T3	QL (40 ML IN 30 DAYS)
kls aspirin low dose	\$0	
kp aspirin	\$0	
meclofenamate sodium oral	T1	
mefenamic acid oral	T3	
MELOXICAM ORAL SUSPENSION	T2	
meloxicam oral tablet	T1	
mm aspirin	\$0	
nabumetone oral	T1	
naproxen dr	T3	
naproxen oral suspension	T1	AL (AGE MAX 12 YEARS)
naproxen oral tablet	T1	
naproxen oral tablet delayed release	T3	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
naproxen-esomeprazole mg	T3	PA; QL (2 IN 1 DAYS)
oxaprozin oral tablet	T1	
piroxicam oral	T1	
qc aspirin low dose	\$0	
qc childrens aspirin	\$0	
ra aspirin adult low dose	\$0	
ra aspirin adult low strength	\$0	
ra aspirin childrens	\$0	
ra aspirin ec adult low st	\$0	

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Drug Name	Drug Tier	Notes
ra aspirin ec oral tablet delayed release 81 mg	\$0	
sb childrens aspirin	\$0	
sb low dose asa ec	\$0	
sm aspirin adult low strength	\$0	
sm aspirin ec low strength	\$0	
sm aspirin low dose	\$0	
sm childrens aspirin	\$0	
ST JOSEPH ASPIRIN	\$0	
ST JOSEPH LOW DOSE	\$0	
sulindac oral	T1	
<b>Anesthetics</b>		
glydo	T1	
lidocaine external patch 5 %	T1	QL (3 IN 1 DAYS)
lidocaine hcl external solution	T1	
lidocaine hcl urethral/mucosal	T1	
lidocaine ointment 5 % external	T1	QL (120 GM IN 30 DAYS)
lidocaine-prilocaine external cream	T1	
ZTLIDO	T3	PA; QL (3 IN 1 DAYS)
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
acamprosate calcium	T1	
buprenorphine hcl sublingual	T1	
buprenorphine hcl-naloxone hcl	T1	
bupropion hcl er (smoking det)	T1	\$0 for 180 days/year
COMMIT MOUTH/THROAT LOZENGE 2 MG, 4 MG	T2	\$0 for 180 days/year
cvs nicotine	T1	\$0 for 180 days/year
cvs nicotine polacrilex	T1	\$0 for 180 days/year
disulfiram oral	T1	
eq nicotine	T1	\$0 for 180 days/year
eq nicotine polacrilex	T1	\$0 for 180 days/year
eq nicotine step 3	T1	\$0 for 180 days/year
folding paddle walker	T1	\$0 for 180 days/year
ft nicotine	T1	\$0 for 180 days/year
ft nicotine mini	T1	\$0 for 180 days/year
gnp nicotine	T1	\$0 for 180 days/year
gnp nicotine mini	T1	\$0 for 180 days/year
gnp nicotine polacrilex	T1	\$0 for 180 days/year
goodsense nicotine	T1	\$0 for 180 days/year

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Drug Name	Drug Tier	Notes
habitrol	T1	\$0 for 180 days/year
hm nicotine polacrilex	T1	\$0 for 180 days/year
KLOXXADO	\$0	
kls quit2	T1	\$0 for 180 days/year
kls quit4	T1	\$0 for 180 days/year
LUCEMYRA	T2	
naloxone hcl injection	\$0	
naloxone hcl nasal	\$0	
naltrexone hcl oral	T1	
NARCAN	\$0	
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
nicotine	T1	\$0 for 180 days/year
nicotine mini	T1	\$0 for 180 days/year
nicotine polacrilex mini	T1	\$0 for 180 days/year
nicotine polacrilex mouth/throat	T1	\$0 for 180 days/year
nicotine step 1	T1	\$0 for 180 days/year
nicotine step 2	T1	\$0 for 180 days/year
nicotine step 3	T1	\$0 for 180 days/year
NICOTROL	T2	\$0 for 180 days/year
NICOTROL NS	T2	\$0 for 180 days/year
OPVEE	\$0	
qc nicotine transdermal system	T1	\$0 for 180 days/year
ra mini nicotine	T1	\$0 for 180 days/year
ra nicotine	T1	\$0 for 180 days/year
ra nicotine gum	T1	\$0 for 180 days/year
ra nicotine polacrilex	T1	\$0 for 180 days/year
sm nicotine	T1	\$0 for 180 days/year
sm nicotine polacrilex	T1	\$0 for 180 days/year
SUBOXONE	T2	
THRIVE	T2	\$0 for 180 days/year
varenicline tartrate	T1	\$0 for 180 days/year
varenicline tartrate (starter)	T1	\$0 for 180 days/year
varenicline tartrate(continue)	T1	\$0 for 180 days/year
ZIMHI	\$0	
ZUBSOLV	T2	

Drug Name	Drug Tier	Notes
<b>Antibacterials</b>		
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
<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	

Drug Name	Drug Tier	Notes
<i>demeclacycline 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	
ERYTHROCIN STEARATE	T2	
<i>erythromycin base oral</i>	T1	
<i>erythromycin ethylsuccinate oral</i>	T1	
<i>erythromycin oral</i>	T1	
<i>fosfomycin tromethamine</i>	T3	
<i>gentamicin sulfate external</i>	T1	
<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>monodoxine 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	

Drug Name	Drug Tier	Notes
<i>nitrofurantoin oral suspension 25 mg/5ml</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</i>	T1	
SULFAMYLYON EXTERNAL CREAM	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	
<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	
XEPI	T3	
XIFAXAN ORAL TABLET 200 MG	T2	QL (6 IN 1 DAYS)
XIFAXAN ORAL TABLET 550 MG	T2	
<b>Anticoagulants</b>		
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 injection solution</i>	T1	QL (0.6 ML IN 1 DAYS)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	T1	QL (2 ML IN 1 DAYS)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	T1	QL (1.6 ML IN 1 DAYS)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	T1	QL (0.6 ML IN 1 DAYS)

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Drug Name	Drug Tier	Notes
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	T1	QL (0.8 ML IN 1 DAYS)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	T1	QL (1.2 ML IN 1 DAYS)
fondaparinux sodium subcutaneous solution 10 mg/0.8ml	T3	QL (1.6 ML IN 1 DAYS)
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	T3	QL (1 ML IN 1 DAYS)
fondaparinux sodium subcutaneous solution 5 mg/0.4ml	T3	QL (0.8 ML IN 1 DAYS)
fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml	T3	QL (1.2 ML IN 1 DAYS)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	T4P	QL (8 ML IN 1 DAYS)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	T4P	QL (16 ML IN 30 DAYS; MAX 30 DAYS)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	T4P	QL (0.6 ML IN 1 DAYS)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	T4P	QL (0.4 ML IN 1 DAYS)
heparin na (pork) lock flsh pf	T1	
heparin sod (pork) lock flush solution 10 unit/ml intravenous	T1	
heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	T1	
heparin sodium (porcine) pf injection solution 5000 unit/ml	T1	
heparin sodium (porcine) pf solution 5000 unit/0.5ml injection	T1	
jantoven	VBB	
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	
warfarin sodium oral	VBB	
XARELTO	T2	
XARELTO STARTER PACK	T2	
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	T2	QL (1 IN 1 DAYS)

Drug Name	Drug Tier	Notes
APTIOM ORAL TABLET 600 MG, 800 MG	T2	
BRIVIACT ORAL SOLUTION	T3	ST
BRIVIACT ORAL TABLET	T3	ST; QL (2 IN 1 DAYS)
<i>carbamazepine er</i>	T1	
<i>carbamazepine 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	
<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</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	
OXTELLAR XR	T3	
<i> phenobarbital oral</i>	T1	

Drug Name	Drug Tier	Notes
phenytek	T1	
phenytoin infatabs	T1	
phenytoin oral suspension 125 mg/5ml	T1	
phenytoin oral tablet chewable	T1	
phenytoin sodium extended	T1	
primidone oral tablet 250 mg, 50 mg	T1	
rufinamide	T3	
SPRITAM	T3	
subvenite	T1	
SYMPAZAN	T3	PA
TEGRETOL-XR	T2	
tiagabine hcl	T3	
topiramate er oral capsule er 24 hour sprinkle	T3	
topiramate oral	T1	
valproic acid oral	T1	
VALTOCO	T3	PA; QL (6 IN 28 DAYS)
vigabatrin	T4NP	
vigadronе oral packet	T4NP	
vigpoder	T4NP	
XCOPRI	T3	ST; QL (2 IN 1 DAYS)
ZONISADE	T3	PA
zonisamide oral	T1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
ADLARITY	T3	PA
donepezil hcl oral tablet 10 mg, 5 mg	T1	
donepezil hcl oral tablet 23 mg	T1	QL (1 IN 1 DAYS)
donepezil hcl oral tablet dispersible	T1	
galantamine hydrobromide er	T1	QL (1 IN 1 DAYS)
galantamine hydrobromide oral solution	T1	
galantamine hydrobromide oral tablet 12 mg	T1	
galantamine hydrobromide oral tablet 4 mg, 8 mg	T1	QL (2 IN 1 DAYS)
memantine hcl	T1	
memantine hcl er	T3	QL (1 IN 1 DAYS)
rivastigmine	T3	
rivastigmine tartrate	T1	
<b>Antidepressants</b>		
amitriptyline hcl oral	T1	

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

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>	VBB	HDHP
<i>sertraline hcl oral tablet</i>	VBB	HDHP
<i>tranylcypromine sulfate</i>	T1	
<i>trazodone hcl oral</i>	VBB	
<i>trimipramine maleate oral</i>	T1	
<b>TRINTELLIX</b>	T3	ST; QL (1 IN 1 DAYS)
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	VBB	
<i>vilazodone hcl</i>	T3	QL (1 IN 1 DAYS)
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
<i>AKYNZEO ORAL</i>	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 &amp; 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	
<b>EMEND ORAL SUSPENSION RECONSTITUTED</b>	T2	QL (2 IN 30 DAYS)
<i>gransetron 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	

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)
<b>Antifungals</b>		
<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	

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>	T3	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i>	T1	
<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	
<b>ORAVIG</b>	T3	
<i>oxiconazole nitrate</i>	T1	
<b>OXISTAT EXTERNAL LOTION</b>	T2	
<i>posaconazole oral suspension</i>	T3	PA
<i>posaconazole oral tablet delayed release</i>	T1	PA
<b>SULCONAZOLE NITRATE</b>	T2	
<i>tavaborole</i>	T3	PA
<i>terbinafine hcl oral</i>	T1	
<i>terconazole</i>	T1	
<b>TOLSURA</b>	T3	PA
<b>VIVJOA</b>	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)
<b>Antigout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<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	
<b>Antimigraine Agents</b>		
<b>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML</b>	T2	PA; QL (1 ML IN 28 DAYS)
<b>AIMOVIG</b>	T2	PA; QL (1 ML IN 28 DAYS)
<b>AJOVY</b>	T3	PA; QL (1.5 ML IN 28 DAYS)
<i>almotriptan malate</i>	T3	QL (12 IN 30 DAYS)
<i>diclofenac potassium(migraine)</i>	T3	PA

Drug Name	Drug Tier	Notes
dihydroergotamine mesylate nasal	T1	QL (16 ML IN 30 DAYS)
eletriptan hydrobromide	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	
ergotamine-caffeine	T1	
frovatriptan succinate	T3	ST; QL (18 IN 30 DAYS)
MIGERGOT	T2	
naratriptan hcl	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)
rizatriptan benzoate	T1	QL (18 IN 30 DAYS)
sumatriptan nasal	T1	QL (18 IN 30 DAYS)
sumatriptan succinate oral	T1	QL (18 IN 30 DAYS)
sumatriptan succinate refill subcutaneous solution cartridge	T1	QL (9 ML IN 30 DAYS)
sumatriptan succinate subcutaneous	T1	QL (9 ML IN 30 DAYS)
UBRELVY	T3	ST; QL (16 IN 30 DAYS)
zolmitriptan nasal	T3	QL (12 IN 30 DAYS)
zolmitriptan oral tablet	T1	QL (12 IN 30 DAYS)
zolmitriptan oral tablet dispersible	T3	QL (12 IN 30 DAYS)
<b>Antimyasthenic Agents</b>		
pyridostigmine bromide er	T1	
pyridostigmine bromide oral solution	T1	
pyridostigmine bromide oral tablet 60 mg	T1	
<b>Antimycobacterials</b>		
cycloserine oral	T3	
dapsone oral	T1	
ethambutol hcl oral	T1	
isoniazid oral	T1	
PRETOMANID	T3	QL (1 IN 1 DAYS)
PRIFTIN	T3	
pyrazinamide oral	T1	
rifabutin	T1	

Drug Name	Drug Tier	Notes
rifampin oral	T1	
SIRTURO	T3	
TRECATOR	T3	
<b>Antineoplastics - Drugs for Cancer</b>		
abiraterone acetate oral tablet 250 mg	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)
anastrozole oral	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)
bexarotene external	T4NP	PA; SP-QTZ
bexarotene oral	T4NP	SP-QTZ
bicalutamide	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)
capecitabine	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
cyclophosphamide oral capsule	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
ERLEADA ORAL TABLET 240 MG	T4P	PA; QL (1 IN 1 DAYS)

Drug Name	Drug Tier	Notes
ERLEADA ORAL TABLET 60 MG	T4P	PA; QL (4 IN 1 DAYS)
erlotinib hcl	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
etoposide oral	T4P	
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
everolimus oral tablet soluble	T4NP	PA; SP-QTZ
exemestane	T1	\$0 for breast cancer PX
EXKIVITY	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
FOTIVDA	T4NP	PA; QL (1 IN 1 DAYS)
GAVRETO	T4NP	PA; SP-ORx
gefitinib	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
hydroxyurea oral	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)
imatinib mesylate tablet 100 mg oral	T1	QL (7 IN 1 DAYS); SP-QTZ
imatinib mesylate tablet 400 mg oral	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 FEMARA	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
KISQALI ORAL TABLET THERAPY PACK 200 MG	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)

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>melphalan</i>	T1	
<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
ONUREG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
ORGOVYXX	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 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
TAGRISSO	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
<i>temozolomide</i>	T1	QL (1 IN 1 DAYS)

Drug Name	Drug Tier	Notes
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>tretinoin oral</i>	T3	
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)
ZEJULA ORAL TABLET 200 MG, 300 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
ZELBORA <sup>F</sup>	T4NP	PA; SP-QTZ
ZOLINZA	T4P	PA; SP-QTZ

Drug Name	Drug Tier	Notes
ZYDELIG	T4NP	PA; QL (2 IN 1 DAYS); SP-QTZ
ZYKADIA	T4NP	PA; SP-QTZ
<b>Antiparasitics</b>		
<i>albendazole oral</i>	T1	
ALINIA ORAL SUSPENSION RECONSTITUTED	T3	
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	
<b>Antiparkinson Agents</b>		
<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	
<i>carbidopa-levodopa oral tablet dispersible</i>	T3	

Drug Name	Drug Tier	Notes
<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	
<b>Antiplatelets</b>		
<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>	VBB	
<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)
<b>Antipsychotics - Drugs for Mood Disorders</b>		
<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	
<i>clozapine oral tablet dispersible</i>	T3	

Drug Name	Drug Tier	Notes
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 ORAL CAPSULE	T3	ST; QL (1 IN 1 DAYS)
VRAYLAR ORAL CAPSULE THERAPY PACK	T3	PA; QL (1 IN 1 DAYS)
<i>ziprasidone hcl</i>	T1	
<b>Antivirals</b>		
<i>abacavir sulfate</i>	T1	SP-QTZ
<i>abacavir sulfate-lamivudine</i>	T1	SP-QTZ

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

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	

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
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	
<b>Anxiolytics - Drugs for Anxiety</b>		
<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>buspirone hcl oral</i>	T1	
<i>chlordiazepoxide hcl</i>	T1	
<i>clonazepam oral tablet</i>	T1	

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	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
EQUETRO	T3	
<i>lithium carbonate er</i>	T1	
<i>lithium carbonate oral</i>	T1	
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
<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 SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML	T4NP	PA; SP-QTZ
HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML	T4NP	PA
LEUKINE	T3	PA
MIRCERA	T4P	PA
MULPLETA	T4NP	PA; QL (1 IN 1 DAYS)

Drug Name	Drug Tier	Notes
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)
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)
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
<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>	VBB	
<i>amlodipine besylate-benazepril hcl</i>	T1	
<i>amlodipine besylate-valsartan</i>	T3	
<i>amlodipine-olmesartan</i>	T3	
ASPRUZY SPRINKLE	T3	QL (2 IN 1 DAYS; AGE MAX 12 YEARS)
<i>atenolol oral</i>	VBB	HDHP
<i>atenolol-chlorthalidone</i>	VBB	HDHP
ATORVALIQ	T3	AL (AGE MAX 12 YEARS); \$0 if age 40-75
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	VBB	HDHP; \$0 if age 40-75
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	VBB	HDHP
<i>benazepril hcl oral</i>	VBB	HDHP
<i>benazepril-hydrochlorothiazide</i>	VBB	HDHP
<i>betaxolol hcl oral</i>	T3	
<i>bisoprolol fumarate oral</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	VBB	HDHP
<i>bumetanide oral</i>	VBB	
CAMZYOS	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
<i>candesartan cilexetil</i>	VBB	PA
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	VBB	PA; QL (1 IN 1 DAYS)

Drug Name	Drug Tier	Notes
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	VBB	PA
captopril oral	VBB	
captopril-hydrochlorothiazide	VBB	
cartia xt	VBB	
carvedilol	VBB	
carvedilol phosphate er	T3	QL (1 IN 1 DAYS)
chlorthalidone	VBB	
cholestyramine light	T1	
cholestyramine oral	T1	
clonidine	T1	
clonidine hcl oral	T1	
colesevelam hcl	T1	
COLESTID FLAVORED	T2	
colestipol hcl	T1	
CORLANOR ORAL SOLUTION	T3	PA
CORLANOR ORAL TABLET	T3	PA; QL (2 IN 1 DAYS)
digoxin oral solution	T1	
digoxin oral tablet 125 mcg, 250 mcg	T1	
digoxin oral tablet 62.5 mcg	T3	
diltiazem hcl er beads	VBB	
diltiazem hcl er coated beads	VBB	
diltiazem hcl er oral capsule extended release 12 hour	T3	
diltiazem hcl er oral capsule extended release 24 hour	VBB	
diltiazem hcl er oral tablet extended release 24 hour	T3	
diltiazem hcl oral	T1	
dilt-xr	VBB	
disopyramide phosphate	T1	
DIURIL	T2	
dofetilide	T3	
doxazosin mesylate oral	T1	
droxidopa	T3	PA
enalapril maleate oral solution	T1	
enalapril maleate oral tablet	VBB	HDHP
enalapril-hydrochlorothiazide	VBB	HDHP
ENTRESTO	T2	QL (2 IN 1 DAYS)

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

Drug Name	Drug Tier	Notes
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	VBB	
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er</i>	T1	
<i>isradipine</i>	T3	
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>	VBB	HDHP
<i>lisinopril-hydrochlorothiazide</i>	VBB	HDHP
<i>losartan potassium oral</i>	VBB	
<i>losartan potassium-hctz</i>	VBB	
<i>lovastatin oral</i>	VBB	HDHP; \$0 if age 40-75
<i>matzim la</i>	T3	
METHYLDOPA	T2	
<i>metolazone</i>	VBB	
<i>metoprolol succinate er</i>	VBB	QL (2 IN 1 DAYS); HDHP
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	VBB	HDHP
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	T1	HDHP
<i>metoprolol-hydrochlorothiazide</i>	VBB	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>	VBB	
<i>nifedipine er osmotic release</i>	VBB	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral</i>	T1	

Drug Name	Drug Tier	Notes
<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	
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>	VBB	HDHP
<i>phenoxybenzamine hcl oral</i>	T3	
<i>pindolol</i>	T1	
<i>pravastatin sodium</i>	VBB	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>	VBB	HDHP
<i>quinapril-hydrochlorothiazide</i>	VBB	HDHP
<i>quinidine gluconate er</i>	T1	
<i>quinidine sulfate</i>	T1	
<i>ramipril</i>	VBB	HDHP
<i>ranolazine er</i>	T1	

Drug Name	Drug Tier	Notes
RECTIV	T2	
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</i>	VBB	HDHP; \$0 if age 40-75
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	VBB	HDHP; \$0 if age 40-75
<i>simvastatin oral tablet 80 mg</i>	VBB	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>	VBB	
<i>spironolactone-hctz</i>	VBB	
<i>taztia xt</i>	VBB	
<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>	VBB	
<i>timolol maleate oral</i>	T1	
<i>torsemide</i>	T1	
<i>trandolapril</i>	T1	
<i>triamterene oral</i>	T3	
<i>triamterene-hctz</i>	VBB	
VALSARTAN ORAL SOLUTION	T2	AL (AGE MAX 12 YEARS)
<i>valsartan oral tablet</i>	VBB	
<i>valsartan-hydrochlorothiazide</i>	VBB	
VECAMYL	T3	
<i>verapamil hcl er</i>	VBB	
<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

Drug Name	Drug Tier	Notes
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
amphetamine-dextroamphetamine	T1	
amphetamine-dextroamphetamine er	T1	
atomoxetine hcl	T1	
clonidine hcl er oral tablet extended release 12 hour	T3	
dexamphetamine hcl	T1	
dexamphetamine hcl er	T1	
dextroamphetamine sulfate er	T1	
dextroamphetamine sulfate oral solution	T1	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	T1	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	T3	
guanfacine hcl er	T1	
lisdexamfetamine dimesylate	T1	QL (1 IN 1 DAYS)
methamphetamine hcl	T1	
methylphenidate	T3	QL (1 IN 1 DAYS)
methylphenidate hcl er	T1	
methylphenidate hcl er (cd)	T1	
methylphenidate hcl er (la)	T1	
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	T1	
methylphenidate hcl oral	T1	
VYVANSE	T2	QL (1 IN 1 DAYS)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	T3	
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AVONEX PEN	T4P	PA; SP-QTZ
AVONEX PREFILLED	T4P	PA; SP-QTZ
dalfampridine er	T3	PA; QL (2 IN 1 DAYS)
dimethyl fumarate oral	T1	PA; QL (2 IN 1 DAYS); SP-QTZ
dimethyl fumarate starter pack	T1	PA; QL (2 IN 1 DAYS); SP-QTZ
EXTAVIA	T4P	PA; SP-QTZ
fingolimod hcl	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
GILENYA ORAL CAPSULE 0.25 MG	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
glatiramer acetate	T4P	PA; SP-QTZ
glatopa	T4P	PA; SP-QTZ

Drug Name	Drug Tier	Notes
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
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
<b>Central Nervous System Agents - Miscellaneous</b>		
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 24 MG	T4NP	PA; QL (2 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 (1.5 IN 1 DAYS & 1 Fill limit per 365 days)
<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)
RELYVRIQ	T4NP	PA; QL (2 IN 1 DAYS)

Drug Name	Drug Tier	Notes
<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)
<b>tetrabenazine</b>	T4NP	
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
<i>cevimeline hcl</i>	T1	
<i>chlorhexidine gluconate mouth/throat</i>	T1	
DEBACTEROL	T3	
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	
PERIOMED	T3	
<i>pilocarpine hcl oral</i>	T1	
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	
<i>sodium fluoride 5000 ppm</i>	T1	
<i>sodium fluoride dental</i>	T1	
<i>triamcinolone acetonide mouth/throat</i>	T1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
<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)

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Drug Name	Drug Tier	Notes
adapalene treatment	T1	AL (AGE MAX 35 YEARS)
AKLIEF	T3	PA
ALA SCALP	T3	PA
alclometasone dipropionate	T1	
alcohol prep pads external 70 %	T1	
ALTRENO	T2	AL (AGE MAX 35 YEARS)
amcinonide	T3	PA
amnesteem	T1	
APEXICON E	T3	PA
azelaic acid external	T3	ST
AZELEX	T3	ST
benzoyl peroxide-erythromycin	T3	
betamethasone dipropionate aug	T1	
betamethasone dipropionate external	T1	
betamethasone valerate external	T1	
brimonidine tartrate external	T3	
BRYHALI	T3	PA
calcipotriene external cream	T1	
CALCIPOTRIENE EXTERNAL FOAM	T2	
calcipotriene external ointment	T1	
calcipotriene external solution	T1	
calcipotriene-betameth diprop	T3	
calcitriol external	T1	
CAPEX EXTERNAL SHAMPOO 0.01 %	T2	
claravis	T1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	T1	
clindamycin phosphate external gel	T1	
clindamycin phosphate external lotion	T1	
clindamycin phosphate external solution	T1	
clindamycin phosphate external swab	T1	
clindamycin-tretinoin	T3	PA
clobetasol propionate e	T1	
clobetasol propionate emulsion	T1	
clobetasol propionate external	T1	
clo cortolone pivalate	T3	PA
CORDRAN	T2	
cvs adapalene	T1	AL (AGE MAX 35 YEARS)

Drug Name	Drug Tier	Notes
dapsone external	T1	ST
desonide external cream	T3	PA
desonide external gel	T3	
desonide external lotion	T3	PA
desonide external ointment	T3	PA
desoximetasone external cream 0.05 %	T3	PA
desoximetasone external cream 0.25 %	T1	
desoximetasone external gel	T3	PA
desoximetasone external liquid	T3	PA
desoximetasone external ointment 0.05 %	T3	PA
desoximetasone external ointment 0.25 %	T1	
diclofenac sodium gel 3 % external	T3	PA; QL (3 FILLS IN 365 DAYS)
DIFFERIN EXTERNAL GEL 0.1 %	T2	AL (AGE MAX 35 YEARS)
DIFFERIN EXTERNAL LOTION	T3	PA
diflorasone diacetate	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	
ery	T1	
erythromycin external	T1	
EUCRISA	T3	ST
FABIOR	T2	PA
FINACEA EXTERNAL FOAM	T3	ST
fluocinolone acetonide body	T1	
fluocinolone acetonide external	T1	
fluocinolone acetonide scalp	T1	
fluocinonide emulsified base	T1	
fluocinonide external cream 0.05 %	T1	
fluocinonide external cream 0.1 %	T3	PA
fluocinonide external gel	T1	

Drug Name	Drug Tier	Notes
<i>fluocinonide external ointment</i>	T1	
<i>fluocinonide external solution</i>	T1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	T2	
<i>fluorouracil external cream 5 %</i>	T1	
<i>fluorouracil external solution</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	
<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 2.5 %</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 1-1 %	T2	
PRAMOSONE EXTERNAL LOTION	T2	
QBREXZA	T3	PA; QL (1 IN 1 DAYS)
RADIAPLEXRX	T3	
REGRANEX	T2	

Drug Name	Drug Tier	Notes
RHOFADE	T3	
SANTYL	T2	
<i>selenium sulfide external lotion</i>	T1	
SERNIVO	T3	PA
SORILUX	T2	
<i>sulfacetamide sodium (acne)</i>	T1	
<i>sulfacetamide sodium-sulfur liquid 10-5 % external</i>	T3	
<i>tacrolimus external</i>	T1	
<i>tazarotene external cream</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 absorbase</i>	T1	
<i>triderm</i>	T1	
ULTRAVATE	T3	PA
VEREGEN	T3	
<i>zenatane</i>	T1	
ZORYVE EXTERNAL CREAM	T3	PA
<b>Diabetes - Antidiabetic Agents</b>		
<i>acarbose oral</i>	VBB	HDHP
BYDUREON BCISE AUTOINJECTOR	VBB	PA; HDHP
BYETTA 10 MCG PEN	VBB	PA; HDHP
BYETTA 5 MCG PEN	VBB	PA; HDHP
CYCLOSET	T3	
FARXIGA	VBB	QL (1 IN 1 DAYS); HDHP
<i>glimepiride</i>	VBB	HDHP
<i>glipizide er</i>	VBB	HDHP
<i>glipizide oral tablet 10 mg, 5 mg</i>	VBB	HDHP
<i>glipizide xl</i>	VBB	HDHP
<i>glipizide-metformin hcl</i>	VBB	HDHP

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

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Drug Name	Drug Tier	Notes
ADVOCATE REDI-CODE+ CONTROL	VBB	HDHP
AGAMATRIX CONTROL	VBB	HDHP
AGAMATRIX CONTROL LEVEL 2	VBB	HDHP
AGAMATRIX CONTROL LEVEL 4	VBB	HDHP
ASSURE 3 CONTROL	VBB	HDHP
ASSURE 4 CONTROL LEVEL 1 & 2	VBB	HDHP
ASSURE DOSE CONTROL	VBB	HDHP
ASSURE DOSE NORM/HIGH CONTROL	VBB	HDHP
ASSURE II CONTROL	VBB	HDHP
ASSURE II CONTROL LEVEL 1 & 2	VBB	HDHP
ASSURE PRISM CONTROL LEVEL 1	VBB	HDHP
ASSURE PRO CONTROL LEVEL 1 & 2	VBB	HDHP
BLULINK CONTROL HIGH & LOW	VBB	HDHP
CARESENS CONTROL A	VBB	HDHP
CARESENS CONTROL SOLUTION A/B	VBB	HDHP
CARESENS LANCETS 30G	VBB	HDHP
CARETOUCH CONTROL SOL LEVEL 2	VBB	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	
CLEVER CHOICE COMFORT EZ	VBB	HDHP
CLEVER CHOICE GLUCOSE CONTROL	VBB	HDHP
CONTOUR CONTROL SOLUTION	VBB	HDHP
CONTOUR NEXT CONTROL SOLUTION	VBB	HDHP
CONTROL	VBB	HDHP
COOL CONTROL A	VBB	HDHP
COOL CONTROL B	VBB	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)
DEXCOM G7 SENSOR	T2	QL (3 IN 30 DAYS)

Drug Name	Drug Tier	Notes
DIASTIX	T2	
DIASTIX REAGENT	T2	
DIATHRIVE GLUCOSE CONTROL SOLN	VBB	HDHP
DIATRUE CONTROL LEVEL 1	VBB	HDHP
DIATRUE CONTROL LEVEL 2	VBB	HDHP
DIATRUE CONTROL LEVEL 3	VBB	HDHP
DUO-CARE CONTROL SOLUTION	VBB	HDHP
EASY PLUS II CONTROL	VBB	HDHP
EASY STEP CONTROL	VBB	HDHP
EASY TALK CONTROL	VBB	HDHP
EASY TALK PLUS II CONTROL	VBB	HDHP
EASY TOUCH CONTROL HIGH & LOW	VBB	HDHP
EASY TRAK CONTROL	VBB	HDHP
EASY TRAK II CONTROL	VBB	HDHP
EASYMAX 15 LEVEL 2 CONTROL	VBB	HDHP
EASYMAX 15 LEVEL 2-3 CONTROL	VBB	HDHP
EASYMAX CONTROL	VBB	HDHP
GLUCOSE CONTROL SOLUTIONS	VBB	HDHP
ELEMENT COMPACT CONTROL 2	VBB	HDHP
ELEMENT COMPACT CONTROL 3	VBB	HDHP
ELEMENT CONTROL	VBB	HDHP
EMBRACE CONTROL	VBB	HDHP
EMBRACE EVO CONTROL LEVEL 1	VBB	HDHP
EMBRACE GLUCOSE CONTROL	VBB	HDHP
EMBRACE PRO GLUCOSE CONTROL	VBB	HDHP
EMBRACE TALK GLUCOSE CONTROL	VBB	HDHP
EVOLUTION CONTROL	VBB	HDHP
FLOW-EZE VENTED NEEDLE	T3	HDHP
FORA CONTROL	VBB	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	VBB	HDHP
FORTISCARE CONTROL	VBB	HDHP
FREESTYLE CONTROL SOLUTION	VBB	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 SENSOR	T3	PA; QL (2 IN 28 DAYS)
GE100 CONTROL	VBB	HDHP

Drug Name	Drug Tier	Notes
GLUCOCARD 01 CONTROL	VBB	HDHP
GLUCOCARD EXPRESSION CONTROL	VBB	HDHP
GLUCOCARD SHINE CONTROL	VBB	HDHP
GLUCOCARD X-SENSOR CONTROL	VBB	HDHP
GLUCOCOM CONTROL	VBB	HDHP
GLUCOSE CONTROL	VBB	HDHP
GNP EASY TOUCH CONT HIGH/LOW	VBB	HDHP
GOJJI BLOOD KETONE TEST	T2	QL (100 IN 30 DAYS)
GOJJI CONTROL	VBB	HDHP
IN TOUCH GLUCOSE CONTROL	VBB	HDHP
INFINITY CONTROL	VBB	HDHP
INFINITY VOICE IN VITRO LIQUID	VBB	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	VBB	HDHP
LANCETS	VBB	HDHP
LIBERTY GLUCOSE CONTROL	VBB	HDHP
LIBERTY GLUCOSE CONTROL MID	VBB	HDHP
MEDISENSE GLUCOSE KETONE CONTR	VBB	HDHP
MEDISENSE HI/MID/LOW CONTROL	VBB	HDHP
MICRODOT CONTROL HIGH/LOW	VBB	HDHP
MONOJECT MEDICATION TRANSF NDL	T3	HDHP
MULTISTIX 10 SG	T2	
MYGLUCOHEALTH CONTROL	VBB	HDHP
NEUTEK 2TEK CONTROL	VBB	HDHP
NOVA MAX PLUS GLU/KET CONTROL	VBB	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	VBB	HDHP
ONETOUCH ULTRA 2 KIT W/DEVICE	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
ONETOUCH ULTRA CONTROL	VBB	HDHP
ONETOUCH ULTRA IN VITRO LIQUID	VBB	HDHP
ONETOUCH ULTRA IN VITRO STRIP	VBB	QL (200 IN 30 DAYS)

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

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Drug Name	Drug Tier	Notes
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T2	QL (0.2 ML IN 30 DAYS)
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T2	QL (0.4 ML IN 30 DAYS)
GVOKE HYPOOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T2	QL (0.2 ML IN 30 DAYS)
GVOKE HYPOOPEN 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)
<b>Diabetes - Insulins</b>		
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	VBB	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	VBB	HDHP
DROPSAFE SAFETY SYRINGE/NEEDLE	VBB	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	VBB	QL (45 ML IN 30 DAYS); HDHP
HUMULIN R U-500 VIAL	VBB	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, 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 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, 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" 0.5 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	VBB	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	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN 70/30 FLEXPEN RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN 70/30 RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN 70/30 VIAL	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N FLEXPEN	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N FLEXPEN RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N VIAL	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R FLEXPEN	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R FLEXPEN RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R VIAL	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG 70/30 FLEXPEN RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG FLEXPEN	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG FLEXPEN RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 FLEXPEN	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 VIAL	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG PENFILL	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG RELION	VBB	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG U-100 VIAL	VBB	QL (45 ML IN 30 DAYS); HDHP
SEMGLEE (YFGN)	VBB	QL (45 ML IN 30 DAYS); HDHP
ULTICARE INSULIN SYR 1/2 UNIT	VBB	HDHP
ULTIGUARD SAFEPACK SYR/NEEDLE	VBB	HDHP

Drug Name	Drug Tier	Notes
VERIFINE INSULIN SYRINGE	VBB	HDHP
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
ATABEX	\$0	
BRAINSTRONG PRENATAL	\$0	
CADEAU DHA	\$0	
carglumic acid	T4NP	SP-ORx
CENTRUM SPECIALIST PRENATAL	\$0	
CHEMET	T3	
classic prenatal	\$0	
C-NATE DHA	VBB	
COMPLETE NATAL DHA	VBB	
COMPLETENATE	VBB	
cvs d3 oral capsule 10 mcg (400 unit)	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
cvs folic acid	\$0	
cvs prenatal	\$0	
cvs prenatal gummy oral tablet chewable 0.4 mg, 0.4-113.5 mg	\$0	
cvs prenatal multi+dha	\$0	
cyanocobalamin injection solution 1000 mcg/ml	T1	
d3 high potency oral tablet	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
d3 kids	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
d3 oral tablet chewable 10 mcg (400 unit)	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
d-400	\$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)
deferasirox	T4NP	
deferasirox granules	T4NP	
deferiprone	T4NP	
delta d3	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
DODEX	T2	

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Drug Name	Drug Tier	Notes
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	T2	
effer-k oral tablet effervescent 25 meq	T1	
ELITE-OB	VBB	
ENFAMIL EXPECTA	\$0	
eql prenatal formula	\$0	
eql vitamin d3 oral capsule 10 mcg (400 unit)	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
ergocalciferol oral capsule	T1	
fa-8	\$0	
FERRIPROX ORAL SOLUTION	T4NP	
FERRIPROX TWICE-A-DAY	T4NP	
folate	\$0	
folic acid oral capsule 0.8 mg	\$0	
folic acid oral tablet 1 mg	T1	
folic acid oral tablet 400 mcg, 800 mcg	\$0	
GALZIN	T3	
gnp folic acid	\$0	
gnp prenatal	\$0	
gnp vitamin d oral tablet chewable	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
gnp vitamin d3	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
gnp vitamin d-400 oral tablet 10 mcg (400 unit)	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
healthy kids vitamin d3	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
HEALTHY MAMA BE WELL ROUNDED	\$0	
iodine strong oral	T3	
JYNARQUE	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
klor-con m10	T1	
klor-con m15	T1	
klor-con m20	T1	
kp folic acid oral tablet 1 mg	T1	
kp folic acid oral tablet 800 mcg	\$0	
kp prenatal multivitamins	\$0	

Drug Name	Drug Tier	Notes
<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	
LEVOCARNITINE INJECTION	T2	
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
LOKELMA	T3	QL (3 IN 1 DAYS)
MASONATAL	\$0	
M-NATAL PLUS	VBB	
<i>multi prenatal</i>	\$0	
NEONATAL PLUS	VBB	
NEONATAL PRENATAL	\$0	
NEONATAL VITAMIN	\$0	
NIVA-PLUS	VBB	
OBSTETRIX DHA	VBB	
OBTREX DHA	VBB	
ONE VITE WOMENS	\$0	
ONE VITE WOMENS PLUS	VBB	
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>	VBB	
<i>pnv-select</i>	VBB	
<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	VBB	
PRENATABS RX	VBB	
<i>prenatal (w/iron &amp; fa)</i>	\$0	
<i>prenatal 19 oral tablet</i>	VBB	
<i>prenatal 19 oral tablet chewable</i>	VBB	
<i>prenatal complete oral tablet</i>	\$0	
<i>prenatal formula</i>	\$0	
<i>prenatal forte</i>	\$0	
<i>prenatal gummies/dha &amp; fa</i>	\$0	

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Drug Name	Drug Tier	Notes
<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	
<i>prenatal oral tablet 27-1 mg</i>	VBB	
<i>prenatal plus vitamin/mineral</i>	VBB	
<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	VBB	
PROVIDA OB	VBB	
<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	VBB	
SE-NATAL 19	VBB	
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	VBB	

Drug Name	Drug Tier	Notes
THRIVITE RX	VBB	
<i>tolvaptan</i>	T4NP	PA; QL (2 IN 1 DAYS)
TRICARE	VBB	
<i>trientine hcl oral capsule 250 mg</i>	T4NP	
TRINATAL RX 1	VBB	
TRINATE	VBB	
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	VBB	
VINATE ONE	VBB	
<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	VBB	
<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)

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Drug Name	Drug Tier	Notes
WESNATAL DHA COMPLETE	VBB	
WESTAB PLUS	VBB	
<i>yl folic acid</i>	\$0	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
cimetidine oral	T1	
cvs lansoprazole	T1	PA; QL (1 IN 1 DAYS; MAX AGE 12 YEARS)
dexlansoprazole	T3	PA; QL (1 IN 1 DAYS)
esomeprazole magnesium oral capsule delayed release	T1	QL (1 IN 1 DAYS)
esomeprazole magnesium oral packet	T3	QL (1 IN 1 DAYS; AGE MAX 12 YEARS)
famotidine oral suspension reconstituted	T1	AL (AGE MAX 12 YEARS)
famotidine oral tablet 40 mg	T1	
famotidine tablet 20 mg oral (rx)	T1	
goodsense lansoprazole oral tablet delayed release dispersible	T1	PA; QL (1 IN 1 DAYS; MAX AGE 12 YEARS)
lansoprazole capsule delayed release 15 mg oral (rx)	T1	QL (1 IN 1 DAYS)
lansoprazole oral capsule delayed release 30 mg	T1	QL (2 IN 1 DAYS)
lansoprazole oral tablet delayed release dispersible	T1	PA; QL (1 IN 1 DAYS; MAX AGE 12 YEARS)
misoprostol oral	\$0	
NEXIUM ORAL PACKET 2.5 MG, 5 MG	T3	QL (1 IN 1 DAYS; AGE MAX 12 YEARS)
nizatidine	T3	
omeprazole oral capsule delayed release	T1	QL (3 IN 1 DAYS)
pantoprazole sodium oral	T1	QL (2 IN 1 DAYS)
PRILOSEC	T3	QL (MAX 2 PACKETS/DAY. MAX AGE 12 YEARS)
rabeprazole sodium oral tablet delayed release	T1	QL (2 IN 1 DAYS)
sucralfate oral	T1	
ZANTAC 360 MAX ST	T2	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alosetron hcl oral tablet 0.5 mg	T3	PA; QL (3 IN 1 DAYS)
alosetron hcl oral tablet 1 mg	T3	PA; QL (2 IN 1 DAYS)
amoxicill-clarithro-lansopraz	T3	QL (8 IN 1 DAYS; MAX 14 DAYS IN 365 DAYS)

Drug Name	Drug Tier	Notes
atropine sulfate solution prefilled syringe 0.5 mg/5ml injection	T1	
atropine sulfate solution prefilled syringe 1 mg/10ml injection	T1	
CHENODAL	T3	
chlordiazepoxide-clidinium	T1	
CLENPIQ	T3	PA; QL (350 ML IN 30 DAYS)
constulose	T1	
cromolyn sodium oral	T1	
cvs purelax oral packet	T1	
dicyclomine hcl oral	T1	
diphenoxylate-atropine	T1	
enulose	T1	
eq laxative	T1	
GATTEX	T4NP	PA
gavilyte-c	T1	QL (2 FILLS IN 365 DAYS)
gavilyte-g	T1	QL (2 FILLS IN 365 DAYS)
generlac	T1	
glycopyrrolate oral solution	T3	
glycopyrrolate oral tablet 1 mg, 2 mg	T1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	T3	
grp clearlax oral packet	T1	
healthylax	T1	
hyoscyamine sulfate er	T1	
hyoscyamine sulfate oral elixir	T1	
hyoscyamine sulfate oral tablet	T1	
hyoscyamine sulfate oral tablet dispersible	T1	
hyoscyamine sulfate sublingual	T1	
hyosyne	T1	
KRISTALOSE	T3	
lactulose encephalopathy	T1	
lactulose oral packet	T3	
lactulose oral solution	T1	
LINZESS	T2	PA; QL (1 IN 1 DAYS)
loperamide hcl oral capsule	T3	
lubiprostone	T1	QL (2 IN 1 DAYS)
methscopolamine bromide oral	T3	
MOTEGRITY	T3	PA; QL (1 IN 1 DAYS)
MOVANTIK	T2	PA; QL (1 IN 1 DAYS)

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Drug Name	Drug Tier	Notes
MYTESI	T3	
<i>na sulfate-k sulfate-mg sulf</i>	T3	PA; QL (360 ML IN 30 DAYS)
OSCIMIN	T2	
<i>peg 3350 oral packet</i>	T1	
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	QL (2 FILLS IN 365 DAYS)
<i>peg-3350/electrolytes</i>	T1	QL (2 FILLS IN 365 DAYS)
<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
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)

Drug Name	Drug Tier	Notes
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
yargesa	T4NP	PA
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
<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	
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)
<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	

Drug Name	Drug Tier	Notes
<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)
THIOLA EC	T3	
<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>trospium chloride</i>	T1	
<i>trospium chloride er</i>	T1	QL (1 IN 1 DAYS)
<i>uretron d/s</i>	T3	
VELPHORO	T3	PA
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
<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	
<b>Hormonal Agents - Adrenal</b>		
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	
<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	

Drug Name	Drug Tier	Notes
KENALOG INJECTION SUSPENSION 10 MG/ML	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	
<b>Hormonal Agents - Men's Health</b>		
ANDRODERM	T3	PA; \$0 for gender identity-related dx
<i>danazol oral</i>	T1	
METHITEST	T4P	
<i>methyltestosterone oral</i>	T4NP	
<i>testosterone cypionate intramuscular</i>	T1	PA; \$0 for gender identity-related dx
<i>testosterone enanthate intramuscular</i>	T1	PA; \$0 for gender identity-related dx
<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; \$0 for gender identity-related dx
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	T1	PA; QL (2.5 GM IN 1 DAYS); \$0 for gender identity-related dx
<b>Hormonal Agents - Pituitary</b>		
ACTHAR	T4NP	PA; SP-ORx
<i>cabergoline</i>	T1	
CETROTIDE	T4NP	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	T3	PA
CLOMID	T3	PA
CORTROPHIN	T4NP	PA; SP-ORx

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Drug Name	Drug Tier	Notes
<i>desmopressin ace spray refrig</i>	T1	
<i>desmopressin acetate oral</i>	T1	
<i>desmopressin acetate spray</i>	T1	
FOLLISTIM AQ	T4NP	
<i>fyremadel</i>	T4NP	
<i>ganirelix acetate</i>	T4NP	
GONAL-F	T4NP	
GONAL-F RFF	T4NP	
GONAL-F RFF REDIRECT	T4NP	
INCRELEX	T4NP	PA; SP-ORx
<i>leuprolide acetate injection</i>	T3	
MENOPUR	T4NP	
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)
OVIDREL	T4NP	
PREGNYL	T3	PA
SIGNIFOR	T4NP	PA; QL (2 ML IN 1 DAYS)
SOMAVERT	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
SYNAREL	T2	
<b>Hormonal Agents - Prostaglandins</b>		
KORLYM	T3	
<i>mifepristone oral tablet 200 mg</i>	\$0	
<i>mifepristone oral tablet 300 mg</i>	T3	
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA	T3	
<i>raloxifene hcl</i>	T1	\$0 for breast cancer PX
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
<i>afirmelle</i>	\$0	
<i>aftera</i>	\$0	
AFTERPILL	\$0	
<i>altavera</i>	\$0	
<i>alyacen 1/35</i>	\$0	
<i>alyacen 7/7/7</i>	\$0	

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Drug Name	Drug Tier	Notes
amabelz	T3	
amethyst	\$0	
ANGELIQ	T3	
ANNOVERA	\$0	
apri	\$0	
aranelle	\$0	
ashlyna	\$0	QL (1 IN 1 DAYS)
aubra eq	\$0	
aurovela 1.5/30	\$0	
aurovela 1/20	\$0	
aurovela 24 fe	\$0	
aurovela fe 1.5/30	\$0	
aurovela fe 1/20	\$0	
aviane	\$0	
ayuna	\$0	
azurette	\$0	
balziva	\$0	
blisovi 24 fe	\$0	
blisovi fe 1.5/30	\$0	
blisovi fe 1/20	\$0	
briellyn	\$0	
camila	\$0	
camrese	\$0	QL (1 IN 1 DAYS)
camrese lo	\$0	QL (1 IN 1 DAYS)
charlotte 24 fe	\$0	
chateal eq	\$0	
COMBIPATCH	T2	QL (8 IN 28 DAYS)
CRINONE	T3	PA
cryselle-28	\$0	
curae	\$0	
cyred eq	\$0	
dasetta 1/35	\$0	
dasetta 7/7/7	\$0	
daysee	\$0	QL (1 IN 1 DAYS)
deblitane	\$0	
delyla	\$0	
DEPO-SUBQ PROVERA 104	\$0	QL (3 IN 365 DAYS)

Drug Name	Drug Tier	Notes
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	\$0	
dolishale	\$0	
dotti	T1	QL (8 IN 28 DAYS)
drospirenen-eth estrad-levomefol	\$0	
drospirenone-ethinyl estradiol	\$0	
DUAVEE	T2	
econtra one-step	\$0	
ELESTRIN	T3	QL (26 GM IN 30 DAYS; MAX 90 DAYS)
elinest	\$0	
ELLA	\$0	
eluryng	\$0	
ENDOMETRIN	T3	PA
enilloring	\$0	
enpresse-28	\$0	
enskyce	\$0	
errin	\$0	
estarrylla	\$0	
estradiol oral	T1	
estradiol transdermal gel	T3	
estradiol transdermal patch twice weekly	T1	QL (8 IN 28 DAYS)
estradiol transdermal patch weekly	T1	QL (4 IN 28 DAYS)
estradiol vaginal	T1	
estradiol valerate intramuscular	T1	\$0 for gender identity-related dx
estradiol-norethindrone acet	T3	
ESTRING	T2	QL (1 IN 90 DAYS)
ethynodiol diac-eth estradiol	\$0	
etonogestrel-ethinyl estradiol	\$0	
falmina	\$0	
finzala	\$0	
fyavolv	T1	
gummily	\$0	
hailey 1.5/30	\$0	
hailey 24 fe	\$0	
hailey fe 1.5/30	\$0	
hailey fe 1/20	\$0	
haloette	\$0	
heather	\$0	

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Drug Name	Drug Tier	Notes
<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)
<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 &amp; 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-ethynodiol estrad</i>	\$0	
<i>levonorg-eth estrad triphasic</i>	\$0	

Drug Name	Drug Tier	Notes
<i>levora 0.15/30 (28)</i>	\$0	
<i>LO LOESTRIN FE</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>lutera</i>	\$0	
<i>lyeq</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 (3 IN 365 DAYS)
<i>medroxyprogesterone acetate oral</i>	T1	
<i>megestrol acetate oral</i>	T1	
<i>MENEST</i>	T2	
<i>MENOSTAR</i>	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</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	
<i>MYFEMBREE</i>	T2	PA; QL (1 IN 1 DAYS)
<i>NATAZIA</i>	\$0	
<i>necon 0.5/35 (28)</i>	\$0	
<i>new day</i>	\$0	
<i>NEXTSTELLIS</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	

Drug Name	Drug Tier	Notes
norethindrone acet-ethinyl est	\$0	
norethindrone oral	\$0	
norethindrone-eth estradiol	T1	
norethindron-ethinyl estrad-fe	\$0	
norethin-eth estradiol-fe	\$0	
norgestimate-eth estradiol	\$0	
norgestimate-ethinyl estradiol triphasic	\$0	
norlyroc	\$0	
nortrel 0.5/35 (28)	\$0	
nortrel 1/35 (21)	\$0	
nortrel 1/35 (28)	\$0	
nortrel 7/7/7	\$0	
nylia 1/35	\$0	
nylia 7/7/7	\$0	
nymyo	\$0	
ocella	\$0	
opcicon one-step	\$0	
option 2	\$0	
philith	\$0	
pimtrea	\$0	
portia-28	\$0	
PREMARIN ORAL	T2	
PREMARIN VAGINAL	T2	
PREMPHASE	T2	
PREMPRO	T2	
progesterone intramuscular	T3	PA
progesterone oral	T1	
react	\$0	
reclipsen	\$0	
rivelsa	\$0	QL (1 IN 1 DAYS)
setlakin	\$0	QL (1 IN 1 DAYS)
sharobel	\$0	
simliya	\$0	
simpesse	\$0	QL (1 IN 1 DAYS)
SLYND	\$0	
sprintec 28	\$0	
sronyx	\$0	
syeda	\$0	

Drug Name	Drug Tier	Notes
<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	
<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</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>TWIRLA</i>	\$0	QL (3 IN 28 DAYS)
<i>tydemy</i>	\$0	
<i>velivet</i>	\$0	
<i>vestura</i>	\$0	
<i>vienna</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	
<b>Hormonal Agents - Thyroid</b>		
<i>ADTHYZA</i>	T2	
<i>ARMOUR THYROID</i>	T2	

Drug Name	Drug Tier	Notes
euthyrox	T1	
levo-t	T1	
levothyroxine sodium oral tablet	T1	
levoxyl	T1	
liothyronine sodium oral	T1	
methimazole oral	T1	
NIVA THYROID	T2	
np thyroid	T1	
propylthiouracil oral	T1	
SYNTHROID	T2	
THYQUIDITY	T3	AL (AGE MAX 12 YEARS)
thyroid oral	T1	
unithroid	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	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
ALFERON N	T4P	PA
ASTAGRAF XL	T3	PA
azathioprine oral tablet 50 mg	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

Drug Name	Drug Tier	Notes
COSENTYX SENSOREADY PEN	T4NP	PA; QL (1 IN 28 DAYS); SP-QTZ
COSENTYX UNOREADY	T4NP	PA; QL (2 IN 28 DAYS); SP-QTZ
cyclosporine modified	T1	
cyclosporine oral	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
ENSPRYNG	T4NP	PA; QL (0.04 ML IN 1 DAY); SP-QTZ
ENVARSUS XR	T3	PA
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	T3	
gengraf	T1	
HADLIMA	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HADLIMA PUSHTOUCH	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) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T4P	PA; QL (6 IN 28 DAYS); SP-QTZ
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T4P	PA; QL (4 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-PED<40KG CROHNS STARTER	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA-PED>/=40KG CROHNS START	T4P	PA; QL (3 IN 28 DAYS); SP-QTZ
HUMIRA-PED>/=40KG UC STARTER	T4P	PA; QL (4 IN 28 DAYS); SP-QTZ
HUMIRA-PSORIASIS/UVEIT 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

Drug Name	Drug Tier	Notes
HYRIMOZ-PED>/=40KG CROHN START	T4P	PA; QL (3 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	
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
RUCONEST	T4NP	PA
<i>sajazir</i>	T4NP	PA
SANDIMMUNE ORAL SOLUTION	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

Drug Name	Drug Tier	Notes
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
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4P	PA; QL (1 ML IN 56 DAYS); SP-QTZ
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	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
<b>Immunological Agents - Drugs for Vaccination</b>		
ABRYSVO	T2	AL (AGE GREATER THAN OR = TO 18 YEARS)
ADACEL	\$0	AL (AGE MIN 18 YEARS)
AFLURIA QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
AREXVY	T2	AL (AGE GREATER THAN OR = TO 60 YEARS)
BOOSTRIX	\$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 QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
FLUARIX QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
FLUBLOK QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
FLUCELVAX QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)

Drug Name	Drug Tier	Notes
FLULAVAL QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
FLUMIST QUADRIVALENT	\$0	
FLUZONE HIGH-DOSE QUADRIVALENT	\$0	QL (0.7 ML IN 180 DAYS)
FLUZONE QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
HEPLISAV-B	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
MODERNA COVID-19 VAC 6M-11Y	\$0	QL (0.25 ML PER FILL; AGE MIN 6 MONTHS)
NOVAVAX COVID-19 VACCINE	\$0	QL (0.5 ML PER FILL; AGE MIN 12 YEARS)
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)
PREHEVBRIOS	\$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)
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM-HC EXTERNAL LOTION	T2	
balsalazide disodium	T1	
budesonide er	T1	QL (1 IN 1 DAYS)
budesonide oral	T1	QL (3 IN 1 DAYS)
budesonide rectal	T3	
DIPENTUM	T2	
hydrocortisone (perianal)	T1	
hydrocortisone ace-pramoxine external cream 1-1 %	T3	
hydrocortisone rectal	T1	

Drug Name	Drug Tier	Notes
<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	
<i>proctosol hc</i>	T1	
<i>proctozone-hc</i>	T1	
<i>sulfasalazine oral</i>	T1	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
<i>alendronate sodium oral solution</i>	VBB	QL (300 ML IN 28 DAYS); HDHP
<i>alendronate sodium oral tablet</i>	VBB	HDHP
<i>calcitonin (salmon) nasal</i>	VBB	HDHP
FOSAMAX PLUS D	T3	QL (4 IN 28 DAYS)
<i>ibandronate sodium oral</i>	VBB	QL (1 IN 28 DAYS); HDHP
<i>risedronate sodium oral tablet 150 mg</i>	VBB	QL (1 IN 28 DAYS); HDHP
<i>risedronate sodium oral tablet 30 mg</i>	VBB	HDHP
<i>risedronate sodium oral tablet 35 mg</i>	VBB	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)
<b>Metabolic Bone Disease Agents - Other</b>		
<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
<i>RAYALDEE</i>	T3	PA

Drug Name	Drug Tier	Notes
<b>Miscellaneous Therapeutic Agents</b>		
ADVOCATE INSULIN PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
AEROCHAMBER HOLDING CHAMBER	VBB	HDHP
AEROCHAMBER MINI CHAMBER	VBB	HDHP
AEROCHAMBER MV	VBB	HDHP
AEROCHAMBER PLS FLOVU MTHPIECE	VBB	HDHP
AEROCHAMBER PLUS FLO-VU INTERM	VBB	HDHP
AEROCHAMBER PLUS FLO-VU LARGE	VBB	HDHP
AEROCHAMBER PLUS FLO-VU MEDIUM	VBB	HDHP
AEROCHAMBER PLUS FLO-VU SMALL	VBB	HDHP
AEROCHAMBER PLUS FLOW VU	VBB	HDHP
AEROCHAMBER W/FLOWSIGNAL	VBB	HDHP
AEROCHAMBER Z-STAT PLUS	VBB	HDHP
AEROCHAMBER Z-STAT PLUS CHAMBR	VBB	HDHP
AEROCHAMBER Z-STAT PLUS/LARGE	VBB	HDHP
AEROCHAMBER Z-STAT PLUS/MEDIUM	VBB	HDHP
AEROCHAMBER Z-STAT PLUS/SMALL	VBB	HDHP
AEROGEAR ACTION ASTHMA KIT	VBB	QL (1 IN 365 DAYS); HDHP
AEROVENT PLUS	VBB	HDHP
AIMSCO LUBRICATED	\$0	
AIRZONE PEAK FLOW METER	VBB	HDHP
ALCOHOL PREP PADS PAD , 70 %	T1	
AQINJECT PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
ASSESS PEAK FLOW METER	VBB	HDHP
ASSURE ID DUO PRO PEN NEEDLES	VBB	QL (200 PER FILL); HDHP
ASSURE ID PRO PEN NEEDLES	VBB	QL (200 PER FILL); HDHP
AUM INSULIN SAFETY PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
AUM MINI INSULIN PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
AUM PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
AUM READYGARD DUO PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
AUM SAFETY PEN NEEDLE	VBB	QL (200 PER FILL); 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	VBB	QL (200 PER FILL); HDHP
BD BLUNT FILL NEEDLE	T3	HDHP
BD BLUNT FILTER NEEDLE	T3	HDHP

Drug Name	Drug Tier	Notes
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
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 20 ML , 5 ML	T3	
BD SYRINGE LUER-LOK	T3	
BD SYRINGE SLIP TIP 1 ML , 10 ML , 3 ML	T3	

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Drug Name	Drug Tier	Notes
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	VBB	QL (200 PER FILL); HDHP
BREATHE COMFORT CHAMBER/ADULT	VBB	HDHP
BREATHE COMFORT CHAMBER/CHILD	VBB	HDHP
BREATHE EASE LARGE	VBB	HDHP
BREATHE EASE MEDIUM	VBB	HDHP
BREATHE EASE PEAK FLOW METER	VBB	HDHP
BREATHE EASE SMALL	VBB	HDHP
BREATHERITE VALVED MDI CHAMBER	VBB	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	VBB	QL (200 PER FILL); HDHP

Drug Name	Drug Tier	Notes
CLEVER CHOICE HOLDING CHAMBER	VBB	HDHP
CLEVER CHOICE PEAK FLOW METER	VBB	HDHP
COMFORT EZ PRO PEN NEEDLES	VBB	QL (200 PER FILL); HDHP
COMPACT SPACE CHAMBER	VBB	HDHP
COMPACT SPACE CHAMBER/LG MASK	VBB	HDHP
COMPACT SPACE CHAMBER/MED MASK	VBB	HDHP
COMPACT SPACE CHAMBER/SM MASK	VBB	HDHP
CONDOMS	\$0	
CRONO SYRINGE	T3	HDHP
DEFLUX METAL NEEDLE	T3	HDHP
DOJOLVI	T4NP	PA
DOVER BULB SYRINGE	T3	
DROPLET MICRON	VBB	QL (200 PER FILL); HDHP
DROPSAFE ALCOHOL PREP	T1	
DROPSAFE SICURA	T3	HDHP
DUREX EXTRA SENSITIVE THIN	\$0	
DUREX REALFEEL	\$0	
EASIVENT	VBB	HDHP
EASIVENT MASK LARGE	VBB	HDHP
EASIVENT MASK MEDIUM	VBB	HDHP
EASIVENT MASK SMALL	VBB	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

Drug Name	Drug Tier	Notes
EASY TOUCH TB SHEATHLOCK SYR	T3	HDHP
EASYPPOINT NEEDLE	T3	HDHP
EASYPPOINT NEEDLE/SYRINGE	T3	HDHP
EMBRACE PEN NEEDLES	VBB	QL (200 PER FILL); HDHP
ENCARE	\$0	
ENDARI	T3	
EPISIL	T3	PA
EQ SPACE CHAMBER ANTI-STATIC	VBB	HDHP
EQ SPACE CHAMBER ANTI-STATIC L	VBB	HDHP
EQ SPACE CHAMBER ANTI-STATIC M	VBB	HDHP
EQ SPACE CHAMBER ANTI-STATIC S	VBB	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 (8 IN 1 DAYS)
FLEXICHAMBER	VBB	HDHP
FLEXICHAMBER ADULT MASK/SMALL	VBB	HDHP
FLEXICHAMBER CHILD MASK/LARGE	VBB	HDHP
FLEXICHAMBER CHILD MASK/SMALL	VBB	HDHP
GNP ULTIGUARD SAFEPACK NEEDLE	VBB	QL (200 PER FILL); HDHP
GRASTEK	T2	QL (1 IN 1 DAYS)
HYPODERMIC NEEDLE	T3	HDHP
INCONTROL ULTICARE PEN NEEDLES	VBB	QL (200 PER FILL); HDHP
INSPIREASE	VBB	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	VBB	QL (200 PER FILL); 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	

Drug Name	Drug Tier	Notes
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	
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	VBB	HDHP
MAGELLAN SYRINGE-SAFETY NEEDLE	T3	HDHP
MAGELLAN TUBERCULIN SYRINGE	T3	HDHP
MASK VORTEX	VBB	HDHP
MASK VORTEX/CHILD/FROG	VBB	HDHP
MASK VORTEX/TODDLER/LADYBUG	VBB	HDHP
MAXX	\$0	
MAXX PLUS	\$0	
<i>methylergonovine maleate oral</i>	T1	
MICROCHAMBER	VBB	HDHP
MICROLIFE DIGITAL PEAK FLOW	VBB	HDHP
MICROSPACER	VBB	HDHP
MINI WRIGHT PEAK FLOW METER	VBB	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

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Drug Name	Drug Tier	Notes
MONOJECT MAGELLAN SYRINGE	T3	HDHP
MONOJECT PHARMACY TRAY	T3	
MONOJECT PISTON SYRINGE	T3	
MONOJECT SMARTIP SYR/CANNULA	T3	
MONOJECT SOFTPACK/CATH TIP	T3	
MONOJECT SOFTPACK/LLOCK	T3	
MONOJECT SOFTPACK/LTIP	T3	
MONOJECT SOFTPACK/RG LOCK	T3	
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 AUTOCOVER PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
NOVOFINE PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
NOVOFINE PLUS PEN NEEDLE	VBB	QL (200 PER FILL); HDHP

Drug Name	Drug Tier	Notes
ODACTRA	T2	QL (1 IN 1 DAYS)
OMNIFLEX DIAPHRAGM	\$0	
OMNIPOD 5 G6 INTRO (GEN 5)	T4NP	QL (1 IN 30 DAYS; 1 FILL IN 365 DAYS)
OMNIPOD 5 G6 PODS (GEN 5)	T4NP	QL (10 IN 30 DAYS)
OMNIPOD 5 G7 PODS (GEN 5)	T4NP	QL (10 IN 30 DAYS)
OMNIPOD DASH PODS (GEN 4)	T4NP	QL (10 IN 30 DAYS)
OPTICHAMBER DIAMOND	VBB	HDHP
OPTICHAMBER DIAMOND-LG MASK	VBB	HDHP
OPTICHAMBER DIAMOND-MD MASK	VBB	HDHP
OPTICHAMBER DIAMOND-SM MASK	VBB	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	VBB	HDHP
PANDA MASK MEDIUM	VBB	HDHP
PANDA MASK SMALL	VBB	HDHP
PARI VORTEX ADULT MASK	VBB	HDHP
PEAK A-I-R FLOW METER	VBB	HDHP
PEAK AIR PEAK FLOW METER	VBB	HDHP
PEAK FLOW METER UNIVERSAL RANG	VBB	HDHP
PEDIATRIC PANDA MASK	VBB	HDHP
PEDIATRIC SMALL MASK	VBB	HDHP
PERSONAL BEST FULL RANGE	VBB	HDHP
PHEXXI	\$0	
PIKO 1	VBB	HDHP
PIP PEN NEEDLES 31G X 5MM	VBB	QL (200 PER FILL); HDHP
PIP PEN NEEDLES 32G X 4MM	VBB	QL (200 PER FILL); HDHP
POCKET CHAMBER	VBB	HDHP
POCKET PEAK FLOW METER	VBB	HDHP

Drug Name	Drug Tier	Notes
POCKET SPACER	VBB	HDHP
POCKETPEAK PEAK FLOW METER	VBB	HDHP
POLY HUB NEEDLE	T3	HDHP
PRO COMFORT SPACER ADULT	VBB	HDHP
PRO COMFORT SPACER CHILD	VBB	HDHP
PRO COMFORT SPACER INFANT	VBB	HDHP
PROCARE SPACER/ADULT MASK	VBB	HDHP
PROCARE SPACER/CHILD MASK	VBB	HDHP
PROCHAMBER VHC	VBB	HDHP
PROTHELIAL	T3	PA
PURE COMFORT FLOW METER ADULT	VBB	HDHP
PURE COMFORT FLOW METER CHILD	VBB	HDHP
PURE COMFORT SAFETY PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
PURE COMFORT SPACER CHAMBER	VBB	HDHP
RADIOGARDASE	T3	
RAGWITEK	T2	QL (1 IN 1 DAYS)
RAYA SURE PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
REALITY LATEX CONDOMS	\$0	
REALITY LATEX/ULTRA TEXTURED	\$0	
REALITY LATEX/ULTRA THIN	\$0	
RITEFLO	VBB	HDHP
SAFETY PEN NEEDLES	VBB	QL (200 PER FILL); 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	VBB	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

Drug Name	Drug Tier	Notes
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	VBB	QL (200 PER FILL); HDHP
TODAY SPONGE	\$0	
TOOMEY SYRINGE	T3	
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	VBB	HDHP
ULTICARE SYRINGE	T3	HDHP
ULTICARE TUBERCULIN SAFETY SYR	T3	HDHP
UNIFINE PROTECT PEN NEEDLE	VBB	QL (200 PER FILL); 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	VBB	QL (200 PER FILL); HDHP
VERIFINE PLUS PEN NEEDLE	VBB	QL (200 PER FILL); HDHP
VISTOGARD	T4NP	QL (20 IN 30 DAYS; MAX 30 DAYS)
VORTEX HOLD CHMBR/MASK/CHILD	VBB	HDHP

Drug Name	Drug Tier	Notes
VORTEX HOLD CHMBR/MASK/TODDLER	VBB	HDHP
VORTEX VALVED HOLDING CHAMBER	VBB	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	
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	
ALOCRIL	T3	
ALOMIDE	T2	
ALREX	T3	
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	
BROMSITE	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>erythromycin ophthalmic</i>	T1	
<i>eye allergy itch relief</i>	T1	
<i>eye allergy itch/redness rel</i>	T1	

Drug Name	Drug Tier	Notes
FLAREX	T3	
<i>fluorometholone</i>	T1	
<i>flurbiprofen sodium</i>	T1	
FML FORTE	T3	
<i>ft eye allergy itch &amp; redness</i>	T1	
<i>ft eye allergy itch relief</i>	T1	
<i>gatifloxacin ophthalmic</i>	T1	
<i>gentamicin sulfate ophthalmic</i>	T1	
<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	

Drug Name	Drug Tier	Notes
<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	
TOBREX	T2	
<i>trifluridine</i>	T1	
UPNEEQ	T3	QL (1 IN 1 DAYS)
XDEMVF	T3	PA; QL (10 ML per Fill)
ZIRGAN	T3	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
<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	

Drug Name	Drug Tier	Notes
<i>tafluprost (pf)</i>	T3	
<i>timolol maleate (once-daily)</i>	T1	
<i>timolol maleate oculose</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	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
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	
LACRISERT	T3	
<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)

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Drug Name	Drug Tier	Notes
VEVYE	T3	ST
XIIDRA	T3	ST
ZYLET	T3	
<b>Otic Agents - Drugs for Ear Conditions</b>		
acetic acid otic	T1	
CIPRO HC	T2	QL (40 IN 30 DAYS)
ciprofloxacin hcl otic	T1	
ciprofloxacin-dexamethasone	T1	
CIPROFLOXACIN-FLUOCINOLONE PF	T3	
CORTISPORIN-TC	T3	
fluocinolone acetonide otic	T3	
hydrocortisone-acetic acid	T1	
neomycin-polymyxin-hc otic	T1	
ofloxacin otic	T1	QL (20 ML IN 30 DAYS)
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal	T1	
benzonatate oral capsule 100 mg, 200 mg	T1	
benzonatate oral capsule 150 mg	T3	
CAPCOF	T2	QL (240 ML IN 30 DAYS)
carbinoxamine maleate oral solution	T3	
carbinoxamine maleate oral tablet 4 mg	T3	
CLARINEX-D 12 HOUR	T3	PA
clemastine fumarate oral syrup	T3	
clemastine fumarate oral tablet	T1	
cyproheptadine hcl oral	T1	
desloratadine	T3	PA
fluticasone propionate nasal	T1	
g tussin ac	T1	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
guaifenesin-codeine	T1	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
hydrocod poli-chlorphe poli er	T1	
hydrocodone bit-homatrop mbr	T1	
hydromet	T1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	T2	
ipratropium bromide nasal	T1	
KARBINAL ER	T3	

Drug Name	Drug Tier	Notes
maxi-tuss ac	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)
olopatadine hcl nasal	T3	
promethazine vc	T3	
promethazine vc/codeine	T1	AL (AGE MIN 12 YEARS)
promethazine-codeine oral solution	T1	AL (AGE MIN 12 YEARS)
promethazine-dm	T3	
pseudoephedrine-bromphen-dm	T3	
RYDEX	T2	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
sodium chloride inhalation	T1	
TUXARIN ER	T3	AL (AGE MIN 12 YEARS)
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
acetylcysteine inhalation	T3	
ADVAIR DISKUS	VBB	HDHP
ADVAIR HFA	VBB	HDHP
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	T1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	T2	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	T1	QL (300 ML IN 30 DAYS)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	T1	QL (120 ML IN 30 DAYS)
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	T1	QL (120 ML IN 30 DAYS)
albuterol sulfate oral	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	
arformoterol tartrate	T3	
ARNUITY ELLIPTA	VBB	HDHP
ASMANEX (120 METERED DOSES)	T3	ST

Effective 5/1/2024

Drug Name	Drug Tier	Notes
ASMANEX (30 METERED DOSES)	T3	ST
ASMANEX (60 METERED DOSES)	T3	ST
ASMANEX HFA	T3	ST
ATROVENT HFA	T2	
BREO ELLIPTA	VBB	HDHP
BREZTRI AEROSPHERE	T2	
<i>budesonide inhalation</i>	VBB	QL (120 ML IN 30 DAYS); HDHP
COMBIVENT RESPIMAT	T2	
<i>cromolyn sodium inhalation</i>	T1	QL (480 ML IN 30 DAYS)
<i>elizophyllin</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	VBB	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>	VBB	
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>pifendidone oral capsule</i>	T4P	PA; QL (9 IN 1 DAYS); SP-QTZ
<i>pifendidone oral tablet 267 mg</i>	T4P	PA; QL (9 IN 1 DAYS); SP-QTZ
<i>pifendidone oral tablet 801 mg</i>	T4P	PA; QL (3 IN 1 DAYS); SP-QTZ
PROAIR RESPICLICK	T3	

Effective 5/1/2024

Drug Name	Drug Tier	Notes
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	VBB	HDHP
<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

Drug Name	Drug Tier	Notes
TRIKAFTA ORAL THERAPY PACK	T4NP	PA; QL (56 IN 28 DAYS); SP-ORx
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
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
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	T4P	
TYVASO STARTER	T4P	
UPTRAVI ORAL	T4P	PA; QL (2 IN 1 DAYS)
UPTRAVI TITRATION	T4P	PA; QL (2 IN 1 DAYS)
VENTAVIS	T4NP	PA
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
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</i>	T1	
NORGESIC FORTE	T2	
<i>orphenadrine citrate er</i>	T1	
ORPHENGESIC FORTE	T2	

Drug Name	Drug Tier	Notes
OZOBAX DS	T3	
<i>tizanidine hcl oral capsule</i>	T3	
<i>tizanidine hcl oral tablet</i>	T1	
<b>Sleep Disorder Agents</b>		
<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	
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	
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oxazepam	31	penicillamine	60	PNEUMOVAX 23	74
OXBRYTA	83	penicillin v potassium	11	pnv prenatal plus multivit+dha	54
oxcarbazepine	13	pentamidine isethionate	25	pnv-select	54
OXERVATE	89	PENTASA	75	POCKET CHAMBER	83
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OXISTAT	18	pentoxifylline er	36	METER	83
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oxybutynin chloride	60	periogard	40	POCKETCHEM EZ CONTROL	49
oxybutynin chloride er	60	PERIOMED	40	POCKETPEAK PEAK FLOW	
oxycodone hcl	4	permethrin	25	METER	84
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		phenazo	60	potassium chloride	54
		phenazopyridine hcl	61	potassium chloride crys er	54
		phenelzine sulfate	16	potassium chloride er	54

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<i>pramipexole dihydrochloride</i>	26	primidone	14	PURIXAN	23
<i>pramipexole dihydrochloride er</i>	26	PRO COMFORT SPACER		<i>pyrazinamide</i>	19
PRAMOSONE	43	ADULT	84	<i>pyridostigmine bromide</i>	19
<i>prasugrel hcl</i>	26	PRO COMFORT SPACER		<i>pyridostigmine bromide er</i>	19
<i>pravastatin sodium</i>	36	CHILD	84	<i>pyrimethamine</i>	25
<i>praziquantel</i>	25	PRO COMFORT SPACER		PYRUKYND	32
<i>prazosin hcl</i>	36	INFANT	84	PYRUKYND TAPER PACK	32
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PRECISION XTRA KETONE	49	PROCARE SPACER/ADULT		<i>qc aspirin low dose</i>	6
PRED MILD	87	MASK	84	<i>qc childrens aspirin</i>	6
<i>prednisolone</i>	62	PROCARE SPACER/CHILD		<i>qc folic acid</i>	55
<i>prednisolone acetate</i>	87	MASK	84	<i>qc nicotine transdermal system</i>	8
<i>prednisolone sodium</i>		PROCHAMBER VHC	84	<i>qc olopatadine hcl</i>	87
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<i>prednisone</i>	62	<i>prochlorperazine maleate</i>	16	<i>qc vitamin d3</i>	55
<i>prednisone intensol</i>	62	PROCTOFOAM HC	75	QINLOCK	23
<i>pregabalin</i>	39	<i>procto-med hc</i>	75	<i>quetiapine fumarate</i>	27
PREGNYL	63	<i>proctosol hc</i>	75	<i>quetiapine fumarate er</i>	27
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PREMARIN	68	PRODIGY CONTROL		SOLUTION	49
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PREMPRO	68	<i>progesterone</i>	68	<i>quinapril-hydrochlorothiazide</i>	36
PRENATABS FA	54	PROGRAF	72	<i>quinidine gluconate er</i>	36
PRENATABS RX	54	PROMACTA	32	<i>quinidine sulfate</i>	36
<i>prenatal</i>	55	<i>promethazine hcl</i>	16	<i>quinine sulfate</i>	25
<i>prenatal (wliron &amp; fa)</i>	54	<i>promethazine vc</i>	91	QUINTET CONTROL	
<i>prenatal 19</i>	54	<i>promethazine vc/codeine</i>	91	HIGH/NORMAL	49
<i>prenatal complete</i>	54	<i>promethazine-codeine</i>	91	QLIPTA	19
<i>prenatal formula</i>	54	<i>promethazine-dm</i>	91	<i>ra aspirin adult low dose</i>	6
<i>prenatal forte</i>	54	<i>promethegan</i>	17	<i>ra aspirin adult low strength</i>	6
<i>prenatal gummies/dha &amp; fa</i>	54	<i>propafenone hcl</i>	36	<i>ra aspirin childrens</i>	6
<i>prenatal multi +dha</i>	55	<i>propafenone hcl er</i>	36	<i>ra aspirin ec</i>	7
PRENATAL MULTIVITAMIN + DHA	55	<i>proparacaine hcl</i>	89	<i>ra aspirin ec adult low st</i>	6
<i>prenatal multivitamin plus dha</i>	55	<i>propranolol hcl</i>	36	<i>ra folic acid</i>	55
<i>prenatal one daily</i>	55	<i>propranolol hcl er</i>	36	<i>ra mini nicotine</i>	8
<i>prenatal plus vitamin/mineral</i>	55	<i>propylthiouracil</i>	70	<i>ra nicotine</i>	8
<i>prenatal vitamin and mineral</i>	55	PROTHELIAL	84	<i>ra nicotine gum</i>	8
<i>prenatal vitamins</i>	55	<i>protriptyline hcl</i>	16	<i>ra nicotine polacrilex</i>	8
<i>prenatal/folic acid+dha</i>	55	PROVIDA OB	55	<i>ra prenatal</i>	55
<i>prenatal/iron</i>	55	<i>pseudoephedrine-bromphen-dm</i>	91	<i>ra prenatal formula</i>	55
PRENATAL-U	55	PULMICORT FLEXHALER	93	<i>rabeprazole sodium</i>	57
PRESTALIA	36	PULMOZYME	93	RADIAPLEXRX	43
PRETOMANID	19	PURE COMFORT FLOW		RADICAVA ORS	39
<i>prevalite</i>	36	METER ADULT	84	RADICAVA ORS STARTER	
PREVNAR 20	74	PURE COMFORT FLOW		KIT	39
PREVYMIS	29	METER CHILD	84	RADIOGARDASE	84
PREZCOBIX	29	PURE COMFORT SAFETY		RAGWITEK	84
PREZISTA	29	PEN NEEDLE	84	<i>raloxifene hcl</i>	63
PRIFTIN	19			<i>ramelteon</i>	95
				<i>ramipril</i>	36

<i>ranolazine er</i>	36	RITEFLO	84	SILATRIX	84
<i>rasagiline mesylate</i>	26	ritonavir	30	<i>sildenafil citrate</i>	94
RASUVO	72	<i>rivastigmine</i>	14	<i>silodosin</i>	61
RAVICTI	60	<i>rivastigmine tartrate</i>	14	<i>silver sulfadiazine</i>	11
RAYA SURE PEN NEEDLE	84	<i>rivelsa</i>	68	SIMBRINZA	88
RAYALDEE	75	<i>rizatriptan benzoate</i>	19	SIMILAC PRENATAL EARLY	
RAYOS	62	ROCKLATAN	88	SHIELD	55
<i>react</i>	68	<i>roflumilast</i>	93	<i>simliya</i>	68
REALITY LATEX CONDOMS	84	<i>ropinirole hcl</i>	26	<i>simpesse</i>	68
REALITY LATEX/ULTRA		<i>ropinirole hcl er</i>	26	SIMPONI	72
TEXTURED	84	<i>rosuvastatin calcium</i>	37	<i>simvastatin</i>	37
REALITY LATEX/ULTRA THIN	84	ROZLYTREK	23	<i>sirolimus</i>	72
REBIF	39	RUBRACA	23	SIRTURO	20
REBIF REBIDOSE	39	RUCONEST	72	SIVEXTRO	11
REBIF REBIDOSE		<i>rufinamide</i>	14	SKYRIZI	72
TITRATION PACK	39	RUKOBIA	30	SKYRIZI PEN	72
REBIF TITRATION PACK	39	RYDAPT	23	SLYND	68
<i>reclipsen</i>	68	RYDEX	91	<i>sm aspirin adult low strength</i>	7
RECOMBIVAX HB	74	RYTARY	26	<i>sm aspirin ec low strength</i>	7
RECTIV	37	SAFETY PEN NEEDLES	84	<i>sm aspirin low dose</i>	7
REFUAH PLUS GLUCOSE		<i>sajazir</i>	72	<i>sm childrens aspirin</i>	7
CONTROL	49	SANDIMMUNE	72	<i>sm folic acid</i>	55
REGRANEX	43	SANTYL	44	<i>sm nicotine</i>	8
RELENZA DISKHALER	29	<i>sapropterin dihydrochloride</i>	60	<i>sm nicotine polacrilex</i>	8
RELION KETONE TEST	49	SAVELLA	40	<i>sm olopatadine hcl</i>	88
RELNATE DHA	55	SAVELLA TITRATION PACK	40	<i>sm one daily prenatal</i>	55
RELYVRIO	39	<i>sb childrens aspirin</i>	7	<i>sm prenatal vitamins</i>	55
RENACIDIN	61	<i>sb low dose asa ec</i>	7	<i>sm vitamin d</i>	55
<i>repaglinide</i>	45	SCEMBLIX	23	SMARTEST CONTROL	
REPATHA	37	<i>scopolamine</i>	17	MEDIUM	49
REPATHA PUSHTRONEX		SECUADO	27	<i>smooth lax</i>	59
SYSTEM	37	SECURESAFE HYPODERMIC		<i>sodium bicarbonate</i>	55
REPATHA SURECLICK	37	NEEDLE	84	SODIUM BICARBONATE	55
RETACRIT	32	SECURESAFE		<i>sodium chloride</i>	55, 91
RETEVMO	23	SYRINGE/NEEDLE	84	SODIUM CITRATE	12
REVCORI	60	SEGLUROMET	45	SODIUM CITRATE LOCK	
REXULTI	27	<i>selegiline hcl</i>	26	FLUSH	12
REYATAZ	29	<i>selenium sulfide</i>	44	<i>sodium fluoride</i>	40, 55
REYVOW	19	SELZENTRY	30	<i>sodium fluoride 5000 plus</i>	40
REZLIDHIA	23	SEMGLEE (YFGN)	51	<i>sodium fluoride 5000 ppm</i>	40
REZUROCK	72	SE-NATAL 19	55	SODIUM OXYBATE	95
RHOFADE	44	SEREVENT DISKUS	93	<i>sodium phenylbutyrate</i>	60
RHOPRESSA	88	SERNIVO	44	<i>sodium polystyrene sulfonate</i>	55
<i>ribavirin</i>	29	SEROSTIM	59	<i>solifenacin succinate</i>	61
RIDAURA	72	<i>sertraline hcl</i>	16	SOLIQUA	45
<i>rifabutin</i>	19	setlakin	68	SOLOSEC	11
<i>rifampin</i>	20	<i>sevelamer carbonate</i>	61	SOLTAMOX	23
RIGHTEST GC300 CONTROL	49	<i>sevelamer hcl</i>	61	SOLU-CORTEF	62
<i>riluzole</i>	40	<i>sf</i>	40	SOLUS V2 CONTROL	49
<i>rimantadine hcl</i>	29	<i>sf 5000 plus</i>	40	SOMAVERT	63
RINVOQ	72	<i>sharobel</i>	68	<i>sorafenib tosylate</i>	23
<i>risedronate sodium</i>	75	SHINGRIX	74	SORBITOL	84
<i>risperidone</i>	27	SIGNIFOR	63	SORILUX	44

sotalol hcl	37	SUPREME II HIGH/LOW		TEGLUTIK	40
sotalol hcl (af)	37	CONTROL	49	TEGRETOL-XR	14
SOTYLIZE	37	syeda	68	TEGSEDI	40
SOVALDI	30	SYMBICORT	93	telmisartan	37
SPIKEVAX	74	SYMDEKO	93	telmisartan-hctz	37
spinosad	25	SYMLINPEN 120	45	temazepam	95
SPIRIVA RESPIMAT	93	SYMLINPEN 60	45	TEMBEXA	30
spironolactone	37	SYMPAZAN	14	temozolomide	23
spironolactone-hctz	37	SYMPROIC	59	TENCON	4
sprintec 28	68	SYMTUZA	30	TENIVAC	74
SPRITAM	14	SYNAREL	63	tenofovir disoproxil fumarate	30
SPRYCEL	23	SYNDROS	17	TEPMETKO	24
sronyx	68	SYNTHROID	70	terazosin hcl	61
ssd	11	SYRINGE DISPOSABLE	84	terbinafine hcl	18
ST JOSEPH ASPIRIN	7	SYRINGE ECCENTRIC TIP	84	terbutaline sulfate	93
ST JOSEPH LOW DOSE	7	SYRINGE LUER LOCK	84	terconazole	18
STEGLATRO	45	SYRINGE LUER SLIP	85	teriflunomide	39
STEGLUJAN	45	SYRINGE/HYPODERMIC		teriparatide	75
STELARA	73	SAFETY	85	teriparatide (recombinant)	75
sterile water for irrigation	55	TABLET CUTTER/DELUXE		TERIPARATIDE	
STIMUFEND	32	SAFETY	85	(RECOMBINANT)	75
STIOLTO RESPIMAT	93	TABLET CUTTER/SAFETY		testosterone	62
STIVARGA	23	SHIELD	85	testosterone cypionate	62
STRENSIQ	60	TABLOID	23	testosterone enanthate	62
STRIBILD	30	TABRECTA	23	tetrabenazine	40
STRIVE DUAL ZONE PEAK FLOW MTR	84	tacrolimus	44, 73	tetracaine hcl	89
STRIVERDI RESPIMAT	93	tadalafil	61	tetracycline hcl	11
STUART ONE	55	tadalafil (pah)	94	TEXACORT	44
SUBOXONE	8	TAFINLAR	23	TEZSPIRE	93
subvenite	14	tafluprost (pf)	89	THALOMID	24
SUCRAID	60	TAGRISSO	23	THEO-24	93
sucralfate	57	TAI DOC CONTROL	49	theophylline	93
SUFLAVE	59	take action	69	theophylline er	93
SULCONAZOLE NITRATE	18	TAKHZYRO	73	THERANATAL CORE	
sulfacetamide sodium	88	TALZENNA	23	NUTRITION	55
sulfacetamide sodium (acne)	44	tamoxifen citrate	23	THIOLA EC	61
sulfacetamide sodium-sulfur	44	tamsulosin hcl	61	thioridazine hcl	27
sulfacetamide-prednisolone	89	tarina 24 fe	69	thiothixene	27
sulfadiazine	11	tarina fe 1/20 eq	69	THRIVE	8
sulfamethoxazole-trimethoprim	11	TASIGNA	23	THRIVITE RX	56
SULFAMYLYON	11	tasimelteon	95	THYQUIDITY	70
sulfasalazine	75	tavaborole	18	thyroid	70
sulfatrim pediatric	11	TAVALISSE	32	tiadylt er	37
sulindac	7	taysofy	69	tiagabine hcl	14
sumatriptan	19	tazarotene	44	TIBSOVO	24
sumatriptan succinate	19	TAZAROTENE	44	tilia fe	69
sumatriptan succinate refill		TAZORAC	44	timolol maleate	37, 89
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sunitinib malate	23	TAZVERIK	23	timolol maleate ocudose	89
SUNLENCA	30	TDVAX	74	timolol maleate pf	89
SUNOSI	95	TECHLITE LANCETS 26G	49	tinidazole	11
		TECHLITE PLUS PEN NEEDLES	85	tiopronin	61

<i>tiotropium bromide monohydrate</i>	93	<i>tri-lo-estarrylla</i>	69	TRUSTEX RIA NON-LUBRICATED	85
TIVICAY	30	<i>tri-lo-marzia</i>	69	TRUSTEX-NONOXYNOL-9/RIB/STUD	85
TIVICAY PD	30	<i>tri-lo-mili</i>	69	TRUZONE PEAK FLOW METER	85
<i>tizanidine hcl</i>	95	<i>trimethobenzamide hcl</i>	17	TUDORZA PRESSAIR	93
TOBRADEX	88	<i>trimethoprim</i>	11	TUKYSA	24
TOBRADEX ST	88	<i>tri-mili</i>	69	TURALIO	24
<i>tobramycin</i>	88, 93	<i>trimipramine maleate</i>	16	<i>turqoz</i>	69
<i>tobramycin sulfate</i>	11	TRINATAL RX 1	56	UXARIN ER	91
<i>tobramycin-dexamethasone</i>	88	TRINATE	56	TWINRIX	74
TOBREX	88	TRINTELLIX	16	TWIRLA	69
TODAY SPONGE	85	<i>tri-nymyo</i>	69	TYBOST	30
TOLAK	44	<i>tri-sprintec</i>	69	<i>tydemy</i>	69
<i>tolcapone</i>	26	TRIUMEQ	30	TYMLOS	75
TOLSURA	18	TRIUMEQ PD	30	TYRVAYA	89
<i>tolterodine tartrate</i>	61	<i>trivora (28)</i>	69	TYVASO	94
<i>tolterodine tartrate er</i>	61	<i>tri-vylibra</i>	69	TYVASO REFILL	94
<i>tolvaptan</i>	56	<i>tri-vylibra lo</i>	69	TYVASO STARTER	94
TOOMEY SYRINGE	85	<i>tropicamide</i>	89	UBRELVY	19
<i>topiramate</i>	14	<i>trospium chloride</i>	61	UDENYCA	32
<i>topiramate er</i>	14	<i>trospium chloride er</i>	61	ULTICARE INSULIN SYR 1/2 UNIT	51
<i>toremifene citrate</i>	24	TRUE FOLIC ACID	56	ULTICARE SYRINGE	85
<i>torsemide</i>	37	TRUE METRIX LEVEL 1	49	ULTICARE TUBERCULIN SAFETY SYR	85
TPOXX	30	TRUE METRIX LEVEL 2	49	ULTIGUARD SAFEPACK SYR/NEEDLE	51
TRACLEER	94	TRUE METRIX LEVEL 3	49	ULTRAVATE	44
<i>tramadol hcl (er biphasic)</i>	4	TRUE VITAMIN D3	56	UNIFINE PROTECT PEN NEEDLE	85
<i>tramadol hcl er</i>	4	TRUECONTROL GLUCOSE		UNISTRIP CONTROL	49
<i>tramadol hcl ir</i>	4	CONT LEV 0	49	<i>unithroid</i>	70
<i>tramadol-acetaminophen</i>	4	TRUECONTROL GLUCOSE		UPNEEQ	88
<i>trandolapril</i>	37	CONT LEV 1	49	UPTRAVI	94
<i>tranexamic acid</i>	32	TRULANCE	59	UPTRAVI TITRATION	94
<i>tranylcypromine sulfate</i>	16	TRULICITY	45	<i>uretron d/s</i>	61
<i>travoprost (bak free)</i>	89	TRUSTEX COLOR		<i>ursodiol</i>	59
<i>trazodone hcl</i>	16	CONDOMS + LUBE	85	<i>valacyclovir hcl</i>	30
TRECATOR	20	TRUSTEX		VALCHLOR	24
TRELEGY ELLIPTA	93	LUB/RIBBED/STUDED	85	<i>valganciclovir hcl</i>	30
TREMFYA	73	TRUSTEX LUB/SPERMICIDE		<i>valproic acid</i>	14
<i>tretinoin</i>	24, 44	EX ST	85	VALSARTAN	37
<i>triamcinolone acetonide 40</i> , 44, 62		TRUSTEX LUB/SPERMICIDE		<i>valsartan</i>	37
<i>triamcinolone in absorbase</i>	44	XL	85	<i>valsartan-hydrochlorothiazide</i>	37
<i>triamterene</i>	37	TRUSTEX LUBRICATED	85	VALTOCO	14
<i>triamterene-hctz</i>	37	TRUSTEX LUBRICATED EX		<i>vancomycin hcl</i>	11
<i>triazolam</i>	31	LARGE	85	VANFLYTA	24
TRICARE	56	TRUSTEX LUBRICATED		VANISHPOINT ALLERGY TRAY	85
<i>triderm</i>	44	EXTRA ST	85	VANISHPOINT SAFETY SYRINGE	85
<i>trientine hcl</i>	56	TRUSTEX			
<i>tri-estarrylla</i>	69	LUBRICATED/SPERMICIDE	85		
<i>trifluoperazine hcl</i>	27	TRUSTEX NATURAL			
<i>trifluridine</i>	88	CONDOMS + LUBE	85		
<i>trihexyphenidyl hcl</i>	26	TRUSTEX NON-LUBRICATED	85		
TRIKAFTA	93, 94	TRUSTEX RIA			
<i>tri-legest fe</i>	69	LUB/SPERMICIDE	85		
<i>tri-linyah</i>	69	TRUSTEX RIA LUBRICATED	85		

VANISHPOINT SYRINGE .....	85	VINATE ONE .....	56	XALKORI .....	24
VANISHPOINT TUBERCULIN SYRINGE .....	85	<i>viorele</i> .....	69	XARELTO .....	12
<i>varenicline tartrate</i> .....	8	VIRACEPT .....	30	XARELTO STARTER PACK .....	12
<i>varenicline tartrate (starter)</i> .....	8	VIREAD .....	30	XATMEP .....	73
<i>varenicline tartrate(continue)</i> .....	8	VISTOGARD .....	85	XCOPRI .....	14
VARUBI (180 MG DOSE) .....	17	<i>vitamin d</i> .....	56	XDEMVY .....	88
VASELINE .....	85	<i>vitamin d (cholecalciferol)</i> .....	56	XELJANZ .....	73
VAXNEUVANCE .....	74	<i>vitamin d (ergocalciferol)</i> .....	56	XELJANZ XR .....	73
VCF VAGINAL CONTRACEPTIVE .....	85	<i>vitamin d2</i> .....	56	XEPI .....	11
VECAMYL .....	37	<i>vitamin d3</i> .....	56	XERMELO .....	59
<i>velivet</i> .....	69	VITRAKVI .....	24	XIFAXAN .....	11
VELPHORO .....	61	VIVA DHA .....	56	XIGDUO XR .....	45
VELTASSA .....	56	VIVAGUARD INO CONTROL SOLUTION .....	49	XIIDRA .....	90
VEMLIDY .....	30	VIVJOA .....	18	XOFLUZA (40 MG DOSE) .....	30
VENCLEXTA .....	24	VIVOTIF .....	74	XOFLUZA (80 MG DOSE) .....	30
VENCLEXTA STARTING PACK .....	24	VIZIMPRO .....	24	XOLAIR .....	93
<i>venlafaxine hcl</i> .....	16	<i>volnea</i> .....	69	XOPENEX HFA .....	93
<i>venlafaxine hcl er</i> .....	16	VONJO .....	24	XOSPATA .....	24
VENTAVIS .....	94	<i>voriconazole</i> .....	18	XPOVIO (100 MG ONCE WEEKLY) .....	24
<i>verapamil hcl</i> .....	37	VORTEX HOLD CHMBR/MASK/CHILD .....	85	XPOVIO (40 MG ONCE WEEKLY) .....	24
<i>verapamil hcl er</i> .....	37	VORTEX HOLD CHMBR/MASK/TODDLER .....	86	XPOVIO (40 MG TWICE WEEKLY) .....	24
VERASENS GLUCOSE CONTROL .....	49	VORTEX VALVED HOLDING CHAMBER .....	86	XPOVIO (60 MG ONCE WEEKLY) .....	24
VEREGEN .....	44	VOSEVI .....	30	XPOVIO (60 MG TWICE WEEKLY) .....	24
VERIFINE INSULIN PEN NEEDLE .....	85	VOWST .....	59	XPOVIO (80 MG ONCE WEEKLY) .....	24
VERIFINE INSULIN SYRINGE .....	52	VRAYLAR .....	27	XPOVIO (80 MG TWICE WEEKLY) .....	24
VERIFINE PLUS PEN NEEDLE .....	85	VUITY .....	89	WALE DISP NEEDLES .....	86
VERIFINE SAFE LANCET MINI 21G .....	49	<i>vyfemla</i> .....	69	<i>yargesa</i> .....	60
VERIFINE SAFE LANCET MINI 23G .....	49	<i>vylibra</i> .....	69	<i>yl folic acid</i> .....	57
VERIFINE SAFE LANCET MINI 28G .....	49	VYNDAMAX .....	37	XURIDEN .....	60
VERIFINE SAFE LANCET MINI 30G .....	49	VYNDAQEL .....	37	XULANE .....	69
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<i>vigadrone</i> .....	14	WESTAB PLUS .....	57		
<i>vigpoder</i> .....	14	WIDE-SEAL DIAPHRAGM 60..	86		
<i>vilazodone hcl</i> .....	16	WIDE-SEAL DIAPHRAGM 65..	86		
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		WIDE-SEAL DIAPHRAGM 75..	86		
		WIDE-SEAL DIAPHRAGM 80..	86		
		WIDE-SEAL DIAPHRAGM 85..	86		
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		WIDE-SEAL DIAPHRAGM 95..	86		
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