



2024 Standard Choice Quality Individual (IA/MN/WI) Drug Formulary

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Standard Choice Quality Individual (IA/MN/WI)

Table of Contents

Analgesics - Drugs for Pain.....	3
Analgesics - Drugs for Pain and Inflammation.....	4
Anesthetics.....	5
Anti-Addiction / Substance Abuse Treatment Agents.....	5
Antibacterials.....	7
Anticoagulants.....	10
Anticonvulsants - Drugs for Seizures.....	10
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	12
Antidepressants.....	12
Antiemetics - Drugs for Nausea and Vomiting.....	14
Antifungals.....	14
Antigout Agents.....	16
Antimigraine Agents.....	16
Antimyasthenic Agents.....	17
Antimycobacterials.....	17
Antineoplastics - Drugs for Cancer.....	17
Antiparasitics.....	22
Antiparkinson Agents.....	22
Antiplatelets.....	23
Antipsychotics - Drugs for Mood Disorders.....	23
Antivirals.....	24
Anxiolytics - Drugs for Anxiety.....	27
Bipolar Agents - Drugs for Mood Disorders.....	28
Blood Products and Modifiers - Drugs for Blood Disorders.....	28
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	29
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	34
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	35
Central Nervous System Agents - Miscellaneous.....	35
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.....	36
Dermatological Agents - Drugs for Skin Conditions.....	37
Diabetes - Antidiabetic Agents.....	40
Diabetes - Glucose Monitoring.....	41
Diabetes - Glycemic Agents.....	46
Diabetes - Insulins.....	46
Electrolytes / Minerals / Metals / Vitamins.....	48
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	53
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	53
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment.....	55
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	56
Genitourinary Agents - Drugs for Prostate Conditions.....	57
Hormonal Agents - Adrenal.....	57
Hormonal Agents - Men's Health.....	58
Hormonal Agents - Pituitary.....	58
Hormonal Agents - Prostaglandins.....	59
Hormonal Agents - Selective Estrogen Receptor Modifying Agents.....	59
Hormonal Agents - Sex Hormones and Birth Control.....	59
Hormonal Agents - Thyroid.....	65
Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	65
Immunological Agents - Drugs for Vaccination.....	68
Inflammatory Bowel Disease Agents.....	69

Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	70
Metabolic Bone Disease Agents - Other.....	70
Miscellaneous Therapeutic Agents.....	71
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	81
Ophthalmic Agents - Drugs for Glaucoma.....	83
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	84
Otic Agents - Drugs for Ear Conditions.....	84
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	85
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	86
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	88
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	88
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	89
Sleep Disorder Agents.....	89

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

Drug Name	Drug Tier	Notes
<i>morphine sulfate er oral capsule extended release 24 hour</i>	T1	PA
<i>morphine sulfate er oral tablet extended release</i>	T1	
<i>morphine sulfate oral</i>	T1	
NUCYNTA	T3	QL (120 IN 30 DAYS)
NUCYNTA ER	T3	QL (2 IN 1 DAYS)
<i>oxycodone hcl oral capsule</i>	T1	
<i>oxycodone hcl oral concentrate</i>	T1	
<i>oxycodone hcl oral solution</i>	T1	
<i>oxycodone hcl oral tablet</i>	T1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>oxymorphone hcl</i>	T3	PA
<i>oxymorphone hcl er</i>	T3	PA; QL (2 IN 1 DAYS)
<i>pentazocine-naloxone hcl</i>	T1	
TENCON	T2	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	T3	QL (1 IN 1 DAYS; AGE MIN 12 YEARS)
<i>tramadol hcl er</i>	T3	QL (1 IN 1 DAYS; AGE MIN 12 YEARS)
<i>tramadol hcl oral tablet 50 mg</i>	T1	AL (AGE MIN 12 YEARS)
<i>tramadol-acetaminophen</i>	T1	AL (AGE MIN 12 YEARS)
Analgesics - Drugs for Pain and Inflammation		
<i>celecoxib oral</i>	T1	QL (2 IN 1 DAYS)
DICLOFENAC PATCH 1.3%	T3	
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium external solution</i>	T3	PA
<i>diclofenac sodium gel 1 % external (rx)</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac-misoprostol</i>	T1	
<i>diflunisal oral</i>	T1	
<i>ec-naproxen</i>	T3	
<i>etodolac</i>	T1	
<i>etodolac er</i>	T1	
<i>fenoprofen calcium oral capsule 400 mg</i>	T1	
<i>fenoprofen calcium oral tablet</i>	T1	
<i>flurbiprofen oral tablet 100 mg</i>	T1	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>ibuprofen oral suspension 100 mg/5ml</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>ibuprofen-famotidine</i>	T4NP	PA; QL (3 IN 1 DAYS)
<i>indomethacin er</i>	T1	
<i>indomethacin oral</i>	T1	
<i>ketoprofen er</i>	T1	
<i>ketoprofen oral capsule 50 mg</i>	T1	
<i>ketorolac tromethamine injection</i>	T3	QL (20 ML IN 30 DAYS)
<i>ketorolac tromethamine oral</i>	T1	QL (20 IN 30 DAYS)
<i>ketorolac tromethamine solution 60 mg/2ml intramuscular</i>	T3	QL (40 ML IN 30 DAYS)
<i>meclofenamate sodium oral</i>	T1	
<i>mefenamic acid oral</i>	T3	
MELOXICAM ORAL SUSPENSION	T2	
<i>meloxicam oral tablet</i>	T1	
<i>nabumetone oral</i>	T1	
<i>naproxen dr</i>	T3	
<i>naproxen oral suspension</i>	T1	AL (AGE MAX 12 YEARS)
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	T3	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>naproxen-esomeprazole mg</i>	T3	PA; QL (2 IN 1 DAYS)
<i>oxaprozin oral tablet</i>	T1	
<i>piroxicam oral</i>	T1	
<i>sulindac oral</i>	T1	
Anesthetics		
<i>glydo</i>	T1	
<i>lidocaine external patch 5 %</i>	T1	QL (3 IN 1 DAYS)
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine hcl urethral/mucosal</i>	T1	
<i>lidocaine ointment 5 % external</i>	T1	QL (120 GM IN 30 DAYS)
<i>lidocaine-prilocaine external cream</i>	T1	
Anti-Addiction / Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	T1	
<i>buprenorphine hcl sublingual</i>	T1	
<i>buprenorphine hcl-naloxone hcl</i>	T1	
<i>bupropion hcl er (smoking det)</i>	T1	\$0 for 180 days/year

Drug Name	Drug Tier	Notes
COMMIT MOUTH/THROAT LOZENGE 2 MG, 4 MG	T2	\$0 for 180 days/year
<i>cvs nicotine</i>	T1	\$0 for 180 days/year
<i>cvs nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>disulfiram oral</i>	T1	
<i>eq nicotine</i>	T1	\$0 for 180 days/year
<i>eq nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>eq nicotine step 3</i>	T1	\$0 for 180 days/year
<i>folding paddle walker</i>	T1	\$0 for 180 days/year
<i>ft nicotine</i>	T1	\$0 for 180 days/year
<i>ft nicotine mini</i>	T1	\$0 for 180 days/year
<i>gnp nicotine</i>	T1	\$0 for 180 days/year
<i>gnp nicotine mini</i>	T1	\$0 for 180 days/year
<i>gnp nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>goodsense nicotine</i>	T1	\$0 for 180 days/year
<i>habitrol</i>	T1	\$0 for 180 days/year
<i>hm nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>kls quit2</i>	T1	\$0 for 180 days/year
<i>kls quit4</i>	T1	\$0 for 180 days/year
<i>naloxone hcl injection solution cartridge</i>	T1	
<i>naloxone hcl injection solution prefilled syringe</i>	T1	
<i>naloxone hcl nasal</i>	T1	QL (16 IN 30 DAYS)
<i>naltrexone hcl oral</i>	T1	
NICODERM CQ	T2	\$0 for 180 days/year
NICORETTE	T2	\$0 for 180 days/year
NICORETTE MINI	T2	\$0 for 180 days/year
NICORETTE STARTER KIT	T2	\$0 for 180 days/year
<i>nicotine</i>	T1	\$0 for 180 days/year
<i>nicotine mini</i>	T1	\$0 for 180 days/year
<i>nicotine polacrilex mini</i>	T1	\$0 for 180 days/year
<i>nicotine polacrilex mouth/throat</i>	T1	\$0 for 180 days/year
<i>nicotine step 1</i>	T1	\$0 for 180 days/year
<i>nicotine step 2</i>	T1	\$0 for 180 days/year
<i>nicotine step 3</i>	T1	\$0 for 180 days/year
NICOTROL	T2	PA; \$0 for 180 days/year
NICOTROL NS	T2	PA; QL (40 IN 30 DAYS); \$0 for 180 days/year
OPVEE	T2	
<i>qc nicotine transdermal system</i>	T1	\$0 for 180 days/year

Effective 11/1/2024

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

Effective 11/1/2024

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

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>minocycline hcl oral capsule</i>	T1	
<i>minocycline hcl oral tablet</i>	T3	
<i>mondoxyne nl</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>mupirocin cream</i>	T1	
<i>mupirocin ointment</i>	T1	
<i>neomycin sulfate oral</i>	T1	
<i>neomycin-polymyxin b gu</i>	T3	
<i>nitrofurantoin macrocrystal</i>	T1	
<i>nitrofurantoin monohydrate macrocrystals</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	T1	
NUZYRA ORAL	T3	PA; QL (3 IN 1 DAYS)
<i>ofloxacin oral</i>	T3	
<i>penicillin v potassium</i>	T1	
<i>silver sulfadiazine external</i>	T1	
SIVEXTRO ORAL	T2	PA
SOLOSEC	T3	PA; QL (1 IN 30 DAYS)
<i>ssd</i>	T1	
<i>sulfadiazine oral</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
<i>sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral</i>	T1	
SULFAMYLON	T3	
<i>sulfatrim pediatric</i>	T1	
<i>tetracycline hcl oral capsule</i>	T3	
<i>tinidazole oral</i>	T3	
<i>tobramycin sulfate injection solution</i>	T3	
<i>trimethoprim oral</i>	T1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg</i>	T1	
<i>vancomycin hcl oral capsule</i>	T1	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml</i>	T1	
<i>vancomycin hcl solution reconstituted 750 mg intravenous</i>	T1	
XIFAXAN ORAL TABLET 200 MG	T2	QL (6 IN 1 DAYS)
XIFAXAN ORAL TABLET 550 MG	T2	

Drug Name	Drug Tier	Notes
Anticoagulants		
ANTICOAGULANT SODIUM CITRATE	T3	
<i>bd heparin posiflush</i>	T1	
<i>dabigatran etexilate mesylate</i>	T3	QL (2 IN 1 DAYS)
ELIQUIS	T2	
ELIQUIS DVT/PE STARTER PACK	T2	
<i>enoxaparin sodium</i>	T1	
<i>fondaparinux sodium</i>	T3	
FRAGMIN	T4P	
<i>heparin na (pork) lock flush pf</i>	T1	
<i>heparin sod (pork) lock flush solution 10 unit/ml intravenous</i>	T1	
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	T1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	T1	
<i>heparin sodium (porcine) pf solution 5000 unit/0.5ml injection</i>	T1	
<i>jantoven</i>	VBB	
PRADAXA ORAL PACKET	T4NP	ST
SODIUM CITRATE IN VITRO	T3	
SODIUM CITRATE LOCK FLUSH	T3	
<i>warfarin sodium oral</i>	VBB	
XARELTO	T2	
XARELTO STARTER PACK	T2	
Anticonvulsants - Drugs for Seizures		
APTIOM ORAL TABLET 200 MG, 400 MG	T2	QL (1 IN 1 DAYS)
APTIOM ORAL TABLET 600 MG, 800 MG	T2	
BRIVIACT ORAL SOLUTION	T3	ST
BRIVIACT ORAL TABLET	T3	ST; QL (2 IN 1 DAYS)
<i>carbamazepine er</i>	T1	
<i>carbamazepine oral tablet</i>	T1	
<i>carbamazepine oral tablet chewable 100 mg</i>	T1	
<i>carbamazepine suspension 100 mg/5ml oral</i>	T1	
<i>clobazam</i>	T3	
DIACOMIT ORAL CAPSULE 250 MG	T3	PA; QL (12 IN 1 DAYS)
DIACOMIT ORAL CAPSULE 500 MG	T3	PA; QL (6 IN 1 DAYS)
DIACOMIT ORAL PACKET 250 MG	T3	PA; QL (12 IN 1 DAYS)
DIACOMIT ORAL PACKET 500 MG	T3	PA; QL (6 IN 1 DAYS)

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>diazepam rectal</i>	T3	
DILANTIN	T2	
DILANTIN INFATABS	T2	
DILANTIN-125	T2	
<i>divalproex sodium er</i>	T1	
<i>divalproex sodium oral</i>	T1	
EPIDIOLEX	T4P	
<i>epitol</i>	T1	
<i>ethosuximide oral</i>	T1	
<i>felbamate</i>	T1	
FYCOMPA ORAL SUSPENSION	T3	ST
FYCOMPA ORAL TABLET	T3	ST; QL (1 IN 1 DAYS)
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
<i>lacosamide oral solution 10 mg/ml</i>	T3	ST
<i>lacosamide oral tablet</i>	T3	ST; QL (2 IN 1 DAYS)
<i>lamotrigine er</i>	T3	QL (1 IN 1 DAYS)
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>lamotrigine oral tablet dispersible</i>	T3	
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral</i>	T1	
<i>methsuximide</i>	T1	
NAYZILAM	T3	QL (6 IN 28 DAYS)
<i>oxcarbazepine</i>	T1	
<i>oxcarbazepine er</i>	T3	
<i>phenobarbital oral</i>	T1	
<i>phenytek</i>	T1	
<i>phenytoin infatabs</i>	T1	
<i>phenytoin oral</i>	T1	
<i>phenytoin sodium extended</i>	T1	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1	
<i>rufinamide</i>	T3	
SPRITAM	T3	
<i>subvenite</i>	T1	
TEGRETOL-XR	T2	
<i>tiagabine hcl</i>	T3	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>topiramate oral</i>	T1	
<i>valproic acid oral capsule</i>	T1	
<i>valproic acid solution 250 mg/5ml oral</i>	T1	
VALTOCO	T3	PA; QL (6 IN 28 DAYS)
<i>vigabatrin</i>	T4NP	
<i>vigadrone oral packet</i>	T4NP	
<i>vigpoder</i>	T4NP	
XCOPRI	T3	ST; QL (2 IN 1 DAYS)
ZONISADE	T3	PA
<i>zonisamide oral</i>	T1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>donepezil hcl oral tablet 23 mg</i>	T1	QL (1 IN 1 DAYS)
<i>donepezil hcl oral tablet dispersible</i>	T1	
<i>galantamine hydrobromide er</i>	T1	QL (1 IN 1 DAYS)
<i>galantamine hydrobromide oral solution</i>	T1	
<i>galantamine hydrobromide oral tablet 12 mg</i>	T1	
<i>galantamine hydrobromide oral tablet 4 mg, 8 mg</i>	T1	QL (2 IN 1 DAYS)
<i>memantine hcl</i>	T1	
<i>memantine hcl er</i>	T3	QL (1 IN 1 DAYS)
<i>rivastigmine</i>	T3	
<i>rivastigmine tartrate</i>	T1	
Antidepressants		
<i>amitriptyline hcl oral</i>	T1	
<i>amoxapine</i>	T1	
AUVELITY	T3	ST; QL (2 IN 1 DAYS)
<i>bupropion hcl er (sr)</i>	VBB	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	VBB	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	VBB	QL (1 IN 1 DAYS)
<i>bupropion hcl oral</i>	VBB	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>citalopram hydrobromide oral solution</i>	VBB	HDHP
<i>citalopram hydrobromide oral tablet</i>	VBB	HDHP
<i>clomipramine hcl oral</i>	T1	PA
<i>desipramine hcl oral</i>	T1	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>desvenlafaxine succinate er</i>	T3	QL (1 IN 1 DAYS)
<i>doxepin hcl oral capsule</i>	T1	
<i>doxepin hcl oral concentrate</i>	T1	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T1	
EMSAM	T3	QL (1 IN 1 DAYS)
<i>escitalopram oxalate oral</i>	VBB	HDHP
FETZIMA	T3	ST; QL (1 IN 1 DAYS)
FETZIMA TITRATION	T3	ST; QL (1 IN 1 DAYS)
<i>fluoxetine hcl (pmd) oral tablet 10 mg</i>	T3	PA
<i>fluoxetine hcl oral capsule</i>	VBB	HDHP
<i>fluoxetine hcl oral solution</i>	VBB	HDHP
<i>fluoxetine hcl oral tablet 10 mg</i>	T3	PA
<i>fluvoxamine maleate er</i>	T3	QL (2 IN 1 DAYS)
<i>fluvoxamine maleate oral tablet 100 mg</i>	T1	
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	T1	QL (3 IN 1 DAYS)
<i>imipramine hcl oral</i>	T1	
<i>imipramine pamoate</i>	T3	
MARPLAN	T3	
<i>mirtazapine oral</i>	VBB	
<i>nefazodone hcl</i>	T1	
<i>nortriptyline hcl oral</i>	T1	
<i>paroxetine hcl er</i>	T3	
<i>paroxetine hcl oral suspension</i>	T1	
<i>paroxetine hcl oral tablet</i>	VBB	HDHP
<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	
TRINTELLIX	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)

Drug Name	Drug Tier	Notes
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO ORAL	T3	QL (2 IN 30 DAYS; 1 FILL IN 23 DAYS)
<i>aprepitant oral</i>	T1	QL (6 IN 30 DAYS)
<i>aprepitant oral capsule 125 mg</i>	T1	QL (2 IN 30 DAYS)
<i>aprepitant oral capsule 40 mg</i>	T1	QL (1 IN 30 DAYS)
<i>aprepitant pak 80 & 125mg</i>	T1	QL (6 IN 30 DAYS)
<i>aprepitant oral capsule 80 mg</i>	T1	QL (4 IN 30 DAYS)
<i>compro</i>	T1	
<i>dronabinol</i>	T3	
EMEND ORAL SUSPENSION RECONSTITUTED	T2	QL (2 IN 30 DAYS)
<i>granisetron hcl oral</i>	T1	QL (30 IN 30 DAYS)
<i>meclizine hcl tablet 12.5 mg oral (rx)</i>	T1	
<i>meclizine hcl tablet 25 mg oral (rx)</i>	T1	
<i>metoclopramide hcl oral solution</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>metoclopramide hcl oral tablet dispersible</i>	T3	
<i>ondansetron hcl oral solution</i>	T1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</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	
<i>promethegan</i>	T1	
<i>scopolamine</i>	T1	QL (10 IN 30 DAYS)
<i>trimethobenzamide hcl oral</i>	T1	
VARUBI (180 MG DOSE)	T3	QL (4 IN 30 DAYS)
Antifungals		
<i>amphotericin b intravenous</i>	T1	
<i>ciclopirox external gel</i>	T1	
<i>ciclopirox external shampoo</i>	T1	
<i>ciclopirox external solution</i>	T3	
<i>ciclopirox olamine external</i>	T1	
<i>clotrimazole external</i>	T1	
<i>clotrimazole mouth/throat</i>	T1	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<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	
<i>nyamyc</i>	T1	
<i>nystatin external</i>	T1	
<i>nystatin mouth/throat</i>	T1	QL (480 ML IN 30 DAYS)
<i>nystatin oral</i>	T1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i>	T1	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-% external</i>	T3	
<i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i>	T1	
<i>nystatin-triamcinolone ointment 100000-0.1 unit/gm-% external</i>	T3	
<i>nystop</i>	T1	
ORAVIG	T3	
<i>oxiconazole nitrate</i>	T1	
OXISTAT	T2	
<i>posaconazole oral suspension</i>	T3	PA

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>posaconazole oral tablet delayed release</i>	T1	PA
SULCONAZOLE NITRATE	T2	
<i>tavaborole</i>	T3	PA
<i>terbinafine hcl oral</i>	T1	
<i>terconazole</i>	T1	
TOLSURA	T3	PA
VIVJOA	T3	PA; QL (18 IN 84 DAYS)
<i>voriconazole oral suspension reconstituted</i>	T1	PA
<i>voriconazole oral tablet 200 mg</i>	T1	PA
<i>voriconazole oral tablet 50 mg</i>	T1	PA; QL (3 IN 1 DAYS)
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>allopurinol oral tablet 200 mg</i>	T1	QL (1 IN 1 DAYS)
<i>colchicine oral tablet</i>	T1	
<i>colchicine-probenecid</i>	T1	
<i>febuxostat oral tablet 40 mg</i>	T1	ST; QL (1 IN 1 DAYS)
<i>febuxostat oral tablet 80 mg</i>	T1	ST
<i>probenecid</i>	T1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	T2	PA; QL (1 ML IN 28 DAYS)
AIMOVIG	T2	PA; QL (1 ML IN 28 DAYS)
AJOVY	T3	PA; QL (1.5 ML IN 28 DAYS)
<i>almotriptan malate</i>	T3	QL (12 IN 30 DAYS)
<i>diclofenac potassium(migraine)</i>	T3	PA
<i>dihydroergotamine mesylate nasal</i>	T1	QL (16 ML IN 30 DAYS)
<i>eletriptan hydrobromide</i>	T3	QL (12 IN 30 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	T2	PA; QL (1 ML IN 28 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	PA; QL (3 ML IN 28 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	T2	PA; QL (1 ML IN 28 DAYS)
ERGOMAR	T3	
<i>ergotamine-caffeine</i>	T1	
<i>frovatriptan succinate</i>	T3	ST; QL (18 IN 30 DAYS)
MIGERGOT	T2	
<i>naratriptan hcl</i>	T1	QL (18 IN 30 DAYS)
NURTEC	T3	PA; QL (16 IN 30 DAYS)

Effective 11/1/2024

Drug Name	Drug Tier	Notes
QULIPTA	T3	PA; QL (1 IN 1 DAYS)
REYVOW	T3	ST; QL (16 IN 30 DAYS)
<i>rizatriptan benzoate</i>	T1	QL (18 IN 30 DAYS)
<i>sumatriptan nasal</i>	T1	QL (18 IN 30 DAYS)
<i>sumatriptan succinate oral</i>	T1	QL (18 IN 30 DAYS)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	T1	QL (9 ML IN 30 DAYS)
<i>sumatriptan succinate subcutaneous</i>	T1	QL (9 ML IN 30 DAYS)
UBRELVY	T3	ST; QL (16 IN 30 DAYS)
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	T3	QL (12 IN 30 DAYS)
<i>zolmitriptan nasal solution 5 mg</i>	T3	QL (12 IN 30 DAYS)
<i>zolmitriptan oral tablet</i>	T1	QL (12 IN 30 DAYS)
<i>zolmitriptan oral tablet dispersible</i>	T3	QL (12 IN 30 DAYS)
ZOMIG NASAL SOLUTION 2.5 MG	T3	QL (12 IN 30 DAYS)
Antimyasthenic Agents		
<i>pyridostigmine bromide er</i>	T1	
<i>pyridostigmine bromide oral solution</i>	T1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
Antimycobacterials		
<i>cycloserine oral</i>	T3	
<i>dapsone oral</i>	T1	
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral</i>	T1	
PRETOMANID	T3	QL (1 IN 1 DAYS)
PRIFTIN	T3	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T1	
<i>rifampin oral</i>	T1	
SIRTURO	T3	
TRECTOR	T3	
Antineoplastics - Drugs for Cancer		
<i>abiraterone acetate oral tablet 250 mg</i>	T4P	PA; QL (4 IN 1 DAYS); SP-QTZ
AKEEGA	T4NP	PA; QL (2 IN 1 DAYS)
ALECENSA	T4NP	PA; QL (8 IN 1 DAYS); SP-QTZ
<i>anastrozole oral</i>	T1	\$0 for breast cancer PX
AYVAKIT	T4NP	PA; QL (1 IN 1 DAYS)
BALVERSA ORAL TABLET 3 MG	T4NP	PA; QL (3 IN 1 DAYS)
BALVERSA ORAL TABLET 4 MG, 5 MG	T4NP	PA; QL (2 IN 1 DAYS)

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>bexarotene external</i>	T4NP	PA; SP-QTZ
<i>bexarotene oral</i>	T4NP	SP-QTZ
<i>bicalutamide</i>	T1	
BOSULIF ORAL CAPSULE	T4NP	PA; SP-QTZ
BOSULIF ORAL TABLET 100 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
BOSULIF ORAL TABLET 400 MG, 500 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
BRAFTOVI	T4NP	PA; QL (6 IN 1 DAYS)
BRUKINSA	T4NP	PA
CABOMETYX	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
CALQUENCE	T4NP	PA; QL (2 IN 1 DAYS)
<i>capecitabine</i>	T1	SP-QTZ
CAPRELSA ORAL TABLET 100 MG	T4NP	PA; QL (2 IN 1 DAYS)
CAPRELSA ORAL TABLET 300 MG	T4NP	PA
COMETRIQ	T4NP	PA; SP-ORx
COPIKTRA	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
COTELLIC	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
<i>cyclophosphamide oral capsule</i>	T1	
CYCLOPHOSPHAMIDE ORAL TABLET	T2	
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>dasatinib oral tablet 20 mg</i>	T4P	PA; QL (3 IN 1 DAYS); SP-QTZ
DROXIA	T2	
ERIVEDGE	T4NP	PA; SP-QTZ
<i>erlotinib hcl</i>	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>etoposide oral</i>	T4P	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>everolimus oral tablet soluble</i>	T4NP	PA; SP-QTZ
<i>exemestane</i>	T1	\$0 for breast cancer PX
GILOTRIF	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
GLEOSTINE	T2	
HYCAMTIN ORAL CAPSULE 0.25 MG	T4NP	PA; SP-QTZ
HYCAMTIN ORAL CAPSULE 1 MG	T4NP	SP-QTZ
<i>hydroxyurea oral</i>	T1	
IBRANCE	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
ICLUSIG	T4NP	PA; QL (1 IN 1 DAYS)
IDHIFA	T4NP	PA; QL (1 IN 1 DAYS)
<i>imatinib mesylate tablet 100 mg oral</i>	T1	QL (7 IN 1 DAYS); SP-QTZ
<i>imatinib mesylate tablet 400 mg oral</i>	T1	QL (2 IN 1 DAYS); SP-QTZ

Effective 11/1/2024

Drug Name	Drug Tier	Notes
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
JAKAFI	T4NP	PA; QL (2 IN 1 DAYS); SP-QTZ
JAYPIRCA ORAL TABLET 100 MG	T4NP	PA; QL (2 IN 1 DAYS); SP-ORx
JAYPIRCA ORAL TABLET 50 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-ORx
KISQALI (200 MG DOSE)	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
KISQALI (400 MG DOSE)	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
KISQALI (600 MG DOSE)	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
KOSELUGO ORAL CAPSULE 10 MG	T4NP	PA; QL (10 IN 1 DAYS); SP-QTZ
KOSELUGO ORAL CAPSULE 25 MG	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
KRAZATI	T4NP	PA; QL (6 IN 1 DAYS)
<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
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

Effective 11/1/2024

Drug Name	Drug Tier	Notes
MEKINIST ORAL TABLET 0.5 MG	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
MEKINIST ORAL TABLET 2 MG	T4NP	PA; SP-QTZ
MEKTOVI	T4NP	PA; QL (6 IN 1 DAYS)
<i>mercaptopurine oral</i>	T1	
MESNEX ORAL	T2	
MYLERAN	T4P	
NERLYNX	T4NP	PA; QL (6 IN 1 DAYS); SP-ORx
<i>nilutamide</i>	T4P	SP-QTZ
NINLARO	T4NP	PA; QL (3 IN 1 DAYS); SP-QTZ
ODOMZO	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
OGSIVEO	T4NP	PA
ONUREG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
ORGOVYX	T3	PA; QL (1 IN 1 DAYS)
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)
SOLTAMOX	T2	\$0 for breast cancer PX
<i>sorafenib tosylate</i>	T4P	PA; 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

Effective 11/1/2024

Drug Name	Drug Tier	Notes
TAFINLAR ORAL CAPSULE	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
TAFINLAR ORAL TABLET SOLUBLE	T4NP	PA; QL (30 IN 1 DAYS); SP-QTZ
TAGRISSE	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
TALZENNA	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
<i>tamoxifen citrate oral</i>	T1	\$0 for breast cancer PX
TASIGNA	T4NP	PA; QL (4 IN 1 DAYS); SP-QTZ
TAZVERIK	T4NP	SP-QTZ
<i>temozolomide</i>	T1	QL (1 IN 1 DAYS)
THALOMID	T4NP	SP-QTZ
TIBSOVO	T4NP	PA; QL (2 IN 1 DAYS)
<i>toremifene citrate</i>	T1	
<i>torpenz</i>	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>tretinoin oral</i>	T3	
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
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
ZEJULA ORAL TABLET 200 MG, 300 MG	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ

Effective 11/1/2024

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

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<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	
<i>selegiline hcl oral</i>	T1	
<i>tolcapone</i>	T4NP	
<i>trihexyphenidyl hcl</i>	T1	
ZELAPAR	T3	
Antiplatelets		
<i>aspirin-dipyridamole er</i>	T3	
BRILINTA	T2	
CABLIVI	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>cilostazol</i>	T1	
<i>clopidogrel bisulfate oral</i>	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)
Antipsychotics - Drugs for Mood Disorders		
<i>aripiprazole oral solution</i>	T1	
<i>aripiprazole oral tablet 15 mg, 5 mg</i>	T1	QL (2 IN 1 DAYS)
<i>aripiprazole oral tablet dispersible</i>	T3	ST; QL (1 IN 1 DAYS)
<i>aripiprazole tablet 10 mg oral</i>	T1	QL (2 IN 1 DAYS)
<i>aripiprazole tablet 2 mg oral</i>	T1	QL (2 IN 1 DAYS)
<i>aripiprazole tablet 20 mg oral</i>	T1	QL (1 IN 1 DAYS)
<i>aripiprazole tablet 30 mg oral</i>	T1	QL (1 IN 1 DAYS)
<i>asenapine maleate</i>	T3	ST; QL (2 IN 1 DAYS)
CAPLYTA	T3	ST; QL (1 IN 1 DAYS)
<i>chlorpromazine hcl oral concentrate</i>	T3	
<i>chlorpromazine hcl oral tablet</i>	T1	
<i>clozapine oral tablet</i>	T1	
<i>clozapine oral tablet dispersible</i>	T3	
FANAPT	T3	ST; QL (2 IN 1 DAYS)
FANAPT TITRATION PACK	T3	ST

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<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	
<i>thioridazine hcl oral</i>	T1	
<i>thiothixene</i>	T1	
<i>trifluoperazine hcl</i>	T1	
VERSACLOZ	T3	
VRAYLAR	T3	ST; QL (1 IN 1 DAYS)
<i>ziprasidone hcl</i>	T1	
Antivirals		
<i>abacavir sulfate</i>	T1	SP-QTZ
<i>abacavir sulfate-lamivudine</i>	T1	SP-QTZ
<i>acyclovir external ointment</i>	T3	
<i>acyclovir oral</i>	T1	
<i>adefovir dipivoxil</i>	T1	
APTIVUS	T4NP	SP-QTZ

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

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<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	
<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

Effective 11/1/2024

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

Effective 11/1/2024

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

Effective 11/1/2024

Drug Name	Drug Tier	Notes
UDENYCA	T4P	PA; QL (0.6 ML IN 28 DAYS)
ZIEXTENZO	T4P	PA; QL (0.6 ML IN 28 DAYS)
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
<i>acebutolol hcl oral</i>	T1	
<i>aliskiren fumarate</i>	T3	QL (1 IN 1 DAYS)
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>amiodarone hcl oral</i>	T1	
<i>amlodipine besylate oral</i>	VBB	
<i>amlodipine besylate-benazepril hcl</i>	T1	
<i>amlodipine besylate-valsartan</i>	T3	
<i>amlodipine-olmesartan</i>	T3	
ASPRUZYO SPRINKLE	T3	QL (2 IN 1 DAYS; AGE MAX 12 YEARS)
<i>atenolol oral</i>	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)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	VBB	PA
<i>captopril oral</i>	VBB	
<i>captopril-hydrochlorothiazide</i>	VBB	
<i>cartia xt</i>	VBB	
<i>carvedilol</i>	VBB	
<i>carvedilol phosphate er</i>	T3	QL (1 IN 1 DAYS)
<i>chlorthalidone</i>	VBB	
<i>cholestyramine light</i>	T1	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>cholestyramine oral</i>	T1	
<i>clonidine</i>	T1	
<i>clonidine hcl oral</i>	T1	
<i>colesevelam hcl</i>	T1	
<i>colestipol hcl</i>	T1	
CORLANOR ORAL SOLUTION	T3	PA
<i>digoxin oral solution</i>	T1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	
<i>digoxin oral tablet 62.5 mcg</i>	T3	
<i>diltiazem hcl er beads</i>	VBB	
<i>diltiazem hcl er coated beads</i>	VBB	
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	T3	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	VBB	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	VBB	
<i>disopyramide phosphate</i>	T1	
DIURIL	T2	
<i>dofetilide</i>	T3	
<i>doxazosin mesylate oral</i>	T1	
<i>droxidopa</i>	T3	PA
<i>enalapril maleate oral solution</i>	T1	
<i>enalapril maleate oral tablet</i>	VBB	HDHP
<i>enalapril-hydrochlorothiazide</i>	VBB	HDHP
ENTRESTO ORAL CAPSULE SPRINKLE	T2	QL (8 IN 1 DAYS)
ENTRESTO ORAL TABLET	T2	QL (2 IN 1 DAYS)
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	T1	
<i>epinephrine pf</i>	T1	
<i>eplerenone</i>	T1	
<i>ethacrynic acid</i>	T3	
<i>ezetimibe</i>	T1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg</i>	T1	
<i>ezetimibe-simvastatin oral tablet 10-40 mg, 10-80 mg</i>	T1	QL (1 IN 1 DAYS)
<i>felodipine er</i>	T1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T1	

Effective 11/1/2024

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

Effective 11/1/2024

Drug Name	Drug Tier	Notes
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 er (antihyperlipidemic)</i>	T1	
<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	
<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	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<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	
<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	
REPATHA	T2	PA; QL (2 ML IN 28 DAYS); SP-QTZ
REPATHA PUSHTRONEX SYSTEM	T2	PA; QL (3.5 ML IN 28 DAYS); SP-QTZ
REPATHA SURECLICK	T2	PA; QL (2 ML IN 28 DAYS); SP-QTZ
<i>rosuvastatin calcium oral</i>	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>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	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>tiadylt er</i>	VBB	
<i>timolol maleate oral</i>	T1	
<i>torseamide</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
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
<i>amphetamine-dextroamphetamine</i>	T1	
<i>amphetamine-dextroamphetamine er</i>	T1	
<i>atomoxetine hcl</i>	T1	
<i>clonidine hcl er</i>	T3	
<i>dexmethylphenidate hcl</i>	T1	
<i>dexmethylphenidate hcl er</i>	T1	
<i>dextroamphetamine sulfate er</i>	T1	
<i>dextroamphetamine sulfate oral solution</i>	T1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	T1	
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg</i>	T3	
<i>guanfacine hcl er</i>	T1	
<i>lisdexamfetamine dimesylate</i>	T1	QL (1 IN 1 DAYS)
<i>methamphetamine hcl</i>	T1	
<i>methylphenidate</i>	T3	QL (1 IN 1 DAYS)
<i>methylphenidate hcl er</i>	T1	
<i>methylphenidate hcl er (cd)</i>	T1	
<i>methylphenidate hcl er (la)</i>	T1	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	T1	
<i>methylphenidate hcl oral</i>	T1	
VYVANSE	T2	QL (1 IN 1 DAYS)

Effective 11/1/2024

Drug Name	Drug Tier	Notes
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	T4P	PA; SP-QTZ
AVONEX PREFILLED	T4P	PA; SP-QTZ
<i>dalfampridine er</i>	T3	PA; QL (2 IN 1 DAYS)
<i>dimethyl fumarate oral</i>	T1	PA; QL (2 IN 1 DAYS); SP-QTZ
<i>dimethyl fumarate starter pack</i>	T1	PA; QL (2 IN 1 DAYS); SP-QTZ
EXTAVIA	T4P	PA; SP-QTZ
<i>fingolimod hcl</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
GILENYA ORAL CAPSULE 0.25 MG	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>glatiramer acetate</i>	T4P	PA; SP-QTZ
<i>glatopa</i>	T4P	PA; SP-QTZ
KESIMPTA	T4NP	PA; QL (0.4 ML IN 28 DAYS); SP-QTZ
MAVENCLAD	T4NP	PA; QL (20 IN 365 DAYS); SP-ORx
PLEGRIDY	T4P	PA; QL (1 ML IN 28 DAYS); SP-QTZ
PLEGRIDY STARTER PACK	T4P	PA; QL (1 ML IN 28 DAYS); SP-QTZ
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML	T4P	PA; QL (6 ML IN 28 DAYS); SP-QTZ
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 44 MCG/0.5ML	T4P	PA; SP-QTZ
REBIF REBIDOSE TITRATION PACK	T4P	PA; SP-QTZ
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML	T4P	PA; QL (6 ML IN 28 DAYS); SP-QTZ
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML	T4P	PA; SP-QTZ
REBIF TITRATION PACK	T4P	PA; SP-QTZ
<i>teriflunomide</i>	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
ZEPOSIA	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
ZEPOSIA 7-DAY STARTER PACK	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
ZEPOSIA STARTER KIT	T4NP	PA; QL (1 IN 1 DAYS); SP-QTZ
Central Nervous System Agents - Miscellaneous		
AUSTEDO	T4NP	PA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	T4NP	PA; QL (3 IN 1 DAYS)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG	T4NP	PA; QL (1 IN 1 DAYS)

Effective 11/1/2024

Drug Name	Drug Tier	Notes
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	T4NP	PA; QL (2 IN 1 DAYS)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	T4NP	PA; QL (1 in 1 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	T4NP	PA; QL (7 IN 1 DAYS)
<i>caffeine citrate oral</i>	T3	
INGREZZA	T4NP	PA; QL (1 IN 1 DAYS)
NUDEXTA	T3	
<i>pregabalin oral capsule</i>	T1	QL (3 IN 1 DAYS)
<i>pregabalin oral solution</i>	T1	
RADICAVA ORS	T4NP	PA; QL (5 ML IN 1 DAYS)
RADICAVA ORS STARTER KIT	T4NP	PA; QL (5 ML IN 1 DAYS)
RELYVRIO	T4NP	PA; QL (2 IN 1 DAYS)
<i>riluzole</i>	T1	
SAVELLA	T2	ST; QL (2 IN 1 DAYS)
SAVELLA TITRATION PACK	T2	PA; QL (1 IN 1 DAYS)
TEGLUTIK	T4NP	PA
<i>tetrabenazine</i>	T4NP	
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
<i>cevimeline hcl</i>	T1	
<i>chlorhexidine gluconate mouth/throat</i>	T1	
DENTA 5000 PLUS	T2	
DENTAGEL	T2	
EASYGEL	T2	
GEL-KAM	T2	
JUST FOR KIDS	T2	
<i>kourzeq</i>	T1	
<i>lidocaine viscous hcl</i>	T1	
<i>oralone</i>	T1	
<i>periogard</i>	T1	
<i>pilocarpine hcl oral</i>	T1	
<i>sf gel 1.1%</i>	T1	
<i>sf 5000 plus</i>	T1	
<i>sod fluoride-potassium nitrate</i>	T1	
<i>sodium fluoride 5000 enamel</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	

Drug Name	Drug Tier	Notes
<i>sodium fluoride 5000 ppm</i>	T1	
<i>sodium fluoride 5000 sensitive</i>	T1	
<i>sodium fluoride dental</i>	T1	
<i>triamcinolone acetonide mouth/throat</i>	T1	
Dermatological Agents - Drugs for Skin Conditions		
<i>accutane</i>	T1	
<i>acitretin</i>	T3	
<i>adapalene external cream</i>	T1	PA
<i>adapalene external gel 0.3 %</i>	T1	PA
ADAPALENE EXTERNAL PAD	T3	PA
ADAPALENE EXTERNAL SOLUTION	T3	PA
<i>adapalene gel 0.1 % external (otc)</i>	T1	AL (AGE MAX 35 YEARS)
<i>adapalene treatment</i>	T1	AL (AGE MAX 35 YEARS)
AKLIEF	T3	PA
ALA SCALP	T3	PA
<i>alclometasone dipropionate</i>	T1	
<i>alcohol prep pads external 70 %</i>	T1	
ALTRENO	T2	AL (AGE MAX 35 YEARS)
<i>amneesteem</i>	T1	
APEXICON E	T3	PA
<i>azelaic acid external</i>	T3	ST
AZELEX	T3	ST
<i>benzoyl peroxide-erythromycin</i>	T3	
<i>betamethasone dipropionate aug</i>	T1	
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external</i>	T1	
<i>brimonidine tartrate external</i>	T3	
<i>calcipotriene external cream</i>	T1	
CALCIPOTRIENE EXTERNAL FOAM	T2	
<i>calcipotriene external ointment</i>	T1	
<i>calcipotriene external solution</i>	T1	
<i>calcitriol external</i>	T1	
<i>claravis</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1.2-2.5 %</i>	T3	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1	
<i>clindamycin phosphate external gel</i>	T1	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>clobetasol propionate e</i>	T1	
<i>clobetasol propionate emulsion</i>	T1	
<i>clobetasol propionate external</i>	T1	
<i>clocortolone pivalate</i>	T3	PA
CORDRAN	T2	
<i>cvs adapalene</i>	T1	AL (AGE MAX 35 YEARS)
<i>dapsone external gel 5 %</i>	T1	ST
<i>desonide external cream</i>	T3	PA
<i>desonide external gel</i>	T3	
<i>desonide external lotion</i>	T3	PA
<i>desonide external ointment</i>	T3	PA
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external ointment 0.25 %</i>	T1	
<i>diclofenac sodium gel 3 % external</i>	T3	PA; QL (3 FILLS IN 365 DAYS)
DIFFERIN EXTERNAL GEL 0.1 %	T2	AL (AGE MAX 35 YEARS)
DIFFERIN EXTERNAL LOTION	T3	PA
<i>diflorasone diacetate</i>	T3	PA
DRYSOL	T2	
DUPIXENT SOLUTION AUTO-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	T4P	PA; QL (2.28 ML IN 28 DAYS); SP-QTZ
DUPIXENT SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS	T4P	PA; 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
EPIFOAM	T3	
<i>ery pad 2%</i>	T1	
<i>erythromycin external</i>	T1	
EUCRISA	T3	ST
FABIOR	T2	PA
FINACEA EXTERNAL FOAM	T3	ST
<i>fluocinolone acetonide body</i>	T1	
<i>fluocinolone acetonide external</i>	T1	
<i>fluocinolone acetonide scalp</i>	T1	
<i>fluocinonide emulsified base</i>	T1	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>fluocinonide external cream 0.05 %</i>	T1	
<i>fluocinonide external cream 0.1 %</i>	T3	PA
<i>fluocinonide external gel</i>	T1	
<i>fluocinonide external ointment</i>	T1	
<i>fluocinonide external solution</i>	T1	
<i>fluorouracil external</i>	T1	
<i>fluticasone propionate external</i>	T1	
<i>halobetasol propionate external cream</i>	T1	
<i>halobetasol propionate external foam</i>	T3	PA
<i>halobetasol propionate external ointment</i>	T1	
<i>hydrocortisone butyrate external lotion</i>	T3	PA
<i>hydrocortisone external cream 2.5 %</i>	T1	
<i>hydrocortisone external lotion 2 %</i>	T3	PA
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 2.5 %</i>	T1	
<i>hydrocortisone valerate</i>	T3	PA
<i>imiquimod external cream 5 %</i>	T1	
IMPOYZ	T3	PA
<i>isopropyl alcohol external</i>	T1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	
<i>ivermectin external cream</i>	T3	
LEVULAN KERASTICK	T3	
<i>methoxsalen rapid</i>	T1	
<i>metronidazole external</i>	T1	
<i>mometasone furoate external</i>	T1	
NEO-SYNALAR	T3	
<i>neuac</i>	T1	
OPZELURA	T3	PA
PANDEL	T3	PA
<i>pimecrolimus</i>	T1	
<i>podofilox external</i>	T1	
PRAMOSONE EXTERNAL CREAM	T2	
PRAMOSONE EXTERNAL LOTION	T2	
RADIAPLEXRX	T3	
REGRANEX	T2	
RHOFADE	T3	
SANTYL	T2	

Drug Name	Drug Tier	Notes
<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
TEXACORT	T3	PA
TOLAK	T3	
<i>tretinoin external</i>	T1	AL (AGE MAX 35 YEARS)
<i>triamcinolone acetonide external aerosol solution</i>	T1	PA
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment</i>	T1	
<i>triamcinolone in absorbbase</i>	T1	
<i>triderm</i>	T1	
VEREGEN	T3	
<i>zenatane</i>	T1	
ZORYVE EXTERNAL CREAM 0.3 %	T3	PA
Diabetes - Antidiabetic Agents		
<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
FARXIGA TABLET 10 MG ORAL	VBB	QL (1 IN 1 DAYS)
FARXIGA TABLET 10 MG ORAL	VBB	QL (1 IN 1 DAYS); HDHP
FARXIGA TABLET 5 MG ORAL	VBB	QL (1 IN 1 DAYS)
FARXIGA TABLET 5 MG ORAL	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
<i>glyburide micronized</i>	VBB	HDHP
<i>glyburide oral</i>	VBB	HDHP

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>glyburide-metformin</i>	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
LIRAGLUTIDE	VBB	PA; HDHP
<i>metformin hcl er</i>	VBB	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral solution</i>	VBB	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	VBB	HDHP; \$0 if age 35-70 and prediabetes DX
<i>miglitol</i>	T3	QL (3 IN 1 DAYS)
MOUNJARO	VBB	PA; HDHP
<i>nateglinide</i>	VBB	HDHP
<i>pioglitazone hcl</i>	VBB	HDHP
<i>pioglitazone hcl-metformin hcl</i>	T1	
<i>repaglinide</i>	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
Diabetes - Glucose Monitoring		
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

Effective 11/1/2024

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	
CHOSEN LANCETS 30G	VBB	HDHP
CHOSEN SAFETY LANCETS 28G	VBB	HDHP
CLEVER CHOICE COMFORT EZ	VBB	HDHP
CLEVER CHOICE GLUCOSE CONTROL	VBB	HDHP
COMFORT TOUCH TWIST LANCET 30G	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
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)

Effective 11/1/2024

Drug Name	Drug Tier	Notes
DEXCOM G7 RECEIVER	T2	QL (1 IN 365 DAYS)
DEXCOM G7 SENSOR	T2	QL (3 IN 30 DAYS)
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
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 PLUS SENSOR	T3	PA; QL (2 sensors in 30 days)

Effective 11/1/2024

Drug Name	Drug Tier	Notes
FREESTYLE LIBRE 3 READER	T3	PA; QL (1 IN 365 DAYS)
FREESTYLE LIBRE 3 SENSOR	T3	PA; QL (2 IN 28 DAYS)
GE100 CONTROL	VBB	HDHP
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
IHEALTH CONTROL SOLUTION	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 CARE	T2	
KETONE TEST	T2	
KETOSTIX	T2	
KROGER HEALTHPRO CONTROL HI/LO	VBB	HDHP
LANCETS	VBB	HDHP
LANCETS SUPER THIN	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

Effective 11/1/2024

Drug Name	Drug Tier	Notes
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 BLUE TEST	VBB	QL (200 IN 30 DAYS)
ONETOUCH ULTRA CONTROL	VBB	HDHP
ONETOUCH ULTRA IN VITRO LIQUID	VBB	HDHP
ONETOUCH ULTRA IN VITRO STRIP	VBB	QL (200 IN 30 DAYS)
ONETOUCH ULTRA TEST STRIPS	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)
PERFECT POINT SAFETY LANCETS	VBB	HDHP
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
UNISTIK NORMAL	VBB	HDHP
UNISTRIP CONTROL	VBB	HDHP
VERASENS GLUCOSE CONTROL	VBB	HDHP
VERIFINE SAFE LANCET MINI 21G	VBB	HDHP

Effective 11/1/2024

Drug Name	Drug Tier	Notes
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
VIVAGUARD LANCETS 30G	VBB	HDHP
VIVAGUARD SAFETY LANCETS 28G	VBB	HDHP
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	T2	QL (2 IN 30 DAYS)
BAQSIMI TWO PACK	T2	QL (2 IN 30 DAYS)
<i>diazoxide oral</i>	T3	
<i>glucagon emergency kit injection kit</i>	T1	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T2	QL (0.2 ML IN 30 DAYS)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T2	QL (0.4 ML IN 30 DAYS)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T2	QL (0.2 ML IN 30 DAYS)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T2	QL (0.4 ML IN 30 DAYS)
GVOKE KIT	T2	QL (0.4 ML IN 30 DAYS)
GVOKE PFS	T2	QL (0.4 ML IN 30 DAYS)
Diabetes - Insulins		
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)

Drug Name	Drug Tier	Notes
INSULIN DEGLUDEC FLEXTOUCH	T1	PA; QL (45 ML IN 30 DAYS)
INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML, U-100 0.3 ML, U-100 0.5 ML, U-100 1 ML	VBB	HDHP
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

Effective 11/1/2024

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

Effective 11/1/2024

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

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
LOKELMA	T3	QL (3 IN 1 DAYS)
MASONATAL	\$0	
M-NATAL PLUS	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 oral capsule extended release</i>	T1	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</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 & 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 & fa</i>	\$0	
<i>prenatal multi +dha</i>	\$0	
PRENATAL MULTIVITAMIN + DHA	\$0	
<i>prenatal multivitamin plus dha</i>	\$0	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<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	
THRIVITE RX	VBB	
<i>tolvaptan</i>	T4NP	PA; QL (2 IN 1 DAYS)
TRICARE	VBB	

Drug Name	Drug Tier	Notes
<i>trientine hcl</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	
<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)
WESNATAL DHA COMPLETE	VBB	
WESTAB PLUS	VBB	
<i>yl folic acid</i>	\$0	

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

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

Effective 11/1/2024

Drug Name	Drug Tier	Notes
MOVANTIK	T2	PA; QL (1 IN 1 DAYS)
MYTESI	T3	
<i>na sulfate-k sulfate-mg sulf</i>	T3	PA; QL (360 ML IN 30 DAYS); \$0 for age 45-75 years for 2 fills per year
OSCIMIN	T2	
<i>peg 3350 oral packet</i>	T1	
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	QL (2 FILLS IN 365 DAYS); \$0 for age 45-75 years for 2 fills per year
<i>peg-3350/electrolytes</i>	T1	QL (2 FILLS IN 365 DAYS); \$0 for age 45-75 years for 2 fills per year
<i>peg-3350/electrolytes/ascorbat</i>	T1	QL (1 IN 30 DAYS)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1	QL (1 IN 30 DAYS)
PEG-PREP	T3	PA; QL (1 IN 30 DAYS)
PLENVU	T3	PA; QL (3 IN 30 DAYS)
<i>polyethylene glycol 3350 oral packet</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)
<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)
MYALEPT	T4NP	PA
<i>nitisinone</i>	T4NP	PA
OCALIVA	T4NP	PA; QL (1 IN 1 DAYS)
ORFADIN ORAL SUSPENSION	T4NP	PA

Effective 11/1/2024

Drug Name	Drug Tier	Notes
RAVICTI	T4NP	
REVCIVI	T4NP	PA
<i>sapropterin dihydrochloride</i>	T4NP	PA
SUCRAID	T4NP	
XURIDEN	T4NP	PA
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
<i>acetic acid irrigation</i>	T1	
AURYXIA	T3	PA
<i>bethanechol chloride oral</i>	T1	
<i>calcium acetate (phos binder)</i>	T1	
<i>calcium acetate oral tablet 667 mg</i>	T1	
<i>darifenacin hydrobromide er</i>	T3	QL (1 IN 1 DAYS)
ELMIRON	T3	
<i>fesoterodine fumarate er</i>	T3	QL (1 IN 1 DAYS)
<i>flavoxate hcl</i>	T1	
FOSRENOL ORAL PACKET	T2	
GELNIQUE	T3	
<i>glycine irrigation</i>	T3	
<i>lanthanum carbonate</i>	T1	
LITHOSTAT	T3	
<i>mirabegron er</i>	T1	ST; QL (1 IN 1 DAYS)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3	ST; QL (200 ML IN 30 DAYS)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	ST; QL (1 IN 1 DAYS)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 5 mg</i>	T1	QL (1 IN 1 DAYS)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>	T1	
<i>oxybutynin chloride oral solution</i>	T1	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	
<i>penicillamine oral</i>	T4NP	
<i>phenazo oral tablet 200 mg</i>	T1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1	
RENACIDIN	T3	
<i>sevelamer carbonate oral packet</i>	T1	AL (AGE MAX 12 YEARS)
<i>sevelamer carbonate oral tablet</i>	T1	
<i>sevelamer hcl oral tablet 400 mg</i>	T1	

Drug Name	Drug Tier	Notes
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	T3	QL (5 IN 30 DAYS)
<i>solifenacin succinate</i>	T1	QL (1 IN 1 DAYS)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T3	PA; QL (1 IN 1 DAYS)
<i>tiopronin</i>	T3	
<i>tolterodine tartrate er</i>	T1	QL (1 IN 1 DAYS)
<i>tolterodine tartrate oral tablet 1 mg</i>	T1	QL (2 IN 1 DAYS)
<i>tolterodine tartrate oral tablet 2 mg</i>	T1	
<i>tropium chloride</i>	T1	
<i>tropium chloride er</i>	T1	QL (1 IN 1 DAYS)
VELPHORO	T3	PA
Genitourinary Agents - Drugs for Prostate Conditions		
<i>alfuzosin hcl er</i>	T1	
CARDURA XL	T3	PA; QL (1 IN 1 DAYS)
<i>dutasteride oral</i>	T1	
<i>dutasteride-tamsulosin hcl</i>	T3	
<i>finasteride oral tablet 5 mg</i>	T1	
<i>silodosin oral capsule 4 mg</i>	T3	QL (1 IN 1 DAYS)
<i>silodosin oral capsule 8 mg</i>	T3	
<i>tamsulosin hcl</i>	T1	
<i>terazosin hcl</i>	T1	
Hormonal Agents - Adrenal		
CORTISONE ACETATE ORAL	T2	
<i>dexamethasone intensol</i>	T1	
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone sod phos +rfid</i>	T1	
<i>dexamethasone sod phosphate pf injection solution</i>	T1	
<i>dexamethasone sodium phosphate injection solution</i>	T1	
<i>fludrocortisone acetate oral</i>	T1	
<i>hydrocortisone oral</i>	T1	
KENALOG-10	T3	
MEDROL ORAL TABLET 2 MG	T2	
<i>methylprednisolone oral</i>	T1	
<i>prednisolone oral</i>	T1	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<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	
SOLU-CORTEF	T2	
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	T3	
Hormonal Agents - Men's Health		
<i>danazol oral</i>	T1	
METHITEST	T4P	
<i>methyltestosterone oral</i>	T4NP	
<i>testosterone cypionate intramuscular</i>	T1	PA
<i>testosterone enanthate intramuscular</i>	T1	PA
<i>testosterone transdermal gel 1.62 %, 12.5 mg/lact (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	T1	PA
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	T1	PA; QL (2.5 GM IN 1 DAYS)
Hormonal Agents - Pituitary		
<i>cabergoline</i>	T1	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	T3	PA
CLOMID	T3	PA
<i>desmopressin ace spray refrig</i>	T1	
<i>desmopressin acetate oral</i>	T1	
<i>desmopressin acetate spray</i>	T1	
INCRELEX	T4NP	PA; SP-ORx
<i>leuprolide acetate injection</i>	T3	PA
NOCDURNA	T3	QL (1 IN 1 DAYS)
NOVAREL	T3	PA
<i>octreotide acetate injection</i>	T1	
<i>octreotide acetate subcutaneous</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)

Drug Name	Drug Tier	Notes
PREGNYL	T3	PA
SIGNIFOR	T4NP	PA; QL (2 ML IN 1 DAYS)
SOMAVERT	T4NP	PA; QL (1 IN 1 DAYS); SP-ORx
SYNAREL	T2	
Hormonal Agents - Prostaglandins		
<i>mifepristone</i>	T3	
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	T3	
<i>raloxifene hcl</i>	T1	\$0 for breast cancer PX
Hormonal Agents - Sex Hormones and Birth Control		
<i>afirmelle</i>	\$0	
<i>aftera</i>	\$0	
<i>altavera</i>	\$0	
<i>alyacen 1/35</i>	\$0	
<i>alyacen 7/7/7</i>	\$0	
<i>amethyst</i>	\$0	
ANGELIQ	T3	
ANNOVERA	\$0	QL (1 IN 365 DAYS)
<i>apri</i>	\$0	
<i>aranelle</i>	\$0	
<i>ashlyna</i>	\$0	QL (1 IN 1 DAYS)
<i>aubra eq</i>	\$0	
<i>aurovela 1.5/30</i>	\$0	
<i>aurovela 1/20</i>	\$0	
<i>aurovela 24 fe</i>	\$0	
<i>aurovela fe 1.5/30</i>	\$0	
<i>aurovela fe 1/20</i>	\$0	
<i>aviane</i>	\$0	
<i>ayuna</i>	\$0	
<i>azurette</i>	\$0	
<i>balziva</i>	\$0	
<i>blisovi 24 fe</i>	\$0	
<i>blisovi fe 1.5/30</i>	\$0	
<i>blisovi fe 1/20</i>	\$0	
<i>briellyn</i>	\$0	
<i>camila</i>	\$0	
<i>camrese</i>	\$0	QL (1 IN 1 DAYS)

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>camrese lo</i>	\$0	QL (1 IN 1 DAYS)
<i>charlotte 24 fe</i>	\$0	
<i>chateal eq</i>	\$0	
COMBIPATCH	T2	QL (8 IN 28 DAYS)
CRINONE	T3	PA
<i>cryselle-28</i>	\$0	
<i>curae</i>	\$0	
<i>cyred eq</i>	\$0	
<i>dasetta 1/35</i>	\$0	
<i>dasetta 7/7/7</i>	\$0	
<i>daysee</i>	\$0	QL (1 IN 1 DAYS)
<i>deblitane</i>	\$0	
<i>delyla</i>	\$0	
DEPO-SUBQ PROVERA 104	\$0	QL (1 IN 91 DAYS)
<i>desogestrel-ethinyl estradiol</i>	\$0	
<i>dolishale</i>	\$0	
<i>dotti</i>	T1	QL (8 IN 28 DAYS)
<i>drospiren-eth estrad-levomefol</i>	\$0	
<i>drospirenone-ethinyl estradiol</i>	\$0	
DUAVEE	T2	
<i>econtra one-step</i>	\$0	
ELESTRIN	T3	QL (26 GM IN 30 DAYS; MAX 90 DAYS)
<i>elinest</i>	\$0	
ELLA	\$0	
<i>eluryng</i>	\$0	
<i>emzahh</i>	\$0	
ENDOMETRIN	T3	PA
<i>enilloring</i>	\$0	
<i>enpresse-28</i>	\$0	
<i>enskyce</i>	\$0	
<i>errin</i>	\$0	
<i>est estrogens-methyltest hs</i>	T1	
<i>estarylla</i>	\$0	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	T3	
<i>estradiol transdermal patch twice weekly</i>	T1	QL (8 IN 28 DAYS)

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>estradiol transdermal patch weekly</i>	T1	QL (4 IN 28 DAYS)
<i>estradiol vaginal</i>	T1	
<i>estradiol valerate intramuscular</i>	T1	
<i>estradiol-norethindrone acet</i>	T3	
<i>estratest h.s.</i>	T1	
ESTRING	T2	QL (1 IN 90 DAYS)
<i>ethynodiol diac-eth estradiol</i>	\$0	
<i>etonogestrel-ethinyl estradiol</i>	\$0	
<i>falmina</i>	\$0	
<i>finzala</i>	\$0	
<i>fyavolv</i>	T1	
<i>gallifrey</i>	T1	
<i>gemmily</i>	\$0	
<i>hailey 1.5/30</i>	\$0	
<i>hailey 24 fe</i>	\$0	
<i>hailey fe 1.5/30</i>	\$0	
<i>hailey fe 1/20</i>	\$0	
<i>haloette</i>	\$0	
<i>heather</i>	\$0	
<i>her style</i>	\$0	
<i>iclevia</i>	\$0	QL (1 IN 1 DAYS)
<i>incassia</i>	\$0	
<i>introvale</i>	\$0	QL (1 IN 1 DAYS)
<i>isibloom</i>	\$0	
<i>jaimiess</i>	\$0	QL (1 IN 1 DAYS)
<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	

Drug Name	Drug Tier	Notes
<i>kariva</i>	\$0	
<i>kelnor 1/35</i>	\$0	
<i>kelnor 1/50</i>	\$0	
<i>kurvelo</i>	\$0	
<i>larin 1.5/30</i>	\$0	
<i>larin 1/20</i>	\$0	
<i>larin 24 fe</i>	\$0	
<i>larin fe 1.5/30</i>	\$0	
<i>larin fe 1/20</i>	\$0	
<i>layolis fe</i>	\$0	
<i>leena</i>	\$0	
<i>lessina</i>	\$0	
<i>levonest</i>	\$0	
<i>levonorgest-eth est & eth est</i>	\$0	QL (1 IN 1 DAYS)
<i>levonorgest-eth estrad 91-day</i>	\$0	QL (1 IN 1 DAYS)
<i>levonorgest-eth estradiol-iron</i>	\$0	
<i>levonorgestrel</i>	\$0	
<i>levonorgestrel-ethinyl estrad</i>	\$0	
<i>levonorg-eth estrad triphasic</i>	\$0	
<i>levora 0.15/30 (28)</i>	\$0	
<i>lojaimiess</i>	\$0	QL (1 IN 1 DAYS)
<i>loryna</i>	\$0	
<i>low-ogestrel</i>	\$0	
<i>lo-zumandimine</i>	\$0	
<i>lutera</i>	\$0	
<i>lyleq</i>	\$0	
<i>lyllana</i>	T1	QL (8 IN 28 DAYS)
<i>lyza</i>	\$0	
<i>marlissa</i>	\$0	
<i>medroxyprogesterone acetate intramuscular</i>	\$0	QL (1 IN 91 DAYS)
<i>medroxyprogesterone acetate oral</i>	T1	
<i>megestrol acetate oral</i>	T1	
MENEST	T2	
MENOSTAR	T3	QL (4 IN 28 DAYS)
<i>merzee</i>	\$0	
<i>mibelas 24 fe</i>	\$0	
<i>microgestin 1.5/30</i>	\$0	
<i>microgestin 1/20</i>	\$0	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>microgestin fe 1.5/30</i>	\$0	
<i>microgestin fe 1/20</i>	\$0	
<i>mili</i>	\$0	
<i>mimvey</i>	T3	
<i>mono-linyah</i>	\$0	
<i>my choice</i>	\$0	
<i>my way</i>	\$0	
MYFEMBREE	T2	PA; QL (1 IN 1 DAYS)
NATAZIA	\$0	
<i>necon 0.5/35 (28)</i>	\$0	
<i>new day</i>	\$0	
<i>nikki</i>	\$0	
<i>nora-be</i>	\$0	
<i>norelgestromin-eth estradiol</i>	\$0	
<i>norethin ace-eth estrad-fe</i>	\$0	
<i>norethindrone acetate oral</i>	T1	
<i>norethindrone acet-ethinyl est</i>	\$0	
<i>norethindrone oral</i>	\$0	
<i>norethindrone-eth estradiol</i>	T1	
<i>norethindron-ethinyl estrad-fe</i>	\$0	
<i>norethin-eth estradiol-fe</i>	\$0	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0	
<i>norgestimate-ethinyl estradiol triphasic</i>	\$0	
<i>norlyroc</i>	\$0	
<i>nortrel 0.5/35 (28)</i>	\$0	
<i>nortrel 1/35 (21)</i>	\$0	
<i>nortrel 1/35 (28)</i>	\$0	
<i>nortrel 7/7/7</i>	\$0	
<i>nylia 1/35</i>	\$0	
<i>nylia 7/7/7</i>	\$0	
<i>ocella</i>	\$0	
<i>opcicon one-step</i>	\$0	
<i>option 2</i>	\$0	
<i>philith</i>	\$0	
<i>pimtrea</i>	\$0	
<i>portia-28</i>	\$0	
PREMARIN ORAL	T2	

Drug Name	Drug Tier	Notes
PREMARIN VAGINAL	T2	
PREMPHASE	T2	
PREMPRO	T2	
<i>progesterone intramuscular</i>	T3	PA
<i>progesterone oral</i>	T1	
<i>react</i>	\$0	
<i>reclipsen</i>	\$0	
<i>rivelsa</i>	\$0	QL (1 IN 1 DAYS)
<i>setlakin</i>	\$0	QL (1 IN 1 DAYS)
<i>sharobel</i>	\$0	
<i>simliya</i>	\$0	
<i>simpesse</i>	\$0	QL (1 IN 1 DAYS)
<i>sprintec 28</i>	\$0	
<i>sronyx</i>	\$0	
<i>syeda</i>	\$0	
<i>take action</i>	\$0	
<i>tarina 24 fe</i>	\$0	
<i>tarina fe 1/20 eq</i>	\$0	
<i>taysofy</i>	\$0	
<i>tilia fe</i>	\$0	
<i>tri-estarylla</i>	\$0	
<i>tri-legest fe</i>	\$0	
<i>tri-linyah</i>	\$0	
<i>tri-lo-estarylla</i>	\$0	
<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-sprintec</i>	\$0	
<i>trivora (28)</i>	\$0	
<i>tri-vylibra</i>	\$0	
<i>tri-vylibra lo</i>	\$0	
<i>turqoz</i>	\$0	
<i>tydemy</i>	\$0	
<i>velivet</i>	\$0	
<i>vestura</i>	\$0	
<i>vienva</i>	\$0	
<i>viorele</i>	\$0	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>volnea</i>	\$0	
<i>vyfemla</i>	\$0	
<i>vylibra</i>	\$0	
<i>wera</i>	\$0	
<i>wymzya fe</i>	\$0	
<i>xulane</i>	\$0	
<i>yuvafem</i>	T1	
<i>zafemy</i>	\$0	
<i>zovia 1/35 (28)</i>	\$0	
<i>zumandimine</i>	\$0	
Hormonal Agents - Thyroid		
ADTHYZA	T2	
ARMOUR THYROID	T2	
<i>euthyrox</i>	T1	
<i>levo-t</i>	T1	
<i>levothyroxine sodium oral tablet</i>	T1	
<i>levoxyl</i>	T1	
<i>liothyronine sodium oral</i>	T1	
<i>methimazole oral</i>	T1	
NIVA THYROID	T2	
<i>np thyroid</i>	T1	
<i>propylthiouracil oral</i>	T1	
SYNTHROID	T2	
THYQUIDITY	T3	AL (AGE MAX 12 YEARS)
<i>thyroid oral</i>	T1	
<i>unithroid</i>	T1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	T4NP	PA; QL (2 ML IN 28 DAYS); SP-QTZ
ACTEMRA SUBCUTANEOUS	T4NP	PA; QL (2 ML IN 28 DAYS; MAX 30 DAYS); SP-QTZ
ACTIMMUNE	T4P	PA; SP-ORx
ADALIMUMAB-ADAZ	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
ADALIMUMAB-FKJP (2 PEN)	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
ADALIMUMAB-FKJP (2 SYRINGE)	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
<i>azathioprine oral tablet 50 mg</i>	T1	
BENLYSTA SUBCUTANEOUS	T4NP	PA; QL (4 ML IN 28 DAYS); SP-QTZ

Effective 11/1/2024

Drug Name	Drug Tier	Notes
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	T4P	PA; QL (1 in 56 days); SP-QTZ
CINRYZE	T4NP	PA; SP-ORx
COSENTYX (300 MG DOSE)	T4NP	PA; QL (1 ML IN 28 DAYS; MAX 56 DAYS); SP-QTZ
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T4NP	PA; QL (1 ML IN 28 DAYS; MAX 56 DAYS); SP-QTZ
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T4NP	PA; QL (1 ML IN 28 DAYS); SP-QTZ
COSENTYX SENSOREADY (300 MG)	T4NP	PA; QL (1 IN 28 DAYS); SP-QTZ
COSENTYX SENSOREADY PEN	T4NP	PA; QL (1 IN 28 DAYS); SP-QTZ
COSENTYX UNOREADY	T4NP	PA; QL (2 IN 28 DAYS); SP-QTZ
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral</i>	T1	
ENBREL	T4P	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENBREL MINI	T4P	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENBREL SURECLICK	T4P	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENSPRYNG	T4NP	PA; QL (0.04 ML IN 1 DAY); SP-QTZ
ENVARUSUS XR	T3	PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T3	
<i>gengraf</i>	T1	
HADLIMA	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HADLIMA PUSH TOUCH	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HAEGARDA	T4NP	PA
HUMIRA (2 PEN)	T4P	PA; SP-QTZ
HUMIRA (2 SYRINGE)	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA-CD/UC/HS STARTER	T4P	PA; SP-QTZ
HUMIRA-PSORIASIS/UVEIT STARTER	T4P	PA; 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

Drug Name	Drug Tier	Notes
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	T4P	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4P	PA; QL (2 IN 28 DAYS); SP-QTZ
HYRIMOZ-CROHNS/UC STARTER	T4P	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ-PED<40KG CROHN STARTER	T4P	PA; QL (1 IN 28 DAYS); SP-QTZ
HYRIMOZ-PED>=40KG CROHN START	T4P	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ-PLAQ PSOR/UEVIT START	T4P	PA; QL (1 IN 28 DAYS); SP-QTZ
HYRIMOZ-PLAQUE PSORIASIS START	T4P	PA; QL (1 IN 28 DAYS); SP-QTZ
<i>icatibant acetate</i>	T4NP	PA
KINERET	T4NP	PA; QL (0.67 ML IN 1 DAYS)
<i>leflunomide oral</i>	T1	
LUPKYNIS	T4NP	PA; QL (6 IN 1 DAYS)
<i>methotrexate sodium</i>	T1	
<i>methotrexate sodium (pf)</i>	T1	
<i>mycophenolate mofetil oral</i>	T1	
<i>mycophenolate sodium</i>	T1	
<i>mycophenolic acid</i>	T1	
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
PROGRAF ORAL PACKET	T2	PA
REZUROCK	T4NP	PA; QL (1 IN 1 DAYS)
RIDAURA	T2	
RINVOQ	T4P	PA; QL (1 IN 1 DAYS); SP-QTZ
RINVOQ LQ	T4P	PA; QL (12 ML IN ONE DAY); SP-QTZ
RUCONEST	T4NP	PA
<i>sajazir</i>	T4NP	PA
SANDIMMUNE INTRAVENOUS	T2	
SIMPONI	T4P	PA; QL (1 IN 28 DAYS); SP-QTZ
<i>sirolimus oral</i>	T1	

Drug Name	Drug Tier	Notes
SKYRIZI PEN	T4P	PA; QL (1 ML IN 84 DAYS); SP-QTZ
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	T4P	PA; QL (1.2 ML IN 56 DAYS); SP-QTZ
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	T4P	PA; QL (2.4 ML IN 56 DAYS); SP-QTZ
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4P	PA; QL (1 ML IN 84 DAYS); SP-QTZ
STELARA SUBCUTANEOUS SOLUTION	T4P	PA; QL (0.5 ML IN 84 DAYS); SP-QTZ
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4P	PA; QL (0.5 ML IN 84 DAYS); SP-QTZ
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4P	PA; QL (1 ML IN 84 DAYS); SP-QTZ
<i>tacrolimus oral</i>	T1	
TAKHZYRO SUBCUTANEOUS SOLUTION	T4NP	PA; QL (4 ML IN 28 DAYS); SP-ORx
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4NP	PA; QL (2 ML IN 28 DAYS); SP-ORx
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T4P	PA; QL (1 ML IN 56 DAYS); SP-QTZ
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4P	PA; QL (Member Note: 1 IN 56 DAYS); SP-QTZ
XATMEP	T3	
XELJANZ ORAL SOLUTION	T4P	PA; QL (20 ML IN 1 DAY); SP-QTZ
XELJANZ ORAL TABLET 10 MG	T4P	PA; QL (2 IN 1 DAYS); SP-QTZ
XELJANZ ORAL TABLET 5 MG	T4P	PA; QL (2 IN 1 DAYS; MAX 30 DAYS); SP-QTZ
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T4P	PA; QL (1 in 1 DAY); SP-QTZ
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	T4P	PA; QL (1 IN 1 DAY); SP-QTZ
Immunological Agents - Drugs for Vaccination		
ABRYSVO	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
ADACEL	\$0	AL (AGE MIN 18 YEARS)
AFLURIA	\$0	
AFLURIA PRESERVATIVE FREE	\$0	
AREXVY	\$0	AL (AGE GREATER THAN OR = TO 60 YEARS)
BOOSTRIX	\$0	AL (AGE MIN 18 YEARS)

Effective 11/1/2024

Drug Name	Drug Tier	Notes
COMIRNATY	\$0	QL (0.3 ML PER FILL; AGE MIN 12 YEARS)
ENGERIX-B	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
FLUAD	\$0	
FLUARIX	\$0	
FLUBLOK	\$0	
FLUCELVAX	\$0	
FLULAVAL	\$0	
FLUZONE	\$0	
FLUZONE HIGH-DOSE	\$0	
HEPLISAV-B	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
MODERNA COVID-19 VAC 6M-11Y	\$0	
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)
PREHEVBRIO	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
PREVNAR 20	\$0	AL (AGE MIN 18 YEARS)
RECOMBIVAX HB	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
SHINGRIX	\$0	AL (AGE MIN 50 YEARS)
SPIKEVAX	\$0	QL (0.5 ML PER FILL; AGE MIN 12 YEARS)
TDVAX	\$0	AL (AGE MIN 18 YEARS)
TENIVAC	\$0	AL (AGE MIN 18 YEARS)
TWINRIX	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
VAXNEUVANCE	\$0	AL (AGE MIN 18 YEARS)
VIVOTIF	T2	QL (0.5 IN 1 DAYS; MAX 8 DAYS; 1 FILLS IN 999 DAYS)
Inflammatory Bowel Disease Agents		
ANALPRAM-HC EXTERNAL LOTION	T2	
<i>balsalazide disodium</i>	T1	
<i>budesonide er</i>	T1	QL (1 IN 1 DAYS)
<i>budesonide oral</i>	T1	QL (3 IN 1 DAYS)

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>budesonide rectal</i>	T3	
DIPENTUM	T2	
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	T3	
<i>hydrocortisone rectal</i>	T1	
<i>mesalamine er oral capsule 500 mg</i>	T1	
<i>mesalamine er oral capsule 0.375 gm</i>	T3	
<i>mesalamine oral capsule delayed release 400 mg</i>	T3	
<i>mesalamine oral tablet delayed release</i>	T1	
<i>mesalamine rectal</i>	T1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	T2	
PROCTOFOAM HC	T2	
<i>procto-med hc</i>	T1	
<i>proctosol hc</i>	T1	
<i>proctozone-hc</i>	T1	
<i>sulfasalazine oral</i>	T1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
<i>alendronate sodium oral solution</i>	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 subcutaneous solution pen-injector 600 mcg/2.4ml</i>	T4NP	PA; QL (24 months of therapy per lifetime)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	T4NP	PA; QL (24 months of therapy per lifetime)
TYMLOS	T4P	PA; QL (24 months of therapy per lifetime)
Metabolic Bone Disease Agents - Other		
<i>calcitriol oral</i>	T1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	T1	QL (2 IN 1 DAYS)
<i>cinacalcet hcl oral tablet 90 mg</i>	T1	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>doxercalciferol oral</i>	T3	PA
<i>paricalcitol oral</i>	T3	PA
Miscellaneous Therapeutic Agents		
ADVOCATE INSULIN PEN NEEDLE	VBB	QL (200 in 30 days); 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 in 30 days); HDHP
ASSESS PEAK FLOW METER	VBB	HDHP
ASSURE ID DUO PRO PEN NEEDLES	VBB	QL (200 in 30 days); HDHP
ASSURE ID PRO PEN NEEDLES	VBB	QL (200 in 30 days); HDHP
AUM ALCOHOL PREP PADS	T1	
AUM INSULIN SAFETY PEN NEEDLE	VBB	QL (200 in 30 days); HDHP
AUM MINI INSULIN PEN NEEDLE	VBB	QL (200 in 30 days); HDHP
AUM PEN NEEDLE	VBB	QL (200 in 30 days); HDHP
AUM READYGARD DUO PEN NEEDLE	VBB	QL (200 in 30 days); HDHP
AUM SAFETY PEN NEEDLE	VBB	QL (200 in 30 days); HDHP
BARDIA BULB IRRIGATION SYRINGE	T3	
BARDIA PISTON IRRIGATION SYR	T3	
BD ALLERGIST TRAY	T3	HDHP
BD ALLERGY SYRINGE	T3	HDHP

Effective 11/1/2024

Drug Name	Drug Tier	Notes
BD AUTOSHIELD DUO PEN NEEDLES	VBB	QL (200 in 30 days); HDHP
BD BLUNT FILL NEEDLE	T3	HDHP
BD BLUNT FILL NEEDLE W/FILTER	T3	HDHP
BD CATHETER TIP SYRINGE	T3	
BD CONTROL SYRING LUER-LOK	T3	
BD DISP NEEDLE	T3	HDHP
BD DISP NEEDLES	T3	HDHP
BD ECLIPSE LUER-LOK NEEDLE	T3	HDHP
BD ECLIPSE NEEDLE	T3	HDHP
BD ECLIPSE SHIELDED NEEDLE	T3	HDHP
BD ECLIPSE SYRINGE	T3	HDHP
BD ECLIPSE SYRINGE/NEEDLE	T3	HDHP
BD HYPODERMIC NEEDLE	T3	HDHP
BD INTEGRA NEEDLE	T3	HDHP
BD INTEGRA SYRINGE	T3	HDHP
BD LUER-LOCK SYRINGE	T3	HDHP
BD LUER-LOK SYRINGE 10 ML	T3	
BD LUER-LOK SYRINGE 18G X 1-1/2" 3 ML, 20G X 1" 1 ML, 20G X 1" 10 ML, 20G X 1" 3 ML, 20G X 1" 5 ML, 20G X 1-1/2" 10 ML, 20G X 1-1/2" 5 ML, 21G X 1" 10 ML, 21G X 1" 3 ML, 21G X 1" 5 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 10 ML, 22G X 1" 3 ML, 22G X 1" 5 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 23G X 1-1/2" 3 ML, 25G X 1" 3 ML, 25G X 1-1/2" 3 ML, 25G X 5/8" 1 ML, 25G X 5/8" 3 ML, 26G X 5/8" 3 ML	T3	HDHP
BD NOKOR ADMIX NEEDLE	T3	HDHP
BD PLASTIPAK SYRINGE 21G X 1" 3 ML	T3	HDHP
BD PLASTIPAK SYRINGE 3 ML	T3	
BD PRECISIONGLIDE NEEDLE	T3	HDHP
BD SAFETYGLIDE ALLERGY SYRINGE	T3	HDHP
BD SAFETYGLIDE NEEDLE	T3	HDHP
BD SAFETYGLIDE SHIELDED NEEDLE	T3	HDHP
BD SAFETYGLIDE SYRINGE/NEEDLE	T3	HDHP
BD SYRINGE	T3	
BD SYRINGE BLUNT CANNULA 17G	T3	
BD SYRINGE DISPOSABLE	T3	
BD SYRINGE DUAL CANNULA	T3	
BD SYRINGE LUER SLIP TIP	T3	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
BD SYRINGE LUER-LOK	T3	
BD SYRINGE SLIP TIP 1 ML , 10 ML , 3 ML	T3	
BD SYRINGE SLIP TIP 25G X 5/8" 1 ML, 26G X 3/8" 1 ML, 26G X 5/8" 1 ML	T3	HDHP
BD SYRINGE/NEEDLE	T3	HDHP
BD TB SYRINGE	T3	HDHP
BD ULTRA-FINE PEN NEEDLES	VBB	QL (200 in 30 days); 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	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	VBB	QL (200 in 30 days); HDHP
CLEVER CHOICE HOLDING CHAMBER	VBB	HDHP
CLEVER CHOICE PEAK FLOW METER	VBB	HDHP
COMFORT EZ PRO PEN NEEDLES	VBB	QL (200 in 30 days); 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
DOVER BULB SYRINGE	T3	
DROPLET MICRON	VBB	QL (200 in 30 days); HDHP
DROPSAFE ALCOHOL PREP	T1	
DROPSAFE SICURA	T3	HDHP
DUREX EXTRA SENSITIVE THIN	\$0	
DUREX REALFEEL	\$0	
DUREX TROPICAL	\$0	
EASIVENT	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	

Drug Name	Drug Tier	Notes
EASY TOUCH SYRINGE BARREL 5ML	T3	
EASY TOUCH TB FLIPLOCK SYRINGE	T3	HDHP
EASY TOUCH TB SHEATHLOCK SYR	T3	HDHP
EASYPOINT NEEDLE	T3	HDHP
EASYPOINT NEEDLE/SYRINGE	T3	HDHP
EMBRACE PEN NEEDLES	VBB	QL (200 in 30 days); HDHP
ENCARE	\$0	
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 (10 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 in 30 days); HDHP
GRASTEK	T2	QL (1 IN 1 DAYS)
HYPODERMIC NEEDLE	T3	HDHP
INCONTROL ULTICARE PEN NEEDLES	VBB	QL (200 in 30 days); 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 in 30 days); HDHP
INSULIN SYRINGES 21G X 1" 3 ML, 21G X 1-1/2" 10 ML, 21G X 1-1/2" 3 ML, 21G X 1-1/2" 5 ML, 22G X 1" 3 ML, 22G X 1-1/2" 10 ML, 22G X 1-1/2" 3 ML, 22G X 1-1/2" 5 ML, 23G X 1" 3 ML, 25G X 1" 10 ML, 25G X 1" 3 ML, 25G X 1" 5 ML, 25G X 5/8" 3 ML	T3	HDHP

Effective 11/1/2024

Drug Name	Drug Tier	Notes
KAMELEON LUBRICATED	\$0	
KERENDIA	T3	PA; QL (1 IN 1 DAYS)
KIMONO	\$0	
KIMONO COLORS	\$0	
KIMONO MAXX-LARGE FLARE	\$0	
KIMONO MICRO THIN	\$0	
KIMONO MICRO THIN PLUS	\$0	
KIMONO PLUS	\$0	
KIMONO PS	\$0	
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

Effective 11/1/2024

Drug Name	Drug Tier	Notes
MONOJECT MAGELLAN SAFETY NDL	T3	HDHP
MONOJECT MAGELLAN SYRINGE	T3	HDHP
MONOJECT PHARMACY TRAY	T3	
MONOJECT PISTON SYRINGE	T3	
MONOJECT SMARTIP SYR/CANNULA	T3	
MONOJECT SOFTPACK/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 PEN NEEDLE	VBB	QL (200 in 30 days); HDHP
NOVOFINE PLUS PEN NEEDLE	VBB	QL (200 in 30 days); HDHP

Drug Name	Drug Tier	Notes
ODACTRA	T2	QL (1 IN 1 DAYS)
OMNIFLEX DIAPHRAGM	\$0	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T4NP	
OMNIPOD 5 DEXG7G6 PODS GEN 5	T4NP	
OMNIPOD 5 LIBRE2 PLUS G6	T4NP	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T4NP	
OMNIPOD DASH PODS (GEN 4)	T4NP	
OPTICHAMBER DIAMOND	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	
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
PERFECT POINT SAFETY NEEDLE	T3	HDHP
PERSONAL BEST FULL RANGE	VBB	HDHP
PHEXXI	\$0	
PIKO 1	VBB	HDHP
PIP PEN NEEDLES 31G X 5MM	VBB	QL (200 in 30 days); HDHP
PIP PEN NEEDLES 32G X 4MM	VBB	QL (200 in 30 days); HDHP
POCKET CHAMBER	VBB	HDHP
POCKET PEAK FLOW METER	VBB	HDHP
POCKET SPACER	VBB	HDHP
POCKETPEAK PEAK FLOW METER	VBB	HDHP

Drug Name	Drug Tier	Notes
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 in 30 days); HDHP
PURE COMFORT SPACER CHAMBER	VBB	HDHP
RADIOGARDASE	T3	
RAGWITEK	T2	QL (1 IN 1 DAYS)
RAYA SURE PEN NEEDLE	VBB	QL (200 in 30 days); HDHP
REALITY LATEX CONDOMS	\$0	
REALITY LATEX/ULTRA TEXTURED	\$0	
REALITY LATEX/ULTRA THIN	\$0	
RITEFLO	VBB	HDHP
SAFETY PEN NEEDLES	VBB	QL (200 in 30 days); HDHP
SECURESAFE HYPODERMIC NEEDLE	T3	HDHP
SECURESAFE SYRINGE/NEEDLE	T3	HDHP
SILATRIX	T3	PA; QL (10 GM IN 1 DAYS)
SORBITOL IRRIGATION	T3	
STRIVE DUAL ZONE PEAK FLOW MTR	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
SYRINGE LUER SLIP 1 ML , 10 ML , 3 ML , 35 ML , 5 ML , 60 ML	T3	

Drug Name	Drug Tier	Notes
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 in 30 days); HDHP
TODAY SPONGE	\$0	
TOOMEY SYRINGE	T3	
TROJAN MAGNUM	\$0	
TROJAN ULTRA THIN	\$0	
TROJAN ULTRA THIN/SPERMICIDAL	\$0	
TROJAN-ENZ LUBRICATED	\$0	
TROJAN-ENZ/SPERMICIDAL	\$0	
TRUE COVER	\$0	
TRUSTEX COLOR CONDOMS + LUBE	\$0	
TRUSTEX LUB/RIBBED/STUDDED	\$0	
TRUSTEX LUB/SPERMICIDE EX ST	\$0	
TRUSTEX LUB/SPERMICIDE XL	\$0	
TRUSTEX LUBRICATED	\$0	
TRUSTEX LUBRICATED EX LARGE	\$0	
TRUSTEX LUBRICATED EXTRA ST	\$0	
TRUSTEX LUBRICATED/SPERMICIDE	\$0	
TRUSTEX NATURAL CONDOMS + LUBE	\$0	
TRUSTEX NON-LUBRICATED	\$0	
TRUSTEX RIA LUB/SPERMICIDE	\$0	
TRUSTEX RIA LUBRICATED	\$0	
TRUSTEX RIA NON-LUBRICATED	\$0	
TRUSTEX-NONOXYNOL-9/RIB/STUD	\$0	
TRUZONE PEAK FLOW METER	VBB	HDHP
ULTICARE SYRINGE	T3	HDHP
ULTICARE TUBERCULIN SAFETY SYR	T3	HDHP
UNIFINE PROTECT PEN NEEDLE	VBB	QL (200 in 30 days); HDHP
VANISHPOINT ALLERGY TRAY	T3	HDHP
VANISHPOINT SAFETY SYRINGE	T3	HDHP
VANISHPOINT SYRINGE	T3	HDHP
VANISHPOINT TUBERCULIN SYRINGE	T3	HDHP
VASELINE	T3	
VCF VAGINAL CONTRACEPTIVE	\$0	

Drug Name	Drug Tier	Notes
VERIFINE INSULIN PEN NEEDLE	VBB	QL (200 in 30 days); HDHP
VERIFINE PLUS PEN NEEDLE	VBB	QL (200 in 30 days); HDHP
VISTOGARD	T4NP	QL (20 IN 30 DAYS; MAX 30 DAYS)
VORTEX HOLD CHMBR/MASK/CHILD	VBB	HDHP
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		
ALOCRI	T3	
ALOMIDE	T2	
AZASITE	T3	
<i>azelastine hcl ophthalmic</i>	T1	
<i>bacitracin ophthalmic</i>	T1	
<i>bepotastine besilate</i>	T3	
BESIVANCE	T3	
BETADINE OPHTHALMIC PREP	T3	
<i>bromfenac sodium (once-daily)</i>	T3	
<i>bromfenac sodium ophthalmic</i>	T3	
CILOXAN	T2	
<i>ciprofloxacin hcl ophthalmic</i>	T1	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cvs olopatadine hcl</i>	T1	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
<i>diclofenac sodium ophthalmic</i>	T1	
<i>difluprednate</i>	T3	
<i>epinastine hcl</i>	T3	
<i>eq olopatadine hcl</i>	T1	
<i>erythromycin ophthalmic</i>	T1	

Effective 11/1/2024

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

Drug Name	Drug Tier	Notes
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>qc olopatadine hcl</i>	T1	
<i>sm olopatadine hcl</i>	T1	
<i>sulfacetamide sodium ophthalmic</i>	T1	
TOBRADEX	T2	
TOBRADEX ST	T3	
<i>tobramycin solution 0.3 % ophthalmic</i>	T3	
<i>tobramycin solution 0.3 % ophthalmic</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	
TOBEX	T2	
<i>trifluridine</i>	T1	
ZIRGAN	T3	
Ophthalmic Agents - Drugs for Glaucoma		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>apraclonidine hcl</i>	T3	
<i>betaxolol hcl ophthalmic</i>	T1	
BETIMOL	T3	
BETOPTIC-S	T2	
<i>bimatoprost ophthalmic</i>	T3	
<i>brimonidine tartrate ophthalmic</i>	T1	
<i>brimonidine tartrate-timolol</i>	T1	
<i>brinzolamide</i>	T1	
<i>carteolol hcl</i>	T1	
<i>dichlorphenamide</i>	T4NP	PA; QL (4 IN 1 DAYS)
<i>dorzolamide hcl ophthalmic</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
<i>dorzolamide hcl-timolol mal pf</i>	T3	
IOPIDINE	T2	
<i>latanoprost ophthalmic</i>	T1	
<i>levobunolol hcl</i>	T1	
LUMIGAN	T3	
<i>methazolamide oral</i>	T1	
PHOSPHOLINE IODIDE	T2	
<i>pilocarpine hcl ophthalmic</i>	T1	
RHOPRESSA	T3	
ROCKLATAN	T3	
SIMBRINZA	T2	

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<i>tafluprost (pf)</i>	T3	
<i>timolol maleate (once-daily)</i>	T1	
<i>timolol maleate ocudose</i>	T1	
<i>timolol maleate ophthalmic</i>	T1	
<i>timolol maleate pf</i>	T1	
<i>travoprost (bak free)</i>	T1	
VUITY	T3	QL (5 ML IN 30 DAYS)
VYZULTA	T3	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ALTACAINE	T2	
ALTAFLUOR BENOX	T3	
<i>atropine sulfate ophthalmic ointment</i>	T1	
<i>atropine sulfate solution 1 % ophthalmic</i>	T1	
<i>bacitracin-polymyxin b</i>	T1	
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
CYCLOMYDRIL	T2	
<i>cyclopentolate hcl ophthalmic</i>	T1	
<i>cyclosporine ophthalmic</i>	T1	
CYSTARAN	T4NP	
<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
ZYLET	T3	
Otic Agents - Drugs for Ear Conditions		
<i>acetic acid otic</i>	T1	
CIPRO HC	T2	QL (40 IN 30 DAYS)

Effective 11/1/2024

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

Effective 11/1/2024

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

Effective 11/1/2024

Drug Name	Drug Tier	Notes
<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>elixophyllin</i>	T1	
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml</i>	T1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	T1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	T1	QL (4 IN 30 DAYS)
FASENRA PEN	T4P	PA; QL (1 ML IN 56 DAYS); SP-QTZ
FLUTICASONE PROPIONATE HFA	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>pirfenidone oral capsule</i>	T4P	PA; QL (9 IN 1 DAYS); SP-QTZ
<i>pirfenidone oral tablet 267 mg</i>	T4P	PA; QL (9 IN 1 DAYS); SP-QTZ
<i>pirfenidone oral tablet 801 mg</i>	T4P	PA; QL (3 IN 1 DAYS); SP-QTZ
PROAIR RESPICLICK	T3	
PULMICORT FLEXHALER	T3	PA
<i>roflumilast oral tablet 250 mcg</i>	T3	QL (1 IN 1 DAYS)
<i>roflumilast oral tablet 500 mcg</i>	T3	
SEREVENT DISKUS	T2	
SPIRIVA RESPIMAT	T2	
STIOLTO RESPIMAT	T3	PA

Effective 11/1/2024

Drug Name	Drug Tier	Notes
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)
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	T4P	PA; QL (10 ML IN 1 DAYS)
TRIKAFTA ORAL TABLET THERAPY PACK	T4NP	PA; QL (3 IN 1 DAYS); SP-ORx
TRIKAFTA ORAL THERAPY PACK	T4NP	PA; QL (56 IN 28 DAYS); SP-ORx
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	T4P	PA; QL (3 IN 1 DAYS)
<i>alyq</i>	T1	PA
<i>ambrisentan</i>	T4P	PA; QL (1 IN 1 DAYS)
<i>bosentan</i>	T4P	PA; QL (2 IN 1 DAYS)
OPSUMIT	T4P	PA
ORENITRAM	T4NP	PA

Effective 11/1/2024

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

Effective 11/1/2024

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

Index of Drugs

<i>abacavir sulfate</i>	24	AEROCHAMBER HOLDING	<i>albuterol sulfate</i>	86
<i>abacavir sulfate-lamivudine</i>	24	CHAMBER.....	<i>albuterol sulfate hfa</i>	86
<i>abiraterone acetate</i>	17	AEROCHAMBER MINI	ALBUTEROL SULFATE HFA... 86	
ABRYSVO.....	68	CHAMBER.....	<i>alclometasone dipropionate</i>	37
<i>acamprosate calcium</i>	5	AEROCHAMBER MV.....	<i>alcohol prep pads</i>	37
<i>acarbose</i>	40	AEROCHAMBER PLS FLOVU	ALCOHOL PREP PADS.....	71
ACCU-CHEK AVIVA DEVICE...41		MTHPIECE.....	ALECENSA.....	17
ACCU-CHEK GUIDE		AEROCHAMBER PLUS FLO-	<i>alendronate sodium</i>	70
CONTROL.....	41	VU INTERM.....	<i>alfuzosin hcl er</i>	57
ACCU-CHEK SMARTVIEW		AEROCHAMBER PLUS FLO-	<i>aliskiren fumarate</i>	29
CONTROL.....	41	VU LARGE.....	<i>allopurinol</i>	16
<i>accutane</i>	37	AEROCHAMBER PLUS FLO-	<i>almotriptan malate</i>	16
ACCUTREND GLUCOSE		VU MEDIUM.....	ALOCRIL.....	81
CONTROL.....	41	AEROCHAMBER PLUS FLO-	ALOMIDE.....	81
<i>acebutolol hcl</i>	29	VU SMALL.....	<i>alosetron hcl</i>	53
<i>acetaminophen-codeine</i>	3	AEROCHAMBER PLUS	<i>alprazolam</i>	27
<i>acetazolamide</i>	83	FLOW VU.....	<i>alprazolam er</i>	27
<i>acetazolamide er</i>	83	AEROCHAMBER	<i>alprazolam intensol</i>	27
<i>acetic acid</i>	56, 84	W/FLOWSIGNAL.....	<i>alprazolam xr</i>	27
<i>acetylcysteine</i>	86	AEROCHAMBER Z-STAT	ALTACAINE.....	84
<i>acitretin</i>	37	PLUS.....	ALTAFLUOR BENOX.....	84
ACTEMRA.....	65	AEROCHAMBER Z-STAT	<i>altavera</i>	59
ACTEMRA ACTPEN.....	65	PLUS CHAMBR.....	ALTRENO.....	37
ACTIMMUNE.....	65	AEROCHAMBER Z-STAT	ALVESCO.....	86
<i>acyclovir</i>	24	PLUS/LARGE.....	<i>alyacen 1/35</i>	59
ADACEL.....	68	AEROCHAMBER Z-STAT	<i>alyacen 7/7/7</i>	59
ADALIMUMAB-ADAZ.....	65	PLUS/MEDIUM.....	<i>alyq</i>	88
ADALIMUMAB-FKJP (2 PEN).. 65		AEROCHAMBER Z-STAT	<i>amantadine hcl</i>	22
ADALIMUMAB-FKJP (2		PLUS/SMALL.....	<i>ambrisentan</i>	88
SYRINGE).....	65	AEROGEAR ACTION	<i>amethyst</i>	59
<i>adapalene</i>	37	ASTHMA KIT.....	<i>amiloride hcl</i>	29
ADAPALENE.....	37	AEROVENT PLUS.....	<i>amiloride-hydrochlorothiazide</i> ... 29	
<i>adapalene treatment</i>	37	<i>afirmelle</i>	<i>aminocaproic acid</i>	28
<i>adefovir dipivoxil</i>	24	AFLURIA.....	<i>amiodarone hcl</i>	29
ADEMPAS.....	88	AFLURIA PRESERVATIVE	<i>amitriptyline hcl</i>	12
ADTHYZA.....	65	FREE.....	<i>amlodipine besylate</i>	29
ADVAIR DISKUS.....	86	<i>aftera</i>	<i>amlodipine besylate-benazepril</i>	
ADVAIR HFA.....	86	AGAMATRIX CONTROL.....	<i>hcl</i>	29
ADVANCE INTUITION		AGAMATRIX CONTROL	<i>amlodipine besylate-valsartan</i> .. 29	
CONTROL.....	41	LEVEL 2.....	<i>amlodipine-olmesartan</i>	29
ADVANCE MICRO-DRAW		AGAMATRIX CONTROL	<i>amnesteem</i>	37
CONTROL.....	41	LEVEL 4.....	<i>amoxapine</i>	12
ADVANCE MICRO-DRAW		AIMOVIG.....	<i>amoxicill-clarithro-lansopraz</i> 53	
NORMAL.....	41	AIMSCO LUBRICATED.....	<i>amoxicillin</i>	7
ADVOCATE CONTROL		AIRZONE PEAK FLOW	<i>amoxicillin-potassium</i>	
SOLUTION.....	41	METER.....	<i>clavulanate</i>	7
ADVOCATE INSULIN PEN		AJOVY.....	<i>amoxicillin-potassium</i>	
NEEDLE.....	71	AKEEGA.....	<i>clavulanate er</i>	7
ADVOCATE REDI-CODE+		AKLIEF.....	<i>amphetamine-</i>	
CONTROL.....	42	AKYNZEO.....	<i>dextroamphetamine</i>	34
AEMCOLO.....	7	ALA SCALP.....	<i>amphetamine-</i>	
		<i>albendazole</i>	<i>dextroamphetamine er</i>	34

<i>amphotericin b</i>	14	ASSURE ID DUO PRO PEN		<i>azurette</i>	59
<i>ampicillin</i>	7	NEEDLES.....	71	<i>bac</i>	3
<i>anagrelide hcl</i>	28	ASSURE ID PRO PEN		<i>bacitracin</i>	81
ANALPRAM-HC.....	69	NEEDLES.....	71	<i>bacitracin-polymyxin b</i>	84
<i>anastrozole</i>	17	ASSURE II CONTROL.....	42	<i>bacitra-neomycin-polymyxin-hc</i>	84
ANGELIQ.....	59	ASSURE II CONTROL LEVEL		BACLOFEN.....	89
ANNOVERA.....	59	1 & 2.....	42	<i>baclofen</i>	89
ANORO ELLIPTA.....	86	ASSURE PRISM CONTROL		<i>balsalazide disodium</i>	69
ANTICOAGULANT SODIUM		LEVEL 1.....	42	BALVERSA.....	17
CITRATE.....	10	ASSURE PRO CONTROL		<i>balziva</i>	59
<i>apap-caff-dihydrocodeine</i>	3	LEVEL 1 & 2.....	42	BAQSIMI ONE PACK.....	46
APEXICON E.....	37	ATABEX.....	48	BAQSIMI TWO PACK.....	46
APIDRA SOLOSTAR.....	46	<i>atazanavir sulfate</i>	25	BARACLUDGE.....	25
APIDRA VIAL.....	46	<i>atenolol</i>	29	BARDIA BULB IRRIGATION	
<i>apomorphine hcl</i>	22	<i>atenolol-chlorthalidone</i>	29	SYRINGE.....	71
<i>apraclonidine hcl</i>	83	<i>atomoxetine hcl</i>	34	BARDIA PISTON IRRIGATION	
<i>aprepitant</i>	14	ATORVALIQ.....	29	SYR.....	71
<i>apri</i>	59	<i>atorvastatin calcium</i>	29	BAXDELA.....	7
APTIOM.....	10	<i>atovaquone</i>	22	BD ALLERGIST TRAY.....	71
APTIVUS.....	24	<i>atovaquone-proguanil hcl</i>	22	BD ALLERGY SYRINGE.....	71
AQ INSULIN SYRINGE.....	46	<i>atropine sulfate</i>	53, 84	BD AUTOSHIELD DUO PEN	
AQINJECT PEN NEEDLE.....	71	ATROVENT HFA.....	86	NEEDLES.....	72
ARAKODA.....	22	<i>abra eq</i>	59	BD BLUNT FILL NEEDLE.....	72
<i>aranelle</i>	59	AUGMENTIN.....	7	BD BLUNT FILL NEEDLE	
ARANESP (ALBUMIN FREE)...	28	AUM ALCOHOL PREP PADS..	71	W/FILTER.....	72
AREXVY.....	68	AUM INSULIN SAFETY PEN		BD CATHETER TIP SYRINGE..	72
<i>arformoterol tartrate</i>	86	NEEDLE.....	71	BD CONTROL SYRING	
ARIKAYCE.....	7	AUM MINI INSULIN PEN		LUER-LOK.....	72
<i>aripiprazole</i>	23	NEEDLE.....	71	BD DISP NEEDLE.....	72
<i>armodafinil</i>	89	AUM PEN NEEDLE.....	71	BD DISP NEEDLES.....	72
ARMOUR THYROID.....	65	AUM READYGARD DUO PEN		BD ECLIPSE LUER-LOK	
ARNUITY ELLIPTA.....	86	NEEDLE.....	71	NEEDLE.....	72
<i>ascomp-codeine</i>	3	AUM SAFETY PEN NEEDLE...	71	BD ECLIPSE NEEDLE.....	72
<i>asenapine maleate</i>	23	<i>aurovela 1.5/30</i>	59	BD ECLIPSE SHIELDED	
<i>ashlyna</i>	59	<i>aurovela 1/20</i>	59	NEEDLE.....	72
ASMANEX (120 METERED		<i>aurovela 24 fe</i>	59	BD ECLIPSE SYRINGE.....	72
DOSES).....	86	<i>aurovela fe 1.5/30</i>	59	BD ECLIPSE	
ASMANEX (30 METERED		<i>aurovela fe 1/20</i>	59	SYRINGE/NEEDLE.....	72
DOSES).....	86	AURYXIA.....	56	<i>bd heparin posiflush</i>	10
ASMANEX (60 METERED		AUSTEDO.....	35	BD HYPODERMIC NEEDLE...	72
DOSES).....	86	AUSTEDO XR.....	35, 36	BD INTEGRA NEEDLE.....	72
ASMANEX HFA.....	86	AUVELITY.....	12	BD INTEGRA SYRINGE.....	72
<i>aspirin-dipyridamole er</i>	23	<i>aviane</i>	59	BD LUER-LOCK SYRINGE.....	72
ASPRUZYO SPRINKLE.....	29	AVONEX PEN.....	35	BD LUER-LOK SYRINGE.....	72
ASSESS PEAK FLOW		AVONEX PREFILLED.....	35	BD NOKOR ADMIX NEEDLE...	72
METER.....	71	<i>ayuna</i>	59	BD PLASTIPAK SYRINGE.....	72
ASSURE 3 CONTROL.....	42	AYVAKIT.....	17	BD PRECISIONGLIDE	
ASSURE 4 CONTROL LEVEL		AZASITE.....	81	NEEDLE.....	72
1 & 2.....	42	<i>azathioprine</i>	65	BD SAFETYGLIDE ALLERGY	
ASSURE DOSE CONTROL....	42	<i>azelaic acid</i>	37	SYRINGE.....	72
ASSURE DOSE NORM/HIGH		<i>azelastine hcl</i>	81, 85	BD SAFETYGLIDE NEEDLE...	72
CONTROL.....	42	AZELEX.....	37	BD SAFETYGLIDE SHIELDED	
		<i>azithromycin</i>	7	NEEDLE.....	72

BD SAFETYGLIDE		BOSULIF.....	18	<i>caffeine citrate</i>	36
SYRINGE/NEEDLE.....	72	BRAFTOVI.....	18	<i>calcipotriene</i>	37
BD SYRINGE.....	72	BREATHE COMFORT		CALCIPOTRIENE.....	37
BD SYRINGE BLUNT		CHAMBER/ADULT.....	73	<i>calcitonin (salmon)</i>	70
CANNULA 17G.....	72	BREATHE COMFORT		<i>calcitriol</i>	37, 70
BD SYRINGE DISPOSABLE....	72	CHAMBER/CHILD.....	73	<i>calcium acetate</i>	56
BD SYRINGE DUAL		BREATHE EASE LARGE.....	73	<i>calcium acetate (phos binder)</i> ...	56
CANNULA.....	72	BREATHE EASE MEDIUM.....	73	CALQUENCE.....	18
BD SYRINGE LUER SLIP TIP..	72	BREATHE EASE PEAK FLOW		<i>camila</i>	59
BD SYRINGE LUER-LOK.....	73	METER.....	73	<i>camrese</i>	59
BD SYRINGE SLIP TIP.....	73	BREATHE EASE SMALL.....	73	<i>camrese lo</i>	60
BD SYRINGE/NEEDLE.....	73	BREATHERITE VALVED MDI		CAMZYOS.....	29
BD TB SYRINGE.....	73	CHAMBER.....	73	<i>candesartan cilexetil</i>	29
BD ULTRA-FINE INSULIN		BREO ELLIPTA.....	86	<i>candesartan cilexetil-hctz</i>	29
SYRINGES.....	46	BREZTRI AEROSPHERE.....	86	CAPCOF.....	85
BD ULTRA-FINE PEN		<i>briellyn</i>	59	<i>capecitabine</i>	18
NEEDLES.....	73	BRILINTA.....	23	CAPLYTA.....	23
BELBUCA.....	3	<i>brimonidine tartrate</i>	37, 83	CAPRELSA.....	18
BELSOMRA.....	89	<i>brimonidine tartrate-timolol</i>	83	<i>captopril</i>	29
<i>benazepril hcl</i>	29	<i>brinzolamide</i>	83	<i>captopril-hydrochlorothiazide</i>	29
<i>benazepril-hydrochlorothiazide</i> ..	29	BRIVIACT.....	10	<i>carbamazepine</i>	10
BENLYSTA.....	65	<i>bromfenac sodium</i>	81	<i>carbamazepine er</i>	10
BENZNIDAZOLE.....	22	<i>bromfenac sodium (once-daily)</i> ..	81	<i>carbidopa</i>	22
<i>benzonatate</i>	85	<i>bromocriptine mesylate</i>	22	<i>carbidopa-levodopa</i>	22
<i>benzoyl peroxide-erythromycin</i> ..	37	BRUKINSA.....	18	<i>carbidopa-levodopa er</i>	22
<i>benztropine mesylate</i>	22	<i>budesonide</i>	69, 70, 87	<i>carbidopa-levodopa-</i>	
<i>bepotastine besilate</i>	81	<i>budesonide er</i>	69	<i>entacapone</i>	22
BERINERT.....	66	<i>bumetanide</i>	29	<i>carbinoxamine maleate</i>	85
BESIVANCE.....	81	<i>buprenorphine</i>	3	CARBINOXAMINE MALEATE	
BETADINE OPHTHALMIC		<i>buprenorphine hcl</i>	5	ER.....	85
PREP.....	81	<i>buprenorphine hcl-naloxone</i>		CARDURA XL.....	57
<i>betaine</i>	55	<i>hcl</i>	5	CAREPOINT POLY HUB	
<i>betamethasone dipropionate</i>	37	<i>bupropion hcl</i>	12	NEEDLE.....	73
<i>betamethasone dipropionate</i>		<i>bupropion hcl er (smoking det)</i> ...	5	CAREPOINT SAFETY 1ST	
<i>aug</i>	37	<i>bupropion hcl er (sr)</i>	12	NEEDLE.....	73
<i>betamethasone valerate</i>	37	<i>bupropion hcl er (xl)</i>	12	CAREPOINT SAFETY1ST	
<i>betaxolol hcl</i>	29, 83	<i>bupirone hcl</i>	27	SYR/NEEDLE.....	73
<i>bethanechol chloride</i>	56	<i>butalbital-acetaminophen</i>	3	CAREPOINT SYRINGE	
BETIMOL.....	83	<i>butalbital-apap-caff-cod</i>	3	CATHETER TIP.....	73
BETOPTIC-S.....	83	<i>butalbital-apap-caffeine</i>	3	CAREPOINT SYRINGE LUER	
<i>bexarotene</i>	18	<i>butalbital-asa-caff-codeine</i>	3	LOCK.....	73
<i>bicalutamide</i>	18	<i>butalbital-aspirin-caffeine</i>	3	CAREPOINT SYRINGE LUER	
BIKTARVY.....	25	<i>butorphanol tartrate</i>	3	SLIP.....	73
<i>bimatoprost</i>	83	BYDUREON BCISE		CAREPOINT TUBERCLN	
<i>bisoprolol fumarate</i>	29	AUTOINJECTOR.....	40	SYR/LUER SL.....	73
<i>bisoprolol-hydrochlorothiazide</i> ..	29	BYETTA 10 MCG PEN.....	40	CARESENS CONTROL A.....	42
<i>blisovi 24 fe</i>	59	BYETTA 5 MCG PEN.....	40	CARESENS CONTROL	
<i>blisovi fe 1.5/30</i>	59	BYLVAY.....	73	SOLUTION A/B.....	42
<i>blisovi fe 1/20</i>	59	BYLVAY (PELLETS).....	73	CARESENS LANCETS 30G....	42
BLULINK CONTROL HIGH &		<i>cabergoline</i>	58	CARETOUCH CATHETER TIP	
LOW.....	42	CABLIVI.....	23	SYRINGE.....	73
BOOSTRIX.....	68	CABOMETYX.....	18	CARETOUCH CONTROL SOL	
<i>bosentan</i>	88	CADEAU DHA.....	48	LEVEL 2.....	42

CARETOUCH HYPODERMIC NEEDLE.....	73	CHORIONIC GONADOTROPIN.....	58	<i>clonazepam</i>	27
CARETOUCH LUER LOCK.....	73	CHOSEN LANCETS 30G.....	42	<i>clonidine</i>	30
CARETOUCH LUER LOCK SYR/NEEDLE.....	73	CHOSEN SAFETY LANCETS 28G.....	42	<i>clonidine hcl</i>	30
CARETOUCH LUER SLIP.....	73	<i>ciclopirox</i>	14	<i>clonidine hcl er</i>	34
<i>carglumic acid</i>	48	<i>ciclopirox olamine</i>	14	<i>clopidogrel bisulfate</i>	23
<i>carisoprodol</i>	89	<i>cilostazol</i>	23	<i>clorazepate dipotassium</i>	27
<i>carteolol hcl</i>	83	CILOXAN.....	81	<i>clotrimazole</i>	14
<i>cartia xt</i>	29	CIMDUO.....	25	<i>clotrimazole-betamethasone</i>	15
<i>carvedilol</i>	29	<i>cimetidine</i>	53	<i>clozapine</i>	23
<i>carvedilol phosphate er</i>	29	<i>cimetidine hcl</i>	53	C-NATE DHA.....	48
CAYA.....	73	CIMZIA.....	66	COARTEM.....	22
CAYSTON.....	88	CIMZIA (2 SYRINGE).....	66	<i>codeine sulfate</i>	3
<i>cefaclor</i>	7	CIMZIA-STARTER.....	66	<i>colchicine</i>	16
<i>cefaclor er</i>	7	<i>cinacalcet hcl</i>	70	<i>colchicine-probenecid</i>	16
<i>cefadroxil</i>	7	CINRYZE.....	66	<i>colesevelam hcl</i>	30
<i>cefazolin sodium</i>	7	CIPRO.....	8	<i>colestipol hcl</i>	30
<i>cefdinir</i>	7	CIPRO HC.....	84	<i>colistimethate sodium (cba)</i>	8
<i>cefixime</i>	7	<i>ciprofloxacin hcl</i>	8, 81, 85	COMBIPATCH.....	60
<i>cefpodoxime proxetil</i>	7	<i>ciprofloxacin-dexamethasone</i> ...	85	COMBIVENT RESPIMAT.....	87
<i>cefprozil</i>	7	CIPROFLOXACIN-FLUOCINOLONE PF.....	85	COMETRIQ.....	18
<i>cefuroxime axetil</i>	7	<i>citalopram hydrobromide</i>	12	COMFORT EZ PRO PEN NEEDLES.....	74
<i>celecoxib</i>	4	<i>claravis</i>	37	COMFORT TOUCH TWIST LANCET 30G.....	42
CENTRUM SPECIALIST PRENATAL.....	48	CLARINEX-D 12 HOUR.....	85	COMIRNATY.....	69
<i>cephalexin</i>	7, 8	<i>clarithromycin</i>	8	COMMIT.....	6
CERDELGA.....	55	<i>clarithromycin er</i>	8	COMPACT SPACE CHAMBER.....	74
<i>cevimeline hcl</i>	36	<i>classic prenatal</i>	48	COMPACT SPACE CHAMBER/LG MASK.....	74
<i>charlotte 24 fe</i>	60	<i>clemastine fumarate</i>	85	COMPACT SPACE CHAMBER/MED MASK.....	74
<i>chateal eq</i>	60	CLENPIQ.....	54	COMPACT SPACE CHAMBER/SM MASK.....	74
CHEMET.....	48	CLEOCIN.....	8	COMPLERA.....	25
CHEMSTRIP 10 MD.....	42	CLEVER CHOICE COMFORT EZ.....	42, 74	COMPLETE NATAL DHA.....	48
CHEMSTRIP 10/SG.....	42	CLEVER CHOICE GLUCOSE CONTROL.....	42	COMPLETENATE.....	48
CHEMSTRIP 2 GP.....	42	CLEVER CHOICE HOLDING CHAMBER.....	74	<i>compro</i>	14
CHEMSTRIP 5 OB.....	42	CLEVER CHOICE PEAK FLOW METER.....	74	CONDOMS.....	74
CHEMSTRIP 7.....	42	<i>clindamycin hcl</i>	8	<i>constulose</i>	54
CHEMSTRIP 9.....	42	<i>clindamycin palmitate hcl</i>	8	CONTOUR CONTROL SOLUTION.....	42
CHEMSTRIP K.....	42	<i>clindamycin phosphate</i> ... 8, 37, 38	8	CONTOUR NEXT CONTROL SOLUTION.....	42
CHEMSTRIP UGK.....	42	<i>clindamycin phosphate-benzoyl peroxide</i>	37	CONTROL.....	42
CHENODAL.....	53	CLINDESSE.....	8	COOL CONTROL A.....	42
<i>chlordiazepoxide hcl</i>	27	<i>clobazam</i>	10	COOL CONTROL B.....	42
<i>chlordiazepoxide-amitriptyline</i> ...	12	<i>clobetasol propionate</i>	38	COPIKTRA.....	18
<i>chlordiazepoxide-clidinium</i>	53	<i>clobetasol propionate e</i>	38	CORDRAN.....	38
<i>chlorhexidine gluconate</i>	36	<i>clobetasol propionate emulsion</i>	38	CORLANOR.....	30
<i>chloroquine phosphate</i>	22	<i>clocortolone pivalate</i>	38	CORTISONE ACETATE.....	57
<i>chlorpromazine hcl</i>	23	CLOMID.....	58	CORTISPORIN-TC.....	85
<i>chlorthalidone</i>	29	<i>clomipramine hcl</i>	12	COSENTYX (300 MG DOSE)...	66
<i>chlorzoxazone</i>	89				
CHOLBAM.....	55				
<i>cholestyramine</i>	30				
<i>cholestyramine light</i>	29				

COSENTYX 150 MG/ML.....	66	<i>deblitane</i>	60	<i>diclofenac sodium</i>	4, 38, 81
COSENTYX SENSOREADY		DECARA.....	48	<i>diclofenac sodium er</i>	4
(300 MG).....	66	<i>deferasirox</i>	48	<i>diclofenac-misoprostol</i>	4
COSENTYX SENSOREADY		<i>deferasirox granules</i>	48	<i>dicloxacillin sodium</i>	8
PEN.....	66	<i>deferiprone</i>	48	<i>dicyclomine hcl</i>	54
COSENTYX UNOREADY.....	66	DEFLUX METAL NEEDLE.....	74	DIFFERIN.....	38
COTELLIC.....	18	DELSTRIGO.....	25	DIFICID.....	8
CREON.....	55	<i>delta d3</i>	48	<i>diflorasone diacetate</i>	38
CRESEMBA.....	15	<i>delyla</i>	60	<i>diflunisal</i>	4
CRINONE.....	60	<i>demeclocycline hcl</i>	8	<i>difluprednate</i>	81
<i>cromolyn sodium</i>	54, 81, 87	DENTA 5000 PLUS.....	36	<i>digoxin</i>	30
CRONO SYRINGE.....	74	DENTAGEL.....	36	<i>dihydroergotamine mesylate</i>	16
CROTAN.....	22	DEPO-SUBQ PROVERA 104...60		DILANTIN.....	11
<i>cryselle-28</i>	60	DESCOVY.....	25	DILANTIN INFATABS.....	11
<i>curae</i>	60	<i>desipramine hcl</i>	12	DILANTIN-125.....	11
<i>cvs adapalene</i>	38	<i>desmopressin ace spray refrig</i> ..58		<i>diltiazem hcl</i>	30
<i>cvs d3</i>	48	<i>desmopressin acetate</i>	58	<i>diltiazem hcl er</i>	30
<i>cvs folic acid</i>	48	<i>desmopressin acetate spray</i>58		<i>diltiazem hcl er beads</i>	30
<i>cvs lansoprazole</i>	53	<i>desogestrel-ethinyl estradiol</i>60		<i>diltiazem hcl er coated beads</i> ...30	
<i>cvs nicotine</i>	6	<i>desonide</i>	38	<i>dilt-xr</i>	30
<i>cvs nicotine polacrilex</i>	6	<i>desoximetasone</i>	38	<i>dimethyl fumarate</i>	35
<i>cvs olopatadine hcl</i>	81	<i>desvenlafaxine succinate er</i>13		<i>dimethyl fumarate starter pack</i> ..35	
<i>cvs prenatal</i>	48	<i>dexamethasone</i>	57	DIPENTUM.....	70
<i>cvs prenatal gummy</i>	48	<i>dexamethasone intensol</i>	57	<i>diphenoxylate-atropine</i>	54
<i>cvs prenatal multi+dha</i>	48	<i>dexamethasone sod phos +rfid</i> .57		<i>dipyridamole</i>	23
<i>cvs purelax</i>	54	<i>dexamethasone sod</i>		<i>disopyramide phosphate</i>	30
<i>cyanocobalamin</i>	48	<i>phosphate pf</i>	57	<i>disulfiram</i>	6
<i>cyclobenzaprine hcl</i>	89	<i>dexamethasone sodium</i>		DIURIL.....	30
CYCLOMYDRIL.....	84	<i>phosphate</i>	57, 81	<i>divalproex sodium</i>	11
<i>cyclopentolate hcl</i>	84	DEXCOM G6 RECEIVER.....	42	<i>divalproex sodium er</i>	11
<i>cyclophosphamide</i>	18	DEXCOM G6 SENSOR.....	42	DODEX.....	48
CYCLOPHOSPHAMIDE.....	18	DEXCOM G6 TRANSMITTER..42		<i>dofetilide</i>	30
<i>cycloserine</i>	17	DEXCOM G7 RECEIVER.....	43	<i>dolishale</i>	60
<i>cyclosporine</i>	66, 84	DEXCOM G7 SENSOR.....	43	<i>donepezil hcl</i>	12
<i>cyclosporine modified</i>	66	<i>dexmethylphenidate hcl</i>	34	DOPTELET.....	28
<i>cyproheptadine hcl</i>	85	<i>dexmethylphenidate hcl er</i>	34	<i>dorzolamide hcl</i>	83
<i>cyred eq</i>	60	<i>dextroamphetamine sulfate</i>	34	<i>dorzolamide hcl-timolol mal</i>83	
CYSTAGON.....	55	<i>dextroamphetamine sulfate er</i> ..34		<i>dorzolamide hcl-timolol mal pf</i> ..83	
CYSTARAN.....	84	DIACOMIT.....	10	<i>dotti</i>	60
<i>d3 high potency</i>	48	DIASTIX.....	43	DOVATO.....	25
<i>d3 kids</i>	48	DIASTIX REAGENT.....	43	DOVER BULB SYRINGE.....	74
<i>d-400</i>	48	DIATHRIVE GLUCOSE		<i>doxazosin mesylate</i>	30
<i>dabigatran etexilate mesylate</i> ...10		CONTROL SOLN.....	43	<i>doxepin hcl</i>	13
<i>dalfampridine er</i>	35	DIATRUE CONTROL LEVEL 1 43		<i>doxercalciferol</i>	71
<i>danazol</i>	58	DIATRUE CONTROL LEVEL 2 43		<i>doxycycline hyclate</i>	8
<i>dantrolene sodium</i>	89	DIATRUE CONTROL LEVEL 3 43		<i>doxycycline monohydrate</i>	8
<i>dapsone</i>	17, 38	<i>diazepam</i>	11, 27, 28	<i>dronabinol</i>	14
<i>darifenacin hydrobromide er</i>56		<i>diazepam intensol</i>	27	DROPLET MICRON.....	74
<i>darunavir</i>	25	<i>diazoxide</i>	46	DROPSAFE ALCOHOL PREP. 74	
<i>dasatinib</i>	18	<i>dichlorphenamide</i>	83	DROPSAFE SAFETY	
<i>dasetta 1/35</i>	60	DICLOFENAC PATCH 1.3%.....	4	SYRINGE/NEEDLE.....	46
<i>dasetta 7/7/7</i>	60	<i>diclofenac potassium</i>	4	DROPSAFE SICURA.....	74
<i>daysee</i>	60	<i>diclofenac potassium(migraine)</i> 16		<i>drospiren-eth estrad-levomefol</i> .60	

<i>drospirenone-ethinyl estradiol</i> ...	60	EASY TOUCH SYRINGE		EMBRACE PRO GLUCOSE	
DROXIA.....	18	BARREL 1ML.....	74	CONTROL.....	43
<i>droxidopa</i>	30	EASY TOUCH SYRINGE		EMBRACE TALK GLUCOSE	
DRYSOL.....	38	BARREL 3ML.....	74	CONTROL.....	43
DUAVEE.....	60	EASY TOUCH SYRINGE		EMEND.....	14
<i>duloxetine hcl</i>	13	BARREL 5ML.....	75	EMGALITY.....	16
DUO-CARE CONTROL		EASY TOUCH TB FLIPLOCK		EMPAVELI.....	28
SOLUTION.....	43	SYRINGE.....	75	EMSAM.....	13
DUPIXENT.....	38	EASY TOUCH TB		<i>emtricitabine</i>	25
DUREX EXTRA SENSITIVE		SHEATHLOCK SYR.....	75	<i>emtricitabine-tenofovir df</i>	25
THIN.....	74	EASY TRAK CONTROL.....	43	EMTRIVA.....	25
DUREX REALFEEL.....	74	EASY TRAK II CONTROL.....	43	EMVERM.....	22
DUREX TROPICAL.....	74	EASYGEL.....	36	<i>emzahh</i>	60
<i>dutasteride</i>	57	EASYMAX 15 LEVEL 2		<i>enalapril maleate</i>	30
<i>dutasteride-tamsulosin hcl</i>	57	CONTROL.....	43	<i>enalapril-hydrochlorothiazide</i>	30
E.E.S. 400.....	8	EASYMAX 15 LEVEL 2-3		ENBREL.....	66
EASIVENT.....	74	CONTROL.....	43	ENBREL MINI.....	66
EASIVENT MASK LARGE.....	74	EASYMAX CONTROL.....	43	ENBREL SURECLICK.....	66
EASIVENT MASK MEDIUM.....	74	EASYPOINT NEEDLE.....	75	ENCARE.....	75
EASIVENT MASK SMALL.....	74	EASYPOINT		<i>endocet</i>	3
EASY GLIDE CATH TIP		NEEDLE/SYRINGE.....	75	ENDOMETRIN.....	60
SYRINGE.....	74	<i>ec-naproxen</i>	4	ENFAMIL EXPECTA.....	49
EASY GLIDE LUER LOCK		<i>econazole nitrate</i>	15	ENGERIX-B.....	69
SYRINGE.....	74	<i>econtra one-step</i>	60	<i>enilloring</i>	60
EASY GLIDE SLIP LOCK		ECOZA.....	15	<i>enoxaparin sodium</i>	10
SYRINGE.....	74	EDURANT.....	25	<i>enpresse-28</i>	60
EASY PLUS II CONTROL.....	43	<i>efavirenz</i>	25	<i>enskyce</i>	60
EASY STEP CONTROL.....	43	<i>efavirenz-emtricitab-tenofo df</i> ...	25	ENSPRYNG.....	66
EASY TALK CONTROL.....	43	<i>efavirenz-lamivudine-tenofovir</i> ..	25	<i>entacapone</i>	23
EASY TALK PLUS II		EFFER-K.....	48	<i>entecavir</i>	25
CONTROL.....	43	<i>effe-k</i>	48	ENTRESTO.....	30
EASY TOUCH ALLERGY		ELEMENT COMPACT		<i>enulose</i>	54
SYRINGE.....	74	CONTROL 2.....	43	ENVARUSUS XR.....	66
EASY TOUCH CONTROL		ELEMENT COMPACT		EPCLUSA.....	25
HIGH & LOW.....	43	CONTROL 3.....	43	EPIDIOLEX.....	11
EASY TOUCH FLIPLOCK		ELEMENT CONTROL.....	43	EPIFOAM.....	38
NEEDLES.....	74	ELESTRIN.....	60	<i>epinastine hcl</i>	81
EASY TOUCH FLIPLOCK		<i>eletriptan hydrobromide</i>	16	<i>epinephrine</i>	30, 87
SAFETY SYR.....	74	<i>elimest</i>	60	<i>epinephrine (anaphylaxis)</i>	87
EASY TOUCH FLURINGE.....	74	ELIQUIS.....	10	<i>epinephrine pf</i>	30
EASY TOUCH FLURINGE		ELIQUIS DVT/PE STARTER		EPISIL.....	75
FLIPLOCK.....	74	PACK.....	10	<i>epitol</i>	11
EASY TOUCH FLURINGE		ELITE-OB.....	49	<i>eplerenone</i>	30
SHEATHLOCK.....	74	<i>elixophyllin</i>	87	<i>eq laxative</i>	54
EASY TOUCH HYPODERMIC		ELLA.....	60	<i>eq nicotine</i>	6
NEEDLE.....	74	ELMIRON.....	56	<i>eq nicotine polacrifex</i>	6
EASY TOUCH SAFETY		<i>eluryng</i>	60	<i>eq nicotine step 3</i>	6
SYRINGE.....	74	EMBRACE CONTROL.....	43	<i>eq olopatadine hcl</i>	81
EASY TOUCH SYRINGE		EMBRACE EVO CONTROL		EQ SPACE CHAMBER ANTI-	
BARREL.....	74	LEVEL 1.....	43	STATIC.....	75
EASY TOUCH SYRINGE		EMBRACE GLUCOSE		EQ SPACE CHAMBER ANTI-	
BARREL 10ML.....	74	CONTROL.....	43	STATIC L.....	75
		EMBRACE PEN NEEDLES.....	75		

EQ SPACE CHAMBER ANTI-STATIC M.....	75	EZY DOSE PILL CUTTER ORIGINAL.....	75	<i>fludrocortisone acetate</i>	57
EQ SPACE CHAMBER ANTI-STATIC S.....	75	<i>fa-8</i>	49	FLULAVAL.....	69
<i>eq1 prenatal formula</i>	49	FABIOR.....	38	<i>fluocinolone acetonide</i>	38, 85
<i>eq1 vitamin d3</i>	49	<i>falmina</i>	61	<i>fluocinolone acetonide body</i>	38
EQUETRO.....	28	<i>famciclovir</i>	25	<i>fluocinolone acetonide scalp</i>	38
<i>ergocalciferol</i>	49	<i>famotidine</i>	53	<i>fluocinonide</i>	39
<i>ergoloid mesylates</i>	75	FANAPT.....	23	<i>fluocinonide emulsified base</i>	38
ERGOMAR.....	16	FANAPT TITRATION PACK.....	23	<i>fluorometholone</i>	82
<i>ergotamine-caffeine</i>	16	FANTASY LUBRICATED.....	75	<i>fluorouracil</i>	39
ERIVEDGE.....	18	FANTASY LUBRICATED/SPERMICIDE.....	75	<i>fluoxetine hcl</i>	13
<i>erlotinib hcl</i>	18	FARXIGA.....	40	<i>fluoxetine hcl (pmd)</i>	13
<i>errin</i>	60	FASENRA PEN.....	87	<i>fluphenazine hcl</i>	24
ERTACZO.....	15	FC2 FEMALE CONDOM.....	75	<i>flurazepam hcl</i>	89
<i>ery pad 2%</i>	38	<i>febuxostat</i>	16	<i>flurbiprofen</i>	4
<i>erythromycin</i>	8, 38, 81	<i>felbamate</i>	11	<i>flurbiprofen sodium</i>	82
<i>erythromycin base</i>	8	<i>felodipine er</i>	30	<i>fluticasone propionate</i>	39, 85
<i>erythromycin ethylsuccinate</i>	8	FEMCAP.....	75	FLUTICASONE PROPIONATE HFA.....	87
<i>escitalopram oxalate</i>	13	<i>fenofibrate</i>	31	<i>fluvastatin sodium</i>	31
<i>esomeprazole magnesium</i>	53	<i>fenofibrate micronized</i>	30	<i>fluvoxamine maleate</i>	13
<i>est estrogens-methyltest hs</i>	60	<i>fenofibric acid</i>	31	<i>fluvoxamine maleate er</i>	13
<i>estarylla</i>	60	<i>fenoprofen calcium</i>	4	FLUZONE.....	69
<i>estazolam</i>	28	<i>fentanyl</i>	3	FLUZONE HIGH-DOSE.....	69
<i>estradiol</i>	60, 61	<i>fentanyl citrate</i>	3	FML FORTE.....	82
<i>estradiol valerate</i>	61	FERRIPROX.....	49	<i>folate</i>	49
<i>estradiol-norethindrone acet</i>	61	FERRIPROX TWICE-A-DAY.....	49	<i>folding paddle walker</i>	6
<i>estratest h.s.</i>	61	<i>fesoterodine fumarate er</i>	56	<i>folic acid</i>	49
ESTRING.....	61	FETZIMA.....	13	<i>fondaparinux sodium</i>	10
<i>eszopiclone</i>	89	FETZIMA TITRATION.....	13	FORA CONTROL.....	43
<i>ethacrynic acid</i>	30	FINACEA.....	38	FORA GTEL BLOOD KETONE TEST.....	43
<i>ethambutol hcl</i>	17	<i>finasteride</i>	57	FORA TEST N'GO ADV-VOICE-6 CON.....	43
<i>ethosuximide</i>	11	<i>finzala</i>	61	FORACARE GDH CONTROL..	43
<i>ethynodiol diac-eth estradiol</i>	61	FIRDAPSE.....	75	<i>formoterol fumarate</i>	87
<i>etodolac</i>	4	FLAREX.....	82	FOSAMAX PLUS D.....	70
<i>etodolac er</i>	4	<i>flavoxate hcl</i>	56	<i>fosamprenavir calcium</i>	25
<i>etonogestrel-ethinyl estradiol</i>	61	<i>flecainide acetate</i>	31	<i>fosfomycin tromethamine</i>	8
<i>etoposide</i>	18	FLEXICHAMBER.....	75	<i>fosinopril sodium</i>	31
<i>etravirine</i>	25	FLEXICHAMBER ADULT MASK/SMALL.....	75	<i>fosinopril sodium-hctz</i>	31
EUCRISA.....	38	FLEXICHAMBER CHILD MASK/LARGE.....	75	FOSRENOL.....	56
<i>euthyrox</i>	65	FLEXICHAMBER CHILD MASK/SMALL.....	75	FRAGMIN.....	10
<i>everolimus</i>	18, 66	FLOLIPID.....	31	FREESTYLE CONTROL SOLUTION.....	43
EVOLUTION CONTROL.....	43	FLOW-EZE VENTED NEEDLE.....	43	FREESTYLE LIBRE 2 READER.....	43
EVOTAZ.....	25	FLUAD.....	69	FREESTYLE LIBRE 2 SENSOR.....	43
EVRYSDI.....	55	FLUARIX.....	69	FREESTYLE LIBRE 3 PLUS SENSOR.....	43
EXELDERM.....	15	FLUBLOK.....	69	FREESTYLE LIBRE 3 READER.....	44
<i>exemestane</i>	18	FLUCELVAX.....	69		
EXODERM.....	15	<i>fluconazole</i>	15		
EXTAVIA.....	35	<i>flucytosine</i>	15		
<i>eye allergy itch relief</i>	82				
<i>eye allergy itch/redness rel</i>	82				
<i>ezetimibe</i>	30				
<i>ezetimibe-simvastatin</i>	30				

FREESTYLE LIBRE 3			
SENSOR.....	44	GLUCOCOM CONTROL.....	44
<i>frovatriptan succinate</i>	16	GLUCOSE CONTROL.....	44
<i>ft eye allergy itch & redness</i>	82	GLUCOSE CONTROL	
<i>ft eye allergy itch relief</i>	82	SOLUTIONS.....	43
<i>ft folic acid</i>	49	<i>glyburide</i>	40
<i>ft nicotine</i>	6	<i>glyburide micronized</i>	40
<i>ft nicotine mini</i>	6	<i>glyburide-metformin</i>	41
FULPHILA.....	28	<i>glycine</i>	56
<i>furosemide</i>	31	<i>glycopyrrolate</i>	54
FUZEON.....	25	GLYCOPYRROLATE.....	54
<i>fyavolv</i>	61	<i>glydo</i>	5
FYCOMPA.....	11	<i>gnp clearlax</i>	54
FYLNETRA.....	28	GNP EASY TOUCH CONT	
<i>g tussin ac</i>	85	HIGH/LOW.....	44
<i>gabapentin</i>	11	<i>gnp folic acid</i>	49
GALAFOLD.....	55	<i>gnp nicotine</i>	6
<i>galantamine hydrobromide</i>	12	<i>gnp nicotine mini</i>	6
<i>galantamine hydrobromide er</i> ...	12	<i>gnp nicotine polacrilex</i>	6
<i>gallifrey</i>	61	<i>gnp olopatadine hcl</i>	82
GALZIN.....	49	<i>gnp prenatal</i>	49
<i>gatifloxacin</i>	82	GNP ULTIGUARD SAFEPACK	
GATTEX.....	54	NEEDLE.....	75
<i>gavilyte-c</i>	54	<i>gnp vitamin d</i>	49
<i>gavilyte-g</i>	54	<i>gnp vitamin d3</i>	49
<i>gavilyte-n with flavor pack</i>	54	<i>gnp vitamin d-400</i>	49
GE100 CONTROL.....	44	GOJJI BLOOD KETONE TEST	44
GEL-KAM.....	36	GOJJI CONTROL.....	44
GELNIQUE.....	56	<i>goodsense lansoprazole</i>	53
<i>gemfibrozil</i>	31	<i>goodsense nicotine</i>	6
<i>gemmily</i>	61	<i>granisetron hcl</i>	14
<i>generlac</i>	54	GRANIX.....	28
<i>gengraf</i>	66	GRASTEK.....	75
<i>gentamicin sulfate</i>	8, 82	<i>griseofulvin microsize</i>	15
GENVOYA.....	25	<i>griseofulvin ultramicrosize</i>	15
GILENYA.....	35	<i>guaifenesin-codeine</i>	85
GILOTRIF.....	18	<i>guanfacine hcl</i>	31
<i>glatiramer acetate</i>	35	<i>guanfacine hcl er</i>	34
<i>glatopa</i>	35	GVOKE HYPOPEN 1-PACK.....	46
GLEOSTINE.....	18	GVOKE HYPOPEN 2-PACK.....	46
<i>glimepiride</i>	40	GVOKE KIT.....	46
<i>glipizide er</i>	40	GVOKE PFS.....	46
<i>glipizide ir</i>	40	GYNAZOLE-1.....	15
<i>glipizide xl</i>	40	<i>habitrol</i>	6
<i>glipizide-metformin hcl</i>	40	HADLIMA.....	66
<i>glucagon emergency kit</i>	46	HADLIMA PUSH TOUCH.....	66
GLUCOCARD 01 CONTROL...	44	HAEGARDA.....	66
GLUCOCARD EXPRESSION		<i>hailey 1.5/30</i>	61
CONTROL.....	44	<i>hailey 24 fe</i>	61
GLUCOCARD SHINE		<i>hailey fe 1.5/30</i>	61
CONTROL.....	44	<i>hailey fe 1/20</i>	61
GLUCOCARD X-SENSOR		<i>halobetasol propionate</i>	39
CONTROL.....	44	<i>haloette</i>	61
		<i>haloperidol</i>	24
		<i>haloperidol lactate</i>	24
		HARVONI.....	25
		HEALTHY MAMA BE WELL	
		ROUNDED.....	49
		<i>healthylax</i>	54
		<i>heather</i>	61
		HEMANGEOL.....	31
		HEMLIBRA.....	28
		<i>heparin na (pork) lock flsh pf</i>	10
		<i>heparin sod (pork) lock flush</i>	10
		<i>heparin sodium (porcine)</i>	10
		<i>heparin sodium (porcine) pf</i>	10
		HEPLISAV-B.....	69
		<i>her style</i>	61
		HETLIOZ LQ.....	89
		<i>hm eye allergy itch relief</i>	82
		<i>hm eye allergy itch/red relief</i>	82
		<i>hm nicotine polacrilex</i>	6
		HUMALOG MIX 50/50	
		KWIKPEN.....	46
		HUMALOG MIX 50/50 VIAL.....	46
		HUMIRA (2 PEN).....	66
		HUMIRA (2 SYRINGE).....	66
		HUMIRA-CD/UC/HS	
		STARTER.....	66
		HUMIRA-PSORIASIS/UEVIT	
		STARTER.....	66
		HUMULIN R U-500 KWIKPEN..	46
		HUMULIN R U-500 VIAL.....	46
		HYCANTIN.....	18
		<i>hydralazine hcl</i>	31
		<i>hydrochlorothiazide</i>	31
		<i>hydrocod poli-chlorphe poli er</i> ...	85
		<i>hydrocodone bitartrate er</i>	3
		<i>hydrocodone bit-homatrop mbr</i> ..	85
		<i>hydrocodone-acetaminophen</i>	3
		<i>hydrocodone-ibuprofen</i>	3
		<i>hydrocortisone</i>	39, 57, 70
		<i>hydrocortisone (perianal)</i>	70
		<i>hydrocortisone ace-pramoxine</i> ..	70
		<i>hydrocortisone butyrate</i>	39
		<i>hydrocortisone valerate</i>	39
		<i>hydrocortisone-acetic acid</i>	85
		<i>hydrogen peroxide</i>	8
		<i>hydromet</i>	85
		<i>hydromorphone hcl</i>	3
		<i>hydromorphone hcl er</i>	3
		<i>hydroxychloroquine sulfate</i>	22
		<i>hydroxyurea</i>	18
		<i>hydroxyzine hcl</i>	28
		<i>hydroxyzine pamoate</i>	28
		<i>hyoscyamine sulfate</i>	54
		<i>hyoscyamine sulfate er</i>	54

<i>hyosyne</i>	54	INPEN 100-PINK-NOVOLOG-	JUST FOR KIDS.....	36
HYPERSAL.....	85	FIASP.....	JUXTAPID.....	31
HYPODERMIC NEEDLE.....	75	INQOVI.....	JYNARQUE.....	49
HYRIMOZ.....	66, 67	INSPIREASE.....	<i>kaitlib fe</i>	61
HYRIMOZ-CROHNS/UC		INSULIN DEGLUDEC.....	<i>kalliga</i>	61
STARTER.....	67	INSULIN DEGLUDEC	KALYDECO.....	88
HYRIMOZ-PED<40KG		FLEXTOUCH.....	KAMELEON LUBRICATED.....	76
CROHN STARTER.....	67	INSULIN PEN NEEDLES.....	KAPSPARGO SPRINKLE.....	31
HYRIMOZ-PED>/=40KG		INSULIN SYRINGES.....	KARBINAL ER.....	85
CROHN START.....	67	INTELENCE.....	<i>kariva</i>	62
HYRIMOZ-PLAQ		<i>introvale</i>	KATERZIA.....	31
PSOR/UEVIT START.....	67	INVELTYS.....	<i>kelnor 1/35</i>	62
HYRIMOZ-PLAQUE		<i>iodine strong</i>	<i>kelnor 1/50</i>	62
PSORIASIS START.....	67	IOPIDINE.....	KENALOG-10.....	57
<i>ibandronate sodium</i>	70	<i>ipratropium bromide</i>	KERENDIA.....	76
IBRANCE.....	18	<i>ipratropium-albuterol</i>	KESIMPTA.....	35
<i>ibuprofen</i>	5	<i>irbesartan</i>	<i>ketoconazole</i>	15
<i>ibuprofen-famotidine</i>	5	<i>irbesartan-hydrochlorothiazide</i>	KETO-DIASTIX.....	44
<i>icatibant acetate</i>	67	ISENTRESS.....	KETONE CARE.....	44
<i>iclevia</i>	61	ISENTRESS HD.....	KETONE TEST.....	44
ICLUSIG.....	18	<i>isibloom</i>	<i>ketoprofen</i>	5
<i>icosapent ethyl</i>	31	<i>isoniazid</i>	<i>ketoprofen er</i>	5
IDHIFA.....	18	<i>isopropyl alcohol</i>	<i>ketorolac tromethamine</i>	5, 82
IHEALTH CONTROL		<i>isosorb dinitrate-hydralazine</i>	KETOSTIX.....	44
SOLUTION.....	44	<i>isosorbide dinitrate</i>	KIMONO.....	76
ILEVRO.....	82	<i>isosorbide mononitrate</i>	KIMONO COLORS.....	76
<i>imatinib mesylate</i>	18	<i>isosorbide mononitrate er</i>	KIMONO MAXX-LARGE	
IMBRUVICA.....	19	<i>isotretinoin</i>	FLARE.....	76
<i>imipramine hcl</i>	13	<i>isradipine</i>	KIMONO MICRO THIN.....	76
<i>imipramine pamoate</i>	13	<i>itraconazole</i>	KIMONO MICRO THIN PLUS...76	
<i>imiquimod</i>	39	IV PREP WIPES.....	KIMONO PLUS.....	76
IMPAVIDO.....	22	<i>ivabradine hcl</i>	KIMONO PS.....	76
IMPOYZ.....	39	<i>ivermectin</i>	KIMONO PS PLUS.....	76
IN TOUCH GLUCOSE		<i>jaimiess</i>	KIMONO SENSATION.....	76
CONTROL.....	44	JAKAFI.....	KIMONO SENSATION PLUS...76	
INBRIJA.....	23	<i>jantoven</i>	KIMONO SPECIAL.....	76
<i>incassia</i>	61	JANUMET.....	KINERET.....	67
INCONTROL ULTICARE PEN		JANUMET XR.....	KISQALI (200 MG DOSE).....	19
NEEDLES.....	75	JANUVIA.....	KISQALI (400 MG DOSE).....	19
INCRELEX.....	58	<i>jasmiel</i>	KISQALI (600 MG DOSE).....	19
INCRUSE ELLIPTA.....	87	JAYPIRCA.....	<i>klayesta</i>	15
<i>indapamide</i>	31	<i>jencycla</i>	<i>klor-con m10</i>	49
<i>indomethacin</i>	5	<i>jinteli</i>	<i>klor-con m15</i>	49
<i>indomethacin er</i>	5	<i>jolessa</i>	<i>klor-con m20</i>	49
INFINITY CONTROL.....	44	<i>joyeaux</i>	<i>kls quit2</i>	6
INFINITY VOICE.....	44	JUBLIA.....	<i>kls quit4</i>	6
INGREZZA.....	36	<i>juleber</i>	KOSELUGO.....	19
INLYTA.....	19	JULUCA.....	<i>kourzeq</i>	36
INPEN 100-BLUE-NOVOLOG-		<i>junel 1.5/30</i>	<i>kp folic acid</i>	49
FIASP.....	44	<i>junel 1/20</i>	<i>kp prenatal multivitamins</i>	49
INPEN 100-GREY-		<i>junel fe 1.5/30</i>	<i>kp vitamin d</i>	49
NOVOLOG-FIASP.....	44	<i>junel fe 1/20</i>	K-PHOS.....	49
		<i>junel fe 24</i>	KRAZATI.....	19

KRINTAFEL.....	22	<i>levo-t</i>	65	<i>lyleq</i>	62
KRISTALOSE.....	54	<i>levothyroxine sodium</i>	65	<i>lyllana</i>	62
KROGER HEALTHPRO		<i>levoxyl</i>	65	LYNPARZA.....	19
CONTROL HI/LO.....	44	LEVULAN KERASTICK.....	39	LYSODREN.....	19
<i>kurvelo</i>	62	LIBERTY GLUCOSE		LYTGOBI (12 MG DAILY	
<i>labetalol hcl</i>	31	CONTROL.....	44	DOSE).....	19
<i>lacosamide</i>	11	LIBERTY GLUCOSE		LYTGOBI (16 MG DAILY	
<i>lactulose</i>	54	CONTROL MID.....	44	DOSE).....	19
<i>lactulose encephalopathy</i>	54	<i>lidocaine</i>	5	LYTGOBI (20 MG DAILY	
LAGEVRIO.....	25	<i>lidocaine hcl</i>	5	DOSE).....	19
<i>lamivudine</i>	25, 26	<i>lidocaine hcl urethral/mucosal</i>	5	<i>lyza</i>	62
<i>lamivudine-zidovudine</i>	26	<i>lidocaine viscous hcl</i>	36	<i>mafenide acetate</i>	8
<i>lamotrigine</i>	11	<i>lidocaine-prilocaine</i>	5	MAGELLAN SYRINGE-	
<i>lamotrigine er</i>	11	<i>linezolid</i>	8	SAFETY NEEDLE.....	76
LANCETS.....	44	LINZESS.....	54	MAGELLAN TUBERCULIN	
LANCETS SUPER THIN.....	44	<i>liothyronine sodium</i>	65	SYRINGE.....	76
<i>lansoprazole</i>	53	LIRAGLUTIDE.....	41	<i>malathion</i>	22
<i>lanthanum carbonate</i>	56	<i>lisdexamfetamine dimesylate</i>	34	<i>maraviroc</i>	26
<i>lapatinib ditosylate</i>	19	<i>lisinopril</i>	31	<i>marlissa</i>	62
<i>larin 1.5/30</i>	62	<i>lisinopril-hydrochlorothiazide</i>	31	MARPLAN.....	13
<i>larin 1/20</i>	62	<i>lithium carbonate</i>	28	MASK VORTEX.....	76
<i>larin 24 fe</i>	62	<i>lithium carbonate er</i>	28	MASK VORTEX/CHILD/FROG.....	76
<i>larin fe 1.5/30</i>	62	LITHOSTAT.....	56	MASK	
<i>larin fe 1/20</i>	62	LIVMARLI.....	76	VORTEX/TODDLER/LADYBU	
<i>latanoprost</i>	83	LIVTENCITY.....	26	G.....	76
<i>layolis fe</i>	62	<i>lojaimiess</i>	62	MASONATAL.....	50
<i>leena</i>	62	LOKELMA.....	50	MATULANE.....	19
<i>leflunomide</i>	67	LONSURF.....	19	MAVENCLAD.....	35
<i>lenalidomide</i>	19	<i>loperamide hcl</i>	54	MAVYRET.....	26
LENVIMA.....	19	<i>lopinavir-ritonavir</i>	26	MAXIDEX.....	82
<i>lessina</i>	62	<i>lorazepam</i>	28	<i>maxi-tuss ac</i>	85
<i>letrozole</i>	19	<i>lorazepam intensol</i>	28	MAXX.....	76
<i>leucovorin calcium</i>	19	<i>loryna</i>	62	MAXX PLUS.....	76
LEUKERAN.....	19	<i>losartan potassium</i>	31	<i>meclizine hcl</i>	14
LEUKINE.....	28	<i>losartan potassium-hctz</i>	31	<i>meclofenamate sodium</i>	5
<i>leuprolide acetate</i>	58	LOTEMAX.....	82	MEDISENSE GLUCOSE	
<i>levabuterol hcl</i>	87	LOTEMAX SM.....	82	KETONE CONTR.....	44
LEVALBUTEROL HFA.....	87	<i>loteprednol etabonate</i>	82	MEDISENSE HI/MID/LOW	
LEVEMIR U-100 VIAL.....	47	<i>lovastatin</i>	31	CONTROL.....	44
<i>levetiracetam</i>	11	<i>low-ogestrel</i>	62	MEDROL.....	57
<i>levetiracetam er</i>	11	<i>loxapine succinate</i>	24	<i>medroxyprogesterone acetate</i> ..	62
<i>levobunolol hcl</i>	83	<i>lo-zumandimine</i>	62	<i>mefenamic acid</i>	5
<i>levocarnitine</i>	49, 50	<i>lubiprostone</i>	54	<i>mefloquine hcl</i>	22
<i>levocarnitine sf</i>	50	LUER LOCK SAFETY		<i>megestrol acetate</i>	62
<i>levofloxacin</i>	8, 82	SYRINGES.....	76	MEKINIST.....	19, 20
<i>levonest</i>	62	LULICONAZOLE.....	15	MEKTOVI.....	20
<i>levonorgest-eth est & eth est</i>	62	LUMAKRAS.....	19	MELOXICAM.....	5
<i>levonorgest-eth estrad 91-day</i> ..	62	LUMIGAN.....	83	<i>meloxicam</i>	5
<i>levonorgest-eth estradiol-iron</i> ...	62	LUNG PERFORM PEAK		<i>memantine hcl</i>	12
<i>levonorgestrel</i>	62	FLOW METER.....	76	<i>memantine hcl er</i>	12
<i>levonorgestrel-ethinyl estrad</i>	62	LUPKYNIS.....	67	MENEST.....	62
<i>levonorg-eth estrad triphasic</i>	62	<i>lurasidone hcl</i>	24	MENOSTAR.....	62
<i>levora 0.15/30 (28)</i>	62	<i>lutra</i>	62	<i>meperidine hcl</i>	3

<i>meprobamate</i>	28	<i>midazolam hcl</i>	28	MONOJECT
<i>mercaptapurine</i>	20	<i>midodrine hcl</i>	32	SOFTPACK/LLOCK.....
<i>merzee</i>	62	<i>mifepristone</i>	59	MONOJECT SOFTPACK/LTIP .
<i>mesalamine</i>	70	MIGERGOT.....	16	MONOJECT SOFTPACK/RG
<i>mesalamine er</i>	70	<i>miglitol</i>	41	LOCK.....
MESNEX.....	20	<i>mili</i>	63	MONOJECT SOFTPACK/RG
<i>metaxalone</i>	89	<i>mimvey</i>	63	LUER.....
<i>metformin hcl er</i>	41	MINI WRIGHT PEAK FLOW		MONOJECT SYRINGE.....
<i>metformin hcl ir</i>	41	METER.....	76	MONOJECT SYRINGE CATH
<i>methadone hcl</i>	3	<i>minocycline hcl</i>	9	TIP.....
<i>methadone hcl intensol</i>	3	<i>minoxidil</i>	32	MONOJECT SYRINGE ECC
<i>methadose</i>	3	<i>mirabegron er</i>	56	LUER.....
<i>methamphetamine hcl</i>	34	MIRCERA.....	28	MONOJECT SYRINGE
<i>methazolamide</i>	83	<i>mirtazapine</i>	13	ECCENTRIC TIP.....
<i>methenamine hippurate</i>	8	<i>misoprostol</i>	53	MONOJECT SYRINGE LUER
<i>methimazole</i>	65	M-NATAL PLUS.....	50	LOCK.....
METHITEST.....	58	<i>modafinil</i>	90	MONOJECT SYRINGE LUER-
<i>methocarbamol</i>	89	MODERNA COVID-19 VAC		LOCK TIP.....
<i>methotrexate sodium</i>	67	6M-11Y.....	69	MONOJECT SYRINGE
<i>methotrexate sodium (pf)</i>	67	<i>moexipril hcl</i>	32	PHARMACY TRAY.....
<i>methoxsalen rapid</i>	39	<i>molindone hcl</i>	24	MONOJECT SYRINGE REG
<i>methscopolamine bromide</i>	54	<i>mometasone furoate</i>	39	LUER.....
<i>methsuximide</i>	11	<i>mondoxyne nl</i>	9	MONOJECT SYRINGE
METHYLDOPA.....	32	MONOJECT ALLERGIST		REGULAR TIP.....
<i>methylergonovine maleate</i>	76	TRAY.....	76	MONOJECT SYRINGE
<i>methylphenidate</i>	34	MONOJECT BLUNTIP		TOOMEY TYPE.....
<i>methylphenidate hcl</i>	34	CANNULA.....	76	MONOJECT TB SAFETY
<i>methylphenidate hcl er</i>	34	MONOJECT BLUNTIP		SYRINGE.....
<i>methylphenidate hcl er (cd)</i>	34	SYR/CANNULA.....	76	MONOJECT TB SYRINGE.....
<i>methylphenidate hcl er (la)</i>	34	MONOJECT CONTROL		MONOJECT VIAL ACCESS
<i>methylphenidate hcl er (osm)</i>	34	SYRINGE.....	76	CANNULA.....
<i>methylprednisolone</i>	57	MONOJECT FILTER		<i>mono-lynyah</i>
<i>methyltestosterone</i>	58	ASPIRATOR.....	76	<i>montelukast sodium</i>
<i>metoclopramide hcl</i>	14	MONOJECT HYPODERMIC		<i>morphine sulfate</i>
<i>metolazone</i>	32	NEEDLE.....	76	<i>morphine sulfate (concentrate)</i> ... 3
<i>metoprolol succinate er</i>	32	MONOJECT LIFESHIELD		<i>morphine sulfate er</i>
<i>metoprolol tartrate</i>	32	CANNULA.....	76	<i>morphine sulfate er beads</i>
<i>metoprolol-hydrochlorothiazide</i>	32	MONOJECT LIFESHIELD		MOTEGRITY.....
<i>metronidazole</i>	8, 39	SYRINGE.....	76	MOUNJARO.....
<i>metyrosine</i>	32	MONOJECT MAGELLAN		MOVANTIK.....
<i>mexiletine hcl</i>	32	SAFETY NDL.....	77	<i>moxifloxacin hcl</i>
<i>mibelas 24 fe</i>	62	MONOJECT MAGELLAN		<i>moxifloxacin hcl (2x day)</i>
<i>miconazole 3</i>	15	SYRINGE.....	77	MUGARD.....
MICROCHAMBER.....	76	MONOJECT MEDICATION		MULTAQ.....
MICRODOT CONTROL		TRANSF NDL.....	44	<i>multi prenatal</i>
HIGH/LOW.....	44	MONOJECT PHARMACY		MULTISTIX 10 SG.....
<i>microgestin 1.5/30</i>	62	TRAY.....	77	<i>mupirocin</i>
<i>microgestin 1/20</i>	62	MONOJECT PISTON		<i>mupirocin cream</i>
<i>microgestin fe 1.5/30</i>	63	SYRINGE.....	77	<i>my choice</i>
<i>microgestin fe 1/20</i>	63	MONOJECT SMARTIP		<i>my way</i>
MICROLIFE DIGITAL PEAK		SYR/CANNULA.....	77	MYALEPT.....
FLOW.....	76	MONOJECT		<i>mycophenolate mofetil</i>
MICROSPACER.....	76	SOFTPACK/CATHTIP.....	77	<i>mycophenolate sodium</i>

<i>mycophenolic acid</i>	67	NICORETTE STARTER KIT.....	6	<i>nortrel 0.5/35 (28)</i>	63
MYFEMBREE.....	63	<i>nicotine</i>	6	<i>nortrel 1/35 (21)</i>	63
MYGLUCOHEALTH		<i>nicotine mini</i>	6	<i>nortrel 1/35 (28)</i>	63
CONTROL.....	44	<i>nicotine polacrilex</i>	6	<i>nortrel 7/7/7</i>	63
MYLERAN.....	20	<i>nicotine polacrilex mini</i>	6	<i>nortriptyline hcl</i>	13
MYRBETRIQ.....	56	<i>nicotine step 1</i>	6	NORVIR.....	26
MYTESI.....	55	<i>nicotine step 2</i>	6	NOVA MAX PLUS GLU/KET	
<i>na sulfate-k sulfate-mg sulf</i>	55	<i>nicotine step 3</i>	6	CONTROL.....	44
<i>nabumetone</i>	5	NICOTROL.....	6	NOVA MAX PLUS KETONE	
<i>nadolol</i>	32	NICOTROL NS.....	6	TEST.....	44
<i>naftifine hcl</i>	15	<i>nifedipine</i>	32	NOVAREL.....	58
<i>naloxone hcl</i>	6	<i>nifedipine er</i>	32	NOVAVAX COVID-19	
<i>naltrexone hcl</i>	6	<i>nifedipine er osmotic release</i>	32	VACCINE.....	69
<i>naproxen</i>	5	<i>nikki</i>	63	NOVOFINE PEN NEEDLE.....	77
<i>naproxen dr</i>	5	<i>nilutamide</i>	20	NOVOFINE PLUS PEN	
<i>naproxen sodium</i>	5	<i>nimodipine</i>	32	NEEDLE.....	77
<i>naproxen-esomeprazole mg</i>	5	NINJACOF-XG.....	85	NOVOLIN 70/30 FLEXPEN.....	47
<i>naratriptan hcl</i>	16	NINLARO.....	20	NOVOLIN 70/30 FLEXPEN	
NATACYN.....	82	<i>nisoldipine er</i>	32	RELION.....	47
NATAZIA.....	63	<i>nitazoxanide</i>	22	NOVOLIN 70/30 RELION.....	47
<i>nateglinide</i>	41	<i>nitisinone</i>	55	NOVOLIN 70/30 VIAL.....	47
NAYZILAM.....	11	NITRO-BID.....	32	NOVOLIN N FLEXPEN.....	47
<i>nebivolol hcl</i>	32	NITRO-DUR.....	32	NOVOLIN N FLEXPEN	
NEBUSAL.....	85	<i>nitrofurantoin</i>	9	RELION.....	47
<i>necon 0.5/35 (28)</i>	63	<i>nitrofurantoin macrocrystal</i>	9	NOVOLIN N RELION.....	47
<i>nefazodone hcl</i>	13	<i>nitrofurantoin monohydrate</i>		NOVOLIN N VIAL.....	47
<i>neomycin sulfate</i>	9	<i>macrocrystals</i>	9	NOVOLIN R FLEXPEN.....	47
<i>neomycin-bacitracin zn-</i>		<i>nitroglycerin</i>	32	NOVOLIN R FLEXPEN	
<i>polymyx</i>	84	NIVA THYROID.....	65	RELION.....	47
<i>neomycin-polymyxin b gu</i>	9	NIVA-PLUS.....	50	NOVOLIN R RELION.....	47
<i>neomycin-polymyxin-dexameth</i>	82	<i>nizatidine</i>	53	NOVOLIN R VIAL.....	47
<i>neomycin-polymyxin-</i>		NOCDURNA.....	58	NOVOLOG 70/30 FLEXPEN	
<i>gramicidin</i>	84	NOKOR VENTED NEEDLE.....	77	RELION.....	47
<i>neomycin-polymyxin-hc</i>	82, 85	<i>nora-be</i>	63	NOVOLOG FLEXPEN.....	47
NEONATAL PLUS.....	50	<i>norelgestromin-eth estradiol</i>	63	NOVOLOG FLEXPEN	
NEONATAL PRENATAL.....	50	<i>norethin ace-eth estrad-fe</i>	63	RELION.....	47
NEONATAL VITAMIN.....	50	<i>norethindrone</i>	63	NOVOLOG MIX 70/30	
<i>neo-polycin</i>	84	<i>norethindrone acetate</i>	63	FLEXPEN.....	47
<i>neo-polycin hc</i>	84	<i>norethindrone acet-ethinyl est</i> ...63		NOVOLOG MIX 70/30	
NEO-SYNALAR.....	39	<i>norethindrone-eth estradiol</i>	63	RELION.....	47
NERLYNX.....	20	<i>norethindron-ethinyl estrad-fe</i> ...63		NOVOLOG MIX 70/30 VIAL.....	47
<i>neuac</i>	39	<i>norethin-eth estradiol-fe</i>	63	NOVOLOG PENFILL.....	47
NEUPRO.....	23	NORGESIC FORTE.....	89	NOVOLOG RELION.....	47
NEUTEK 2TEK CONTROL.....	44	<i>norgestimate-eth estradiol</i>	63	NOVOLOG U-100 VIAL.....	47
NEVANAC.....	82	<i>norgestimate-ethinyl estradiol</i>		NOVOPEN ECHO.....	44
<i>nevirapine</i>	26	<i>triphasic</i>	63	<i>np thyroid</i>	65
<i>nevirapine er</i>	26	NORLIQVA.....	32	NUCALA.....	87
<i>new day</i>	63	<i>norlyroc</i>	63	NUCYNTA.....	4
<i>niacin er (antihyperlipidemic)</i>	32	NORM-JECT LUER LOCK		NUCYNTA ER.....	4
<i>nicardipine hcl</i>	32	SYRINGE.....	77	NUEDEXTA.....	36
NICODERM CQ.....	6	NORM-JECT LUER SLIP		NUPLAZID.....	24
NICORETTE.....	6	SYRINGE.....	77	NURTEC.....	16
NICORETTE MINI.....	6	NORPACE CR.....	32	NUZYRA.....	9

<i>nyamyc</i>	15	ONETOUCH ULTRA TEST STRIPS.....	45	<i>oxybutynin chloride</i>	56
<i>nylia 1/35</i>	63	ONETOUCH VERIO FLEX SYSTEM.....	45	<i>oxybutynin chloride er</i>	56
<i>nylia 7/7/7</i>	63	ONETOUCH VERIO KIT W/DEVICE.....	45	<i>oxycodone hcl</i>	4
NYMALIZE.....	32	ONETOUCH VERIO REFLECT KIT W/DEVICE.....	45	<i>oxycodone-acetaminophen</i>	4
<i>nystatin</i>	15	ONUREG.....	20	<i>oxymorphone hcl</i>	4
<i>nystatin-triamcinolone</i>	15	<i>opcicon one-step</i>	63	<i>oxymorphone hcl er</i>	4
<i>nystop</i>	15	OPSUMIT.....	88	OZOBAX DS.....	89
NYVEPRIA.....	28	OPTICHAMBER DIAMOND-LG MASK.....	78	PALFORZIA.....	78
OBSTETRIX DHA.....	50	OPTICHAMBER DIAMOND-MD MASK.....	78	<i>paliperidone er</i>	24
OBTREX DHA.....	50	OPTICHAMBER DIAMOND-SM MASK.....	78	PANDA MASK LARGE.....	78
OICALIVA.....	55	OPTIMAL D3.....	50	PANDA MASK MEDIUM.....	78
<i>ocella</i>	63	<i>option 2</i>	63	PANDA MASK SMALL.....	78
<i>octreotide acetate</i>	58	OPTIONS GYNOL II CONTRACEPTIVE.....	78	PANDEL.....	39
ODACTRA.....	78	OPVEE.....	6	PANRETIN.....	20
ODEFSEY.....	26	OPZELURA.....	39	<i>pantoprazole sodium</i>	53
ODOMZO.....	20	ORALAIR.....	78	PARI VORTEX ADULT MASK..	78
OFEV.....	87	<i>oralone</i>	36	<i>paricalcitol</i>	71
<i>ofloxacin</i>	9, 82, 85	ORAMAGICRX.....	78	<i>paroxetine hcl</i>	13
OGSIVEO.....	20	ORAVIG.....	15	<i>paroxetine hcl er</i>	13
<i>olanzapine</i>	24	ORENCIA.....	67	PATADAY.....	82
<i>olmesartan medoxomil</i>	32	ORENCIA CLICKJECT.....	67	PAXLOVID (150/100).....	26
<i>olmesartan medoxomil-hctz</i>	32	ORENITRAM.....	88	PAXLOVID (300/100).....	26
<i>olopatadine hcl</i>	82, 85	ORENITRAM MONTH 1.....	89	<i>pazopanib hcl</i>	20
<i>omega-3-acid ethyl esters</i>	33	ORENITRAM MONTH 2.....	89	PEAK A-I-R FLOW METER.....	78
<i>omeprazole</i>	53	ORENITRAM MONTH 3.....	89	PEAK AIR PEAK FLOW METER.....	78
OMNIFLEX DIAPHRAGM.....	78	ORFADIN.....	55	PEAK FLOW METER UNIVERSAL RANG.....	78
OMNIPOD 5 DEXG7G6 INTRO GEN 5.....	78	ORGOVYX.....	20	PEDIATRIC PANDA MASK.....	78
OMNIPOD 5 DEXG7G6 PODS GEN 5.....	78	ORLISSA.....	58	PEDIATRIC SMALL MASK.....	78
OMNIPOD 5 LIBRE2 PLUS G6 PODS.....	78	ORKAMBI.....	88	<i>peg 3350</i>	55
OMNIPOD DASH PODS (GEN 4).....	78	ORLADEYO.....	67	<i>peg 3350-kcl-na bicarb-nacl</i>	55
OMNITROPE.....	58	<i>orphenadrine citrate er</i>	89	<i>peg-3350/electrolytes</i>	55
<i>ondansetron hcl</i>	14	ORPHENGESIC FORTE.....	89	<i>peg-3350/electrolytes/ascorbat</i>	55
<i>ondansetron odt</i>	14	ORSERDU.....	20	PEGASYS.....	26
ONE VITE WOMENS.....	50	OSCIMIN.....	55	<i>peg-kcl-nacl-nasulf-na asc-c</i>	55
ONE VITE WOMENS PLUS.....	50	<i>oseltamivir phosphate</i>	26	PEG-PREP.....	55
ONE-A-DAY WOMENS PRENATAL.....	50	OSPHENA.....	59	PEMAZYRE.....	20
ONE-A-DAY WOMENS PRENATAL 1.....	50	OTEZLA.....	67	<i>penciclovir</i>	26
ONETOUCH DELICA SAFETY LANCING.....	45	<i>oxaprozin</i>	5	<i>penicillamine</i>	56
ONETOUCH ULTRA 2 KIT W/DEVICE.....	45	<i>oxazepam</i>	28	<i>penicillin v potassium</i>	9
ONETOUCH ULTRA BLUE TEST.....	45	<i>oxcarbazepine</i>	11	<i>pentamidine isethionate</i>	22
ONETOUCH ULTRA CONTROL.....	45	<i>oxcarbazepine er</i>	11	PENTASA.....	70
		OXERVATE.....	84	<i>pentazocine-naloxone hcl</i>	4
		<i>oxiconazole nitrate</i>	15	<i>pentoxifylline er</i>	33
		OXISTAT.....	15	PERFECT POINT SAFETY LANCETS.....	45
				PERFECT POINT SAFETY NEEDLE.....	78
				<i>perindopril erbumine</i>	33
				<i>perigard</i>	36
				<i>permethrin</i>	22
				<i>perphenazine</i>	14

<i>perphenazine-amitriptyline</i>	13	POLY HUB NEEDLE.....	79	<i>prenatal/iron</i>	51
PERSONAL BEST FULL		<i>polycin</i>	84	PRENATAL-U.....	51
RANGE.....	78	<i>polyethylene glycol 3350</i>	55	PRETOMANID.....	17
PFIZER COVID-19 VAC-TRIS		<i>polymyxin b-trimethoprim</i>	84	<i>prevalite</i>	33
5-11Y.....	69	POMALYST.....	20	PREVNAR 20.....	69
PFIZER COVID-19 VAC-TRIS		<i>portia-28</i>	63	PREVYMIS.....	26
6M-4Y.....	69	<i>posaconazole</i>	15, 16	PREZCOBIX.....	26
<i>phenazo</i>	56	<i>potassium chloride</i>	50	PREZISTA.....	26
<i>phenazopyridine hcl</i>	56	<i>potassium chloride crys er</i>	50	PRIFTIN.....	17
<i>phenelzine sulfate</i>	13	<i>potassium chloride er</i>	50	PRILOSEC.....	53
<i>phenobarbital</i>	11	<i>potassium citrate er</i>	50	<i>primaquine phosphate</i>	22
<i>phenoxybenzamine hcl</i>	33	PRADAXA.....	10	<i>primidone</i>	11
<i>phenylephrine hcl</i>	84	<i>pramipexole dihydrochloride</i>	23	PRO COMFORT SPACER	
<i>phenytek</i>	11	<i>pramipexole dihydrochloride er</i>	23	ADULT.....	79
<i>phenytoin</i>	11	PRAMOSONE.....	39	PRO COMFORT SPACER	
<i>phenytoin infatabs</i>	11	<i>prasugrel hcl</i>	23	CHILD.....	79
<i>phenytoin sodium extended</i>	11	<i>pravastatin sodium</i>	33	PRO COMFORT SPACER	
PHEXXI.....	78	<i>praziquantel</i>	22	INFANT.....	79
<i>philith</i>	63	<i>prazosin hcl</i>	33	PROAIR RESPICLICK.....	87
PHOSPHOLINE IODIDE.....	83	PRECISION GLUCOSE		<i>probenecid</i>	16
<i>phytonadione</i>	50	KETONE CONTR.....	45	PROCARE SPACER/ADULT	
PIFELTRO.....	26	PRECISION XTRA KETONE.....	45	MASK.....	79
PIKO 1.....	78	PRED MILD.....	82	PROCARE SPACER/CHILD	
<i>pilocarpine hcl</i>	36, 83	<i>prednisolone</i>	57	MASK.....	79
<i>pimecrolimus</i>	39	<i>prednisolone acetate</i>	82	PROCHAMBER VHC.....	79
<i>pimozide</i>	24	<i>prednisolone sodium</i>		<i>prochlorperazine</i>	14
<i>pimtrea</i>	63	<i>phosphate</i>	58, 83	<i>prochlorperazine maleate</i>	14
<i>pindolol</i>	33	<i>prednisone</i>	58	PROCTOFOAM HC.....	70
<i>pioglitazone hcl</i>	41	<i>prednisone intensol</i>	58	<i>procto-med hc</i>	70
<i>pioglitazone hcl-metformin hcl</i> ..	41	<i>pregabalin</i>	36	<i>proctosol hc</i>	70
PIP GLUCOSE CONTROL		PREGNYL.....	59	<i>proctozone-hc</i>	70
SOLUTION.....	45	PREHEVBRIO.....	69	PRODIGY CONTROL	
PIP PEN NEEDLES 31G X		PREMARIN.....	63, 64	SOLUTION.....	45
5MM.....	78	PREMPHASE.....	64	<i>progesterone</i>	64
PIP PEN NEEDLES 32G X		PREMPRO.....	64	PROGRAF.....	67
4MM.....	78	PRENATABS FA.....	50	PROMACTA.....	28
PIQRAY.....	20	PRENATABS RX.....	50	<i>promethazine hcl</i>	14
<i>pirfenidone</i>	87	<i>prenatal</i>	51	<i>promethazine vc</i>	86
<i>piroxicam</i>	5	<i>prenatal (w/iron & fa)</i>	50	<i>promethazine-codeine</i>	86
PLEGRIDY.....	35	<i>prenatal 19</i>	50	<i>promethazine-dm</i>	86
PLEGRIDY STARTER PACK... 35		<i>prenatal complete</i>	50	<i>promethazine-phenylephrine</i>	86
PLENVU.....	55	<i>prenatal formula</i>	50	<i>promethegan</i>	14
PNEUMOVAX 23.....	69	<i>prenatal forte</i>	50	<i>propafenone hcl</i>	33
<i>pnv prenatal plus multivit+dha</i> ..	50	<i>prenatal gummies/dha & fa</i>	50	<i>propafenone hcl er</i>	33
<i>pnv-select</i>	50	<i>prenatal multi +dha</i>	50	<i>propracaine hcl</i>	84
POCKET CHAMBER.....	78	PRENATAL MULTIVITAMIN +		<i>propranolol hcl</i>	33
POCKET PEAK FLOW		DHA.....	50	<i>propranolol hcl er</i>	33
METER.....	78	<i>prenatal multivitamin plus dha</i> ..	50	<i>propylthiouracil</i>	65
POCKET SPACER.....	78	<i>prenatal one daily</i>	51	PROTHELIAL.....	79
POCKETCHEM EZ CONTROL 45		<i>prenatal plus vitamin/mineral</i>	51	<i>protriptyline hcl</i>	13
POCKETPEAK PEAK FLOW		<i>prenatal vitamin and mineral</i>	51	PROVIDA OB.....	51
METER.....	78	<i>prenatal vitamins</i>	51	<i>pseudoephedrine-bromphen-</i>	
<i>podofilox</i>	39	<i>prenatal/folic acid+dha</i>	51	<i>dm</i>	86

PULMICORT FLEXHALER.....	87	<i>ranolazine er</i>	33	<i>rivastigmine tartrate</i>	12
PULMOZYME.....	88	<i>rasagiline mesylate</i>	23	<i>rivelsa</i>	64
PURE COMFORT FLOW		RAVICTI.....	56	<i>rizatriptan benzoate</i>	17
METER ADULT.....	79	RAYA SURE PEN NEEDLE.....	79	ROCKLATAN.....	83
PURE COMFORT FLOW		<i>react</i>	64	<i>roflumilast</i>	87
METER CHILD.....	79	REALITY LATEX CONDOMS... 79		<i>ropinirole hcl</i>	23
PURE COMFORT SAFETY		REALITY LATEX/ULTRA		<i>ropinirole hcl er</i>	23
PEN NEEDLE.....	79	TEXTURED.....	79	<i>rosuvastatin calcium</i>	33
PURE COMFORT SPACER		REALITY LATEX/ULTRA THIN 79		ROZLYTREK.....	20
CHAMBER.....	79	REBIF.....	35	RUBRACA.....	20
PURIXAN.....	20	REBIF REBIDOSE.....	35	RUCONEST.....	67
<i>pyrazinamide</i>	17	REBIF REBIDOSE		<i>rufinamide</i>	11
<i>pyridostigmine bromide</i>	17	TITRATION PACK.....	35	RUKOBIA.....	26
<i>pyridostigmine bromide er</i>	17	REBIF TITRATION PACK.....	35	RYDAPT.....	20
<i>pyrimethamine</i>	22	<i>reclipsen</i>	64	RYDEX.....	86
PYRUKYND.....	28	RECOMBIVAX HB.....	69	SAFETY PEN NEEDLES.....	79
PYRUKYND TAPER PACK.....	28	REFUAH PLUS GLUCOSE		<i>sajazir</i>	67
QBRELIS.....	33	CONTROL.....	45	SANDIMMUNE.....	67
<i>qc folic acid</i>	51	REGRANEX.....	39	SANTYL.....	39
<i>qc nicotine transdermal system</i> ..	6	RELENZA DISKHALER.....	26	<i>sapropterin dihydrochloride</i>	56
<i>qc olopatadine hcl</i>	83	RELION KETONE TEST.....	45	SAVELLA.....	36
<i>qc prenatal</i>	51	RELNATE DHA.....	51	SAVELLA TITRATION PACK... 36	
<i>qc vitamin d3</i>	51	RELYVRIO.....	36	<i>scopolamine</i>	14
QINLOCK.....	20	RENACIDIN.....	56	SECURESAFE HYPODERMIC	
<i>quetiapine fumarate</i>	24	<i>repaglinide</i>	41	NEEDLE.....	79
<i>quetiapine fumarate er</i>	24	REPATHA.....	33	SECURESAFE	
QUICKTEK CONTROL		REPATHA PUSHTRONEX		SYRINGE/NEEDLE.....	79
SOLUTION.....	45	SYSTEM.....	33	SEGLUROMET.....	41
<i>quinapril hcl</i>	33	REPATHA SURECLICK.....	33	<i>selegiline hcl</i>	23
<i>quinapril-hydrochlorothiazide</i> ... 33		RETACRIT.....	28	<i>selenium sulfide</i>	40
<i>quinidine gluconate er</i>	33	RETEVMO.....	20	SELZENTRY.....	26
<i>quinidine sulfate</i>	33	REVCovi.....	56	SEMGLEE (YFGN).....	47
<i>quinine sulfate</i>	22	REXULTI.....	24	SE-NATAL 19.....	51
QUINTET CONTROL		REYATAZ.....	26	SEREVENT DISKUS.....	87
HIGH/NORMAL.....	45	REYVOW.....	17	SERNIVO.....	40
QULIPTA.....	17	REZLIDHIA.....	20	SEROSTIM.....	55
<i>ra folic acid</i>	51	REZUROCK.....	67	<i>sertraline hcl</i>	13
<i>ra mini nicotine</i>	7	RHOFADE.....	39	<i>setlakin</i>	64
<i>ra nicotine</i>	7	RHOPRESSA.....	83	<i>sevelamer carbonate</i>	56
<i>ra nicotine gum</i>	7	<i>ribavirin</i>	26	<i>sevelamer hcl</i>	56
<i>ra nicotine polacrilex</i>	7	RIDAURA.....	67	<i>sf 5000 plus</i>	36
<i>ra prenatal</i>	51	<i>rifabutin</i>	17	<i>sf gel 1.1%</i>	36
<i>ra prenatal formula</i>	51	<i>rifampin</i>	17	<i>sharobel</i>	64
<i>rabeprazole sodium</i>	53	RIGHTEST GC300 CONTROL. 45		SHINGRIX.....	69
RADIAPLEXRX.....	39	<i>riluzole</i>	36	SIGNIFOR.....	59
RADICAVA ORS.....	36	<i>rimantadine hcl</i>	26	SILATRIX.....	79
RADICAVA ORS STARTER		RINVOQ.....	67	<i>sildenafil citrate</i>	57, 89
KIT.....	36	RINVOQ LQ.....	67	<i>silodosin</i>	57
RADIOGARDASE.....	79	<i>risedronate sodium</i>	70	<i>silver sulfadiazine</i>	9
RAGWITEK.....	79	<i>risperidone</i>	24	SIMBRINZA.....	83
<i>raloxifene hcl</i>	59	RITEFLO.....	79	SIMILAC PRENATAL EARLY	
<i>ramelteon</i>	90	<i>ritonavir</i>	26	SHIELD.....	51
<i>ramipril</i>	33	<i>rivastigmine</i>	12	<i>simliya</i>	64

<i>simpesse</i>	64	<i>sronyx</i>	64	TABLET CUTTER/DELUXE	
SIMPONI.....	67	<i>ssd</i>	9	SAFETY.....	80
<i>simvastatin</i>	33	STEGLATRO.....	41	TABLET CUTTER/SAFETY	
<i>sirolimus</i>	67	STEGLUJAN.....	41	SHIELD.....	80
SIRTURO.....	17	STELARA.....	68	TABLOID.....	20
SIVEXTRO.....	9	<i>sterile water for irrigation</i>	51	TABRECTA.....	20
SKYRIZI.....	68	STIMUFEND.....	28	<i>tacrolimus</i>	40, 68
SKYRIZI PEN.....	68	STIOLTO RESPIMAT.....	87	<i>tadalafil</i>	57
<i>sm folic acid</i>	51	STIVARGA.....	20	<i>tadalafil (pah)</i>	89
<i>sm nicotine</i>	7	STRIBILD.....	27	TAFINLAR.....	21
<i>sm nicotine polacrilex</i>	7	STRIVE DUAL ZONE PEAK		<i>tafluprost (pf)</i>	84
<i>sm olopatadine hcl</i>	83	FLOW MTR.....	79	TAGRISSE.....	21
<i>sm one daily prenatal</i>	51	STRIVERDI RESPIMAT.....	88	TAI DOC CONTROL.....	45
<i>sm prenatal vitamins</i>	51	STUART ONE.....	51	<i>take action</i>	64
<i>sm vitamin d</i>	51	<i>subvenite</i>	11	TAKHZYRO.....	68
SMARTEST CONTROL		SUCRAID.....	56	TALZENNA.....	21
MEDIUM.....	45	<i>sucralfate</i>	53	<i>tamoxifen citrate</i>	21
<i>smooth lax</i>	55	SUFLAVE.....	55	<i>tamsulosin hcl</i>	57
<i>sod fluoride-potassium nitrate</i> ...	36	SULCONAZOLE NITRATE.....	16	<i>tarina 24 fe</i>	64
<i>sodium bicarbonate</i>	51	<i>sulfacetamide sodium</i>	83	<i>tarina fe 1/20 eq</i>	64
SODIUM BICARBONATE.....	51	<i>sulfacetamide sodium (acne)</i>	40	TASIGNA.....	21
<i>sodium chloride</i>	51, 86	<i>sulfacetamide sodium-sulfur</i>	40	<i>tasimelteon</i>	90
SODIUM CITRATE.....	10	<i>sulfacetamide-prednisolone</i>	84	<i>tavaborole</i>	16
SODIUM CITRATE LOCK		<i>sulfadiazine</i>	9	TAVALISSE.....	28
FLUSH.....	10	<i>sulfamethoxazole-trimethoprim</i> ...	9	<i>taysofy</i>	64
<i>sodium fluoride</i>	37, 51	SULFAMYLLON.....	9	<i>tazarotene</i>	40
<i>sodium fluoride 5000 enamel</i> ...	36	<i>sulfasalazine</i>	70	TAZAROTENE.....	40
<i>sodium fluoride 5000 plus</i>	36	<i>sulfatrim pediatric</i>	9	TAZVERIK.....	21
<i>sodium fluoride 5000 ppm</i>	37	<i>sulindac</i>	5	TDVAX.....	69
<i>sodium fluoride 5000 sensitive</i> ..	37	<i>sumatriptan</i>	17	TECHLITE LANCETS 26G.....	45
SODIUM OXYBATE.....	90	<i>sumatriptan succinate</i>	17	TECHLITE PLUS PEN	
<i>sodium polystyrene sulfonate</i> ...	51	<i>sumatriptan succinate refill</i>		NEEDLES.....	80
<i>solifenacin succinate</i>	57	<i>subcutaneous solution</i>		TEGLUTIK.....	36
SOLIQUA.....	41	<i>cartridge</i>	17	TEGRETOL-XR.....	11
SOLOSEC.....	9	<i>sunitinib malate</i>	20	<i>telmisartan</i>	33
SOLTAMOX.....	20	SUNLENCA.....	27	<i>telmisartan-hctz</i>	33
SOLU-CORTEF.....	58	SUNOSI.....	90	<i>temazepam</i>	90
SOLUS V2 CONTROL.....	45	SUPREME II HIGH/LOW		TEMBEXA.....	27
SOMAVERT.....	59	CONTROL.....	45	<i>temozolomide</i>	21
<i>sorafenib tosylate</i>	20	<i>syeda</i>	64	TENCON.....	4
SORBITOL.....	79	SYMBICORT.....	88	TENIVAC.....	69
SORILUX.....	40	SYMLINPEN 120.....	41	<i>tenofovir disoproxil fumarate</i>	27
<i>sotalol hcl</i>	33	SYMLINPEN 60.....	41	<i>terazosin hcl</i>	57
<i>sotalol hcl (af)</i>	33	SYMPROIC.....	55	<i>terbinafine hcl</i>	16
SOTYLIZE.....	33	SYMTUZA.....	27	<i>terbutaline sulfate</i>	88
SOVALDI.....	26	SYNAREL.....	59	<i>terconazole</i>	16
SPIKEVAX.....	69	SYNTHROID.....	65	<i>teriflunomide</i>	35
<i>spinosad</i>	22	SYRINGE DISPOSABLE.....	79	<i>teriparatide</i>	70
SPIRIVA RESPIMAT.....	87	SYRINGE ECCENTRIC TIP.....	79	TERIPARATIDE.....	70
<i>spironolactone</i>	33	SYRINGE LUER LOCK.....	79	<i>testosterone</i>	58
<i>spironolactone-hctz</i>	33	SYRINGE LUER SLIP.....	79, 80	<i>testosterone cypionate</i>	58
<i>sprintec 28</i>	64	SYRINGE/HYPODERMIC		<i>testosterone enanthate</i>	58
SPRITAM.....	11	SAFETY.....	80	<i>tetrabenazine</i>	36

<i>tetracaine hcl</i>	84	<i>tramadol hcl ir</i>	4	TRUE FOLIC ACID.....	52
<i>tetracycline hcl</i>	9	<i>tramadol-acetaminophen</i>	4	TRUE METRIX LEVEL 1.....	45
TEXACORT.....	40	<i>trandolapril</i>	34	TRUE METRIX LEVEL 2.....	45
TEZSPIRE.....	88	<i>tranexamic acid</i>	28	TRUE METRIX LEVEL 3.....	45
THALOMID.....	21	<i>tranylcypromine sulfate</i>	13	TRUE VITAMIN D3.....	52
THEO-24.....	88	<i>travoprost (bak free)</i>	84	TRUECONTROL GLUCOSE	
<i>theophylline</i>	88	<i>trazodone hcl</i>	13	CONT LEV 0.....	45
<i>theophylline er</i>	88	TRECATOR.....	17	TRUECONTROL GLUCOSE	
THERANATAL CORE		TRELEGY ELLIPTA.....	88	CONT LEV 1.....	45
NUTRITION.....	51	TREMFYA.....	68	TRULICITY.....	41
<i>thioridazine hcl</i>	24	<i>tretinoin</i>	21, 40	TRUSTEX COLOR	
<i>thiothixene</i>	24	<i>triamcinolone acetonide</i> 37, 40, 58		CONDOMS + LUBE.....	80
THRIVE.....	7	<i>triamcinolone in absorbase</i>	40	TRUSTEX	
THRIVITE RX.....	51	<i>triamterene</i>	34	LUB/RIBBED/STUDED.....	80
THYQUIDITY.....	65	<i>triamterene-hctz</i>	34	TRUSTEX LUB/SPERMICIDE	
<i>thyroid</i>	65	<i>triazolam</i>	28	EX ST.....	80
<i>tiadylt er</i>	34	TRICARE.....	51	TRUSTEX LUB/SPERMICIDE	
<i>tiagabine hcl</i>	11	<i>triderm</i>	40	XL.....	80
TIBSOVO.....	21	<i>trientine hcl</i>	52	TRUSTEX LUBRICATED.....	80
<i>tilia fe</i>	64	<i>tri-estarylla</i>	64	TRUSTEX LUBRICATED EX	
<i>timolol maleate</i>	34, 84	<i>trifluoperazine hcl</i>	24	LARGE.....	80
<i>timolol maleate (once-daily)</i>	84	<i>trifluridine</i>	83	TRUSTEX LUBRICATED	
<i>timolol maleate ocudose</i>	84	<i>trihexyphenidyl hcl</i>	23	EXTRA ST.....	80
<i>timolol maleate pf</i>	84	TRIKAFTA.....	88	TRUSTEX	
<i>tinidazole</i>	9	<i>tri-legest fe</i>	64	LUBRICATED/SPERMICIDE ...	80
<i>tiopronin</i>	57	<i>tri-linyah</i>	64	TRUSTEX NATURAL	
<i>tiotropium bromide</i>		<i>tri-lo-estarylla</i>	64	CONDOMS + LUBE.....	80
<i>monohydrate</i>	88	<i>tri-lo-marzia</i>	64	TRUSTEX NON-LUBRICATED	80
TIVICAY.....	27	<i>tri-lo-mili</i>	64	TRUSTEX RIA	
TIVICAY PD.....	27	<i>tri-lo-sprintec</i>	64	LUB/SPERMICIDE.....	80
<i>tizanidine hcl</i>	89	<i>trimethobenzamide hcl</i>	14	TRUSTEX RIA LUBRICATED..	80
TOBRADEX.....	83	<i>trimethoprim</i>	9	TRUSTEX RIA NON-	
TOBRADEX ST.....	83	<i>tri-mili</i>	64	LUBRICATED.....	80
<i>tobramycin</i>	83, 88	<i>trimipramine maleate</i>	13	TRUSTEX-NONOXYNOL-	
<i>tobramycin sulfate</i>	9	TRINATAL RX 1.....	52	9/RIB/STUD.....	80
<i>tobramycin-dexamethasone</i>	83	TRINATE.....	52	TRUZONE PEAK FLOW	
TOBREX.....	83	TRINTELLIX.....	13	METER.....	80
TODAY SPONGE.....	80	<i>tri-sprintec</i>	64	TUDORZA PRESSAIR.....	88
TOLAK.....	40	TRIUMEQ.....	27	TUKYSA.....	21
<i>tolcapone</i>	23	TRIUMEQ PD.....	27	TURALIO.....	21
TOLSURA.....	16	<i>trivora (28)</i>	64	<i>turqoz</i>	64
<i>tolterodine tartrate</i>	57	<i>tri-vylibra</i>	64	TUXARIN ER.....	86
<i>tolterodine tartrate er</i>	57	<i>tri-vylibra lo</i>	64	TWINRIX.....	69
<i>tolvaptan</i>	51	TROJAN MAGNUM.....	80	TYBOST.....	27
TOOMEY SYRINGE.....	80	TROJAN ULTRA THIN.....	80	<i>tydemy</i>	64
<i>topiramate</i>	12	TROJAN ULTRA		TYMLOS.....	70
<i>toremifene citrate</i>	21	THIN/SPERMICIDAL.....	80	TYRVAYA.....	84
<i>torpenz</i>	21	TROJAN-ENZ LUBRICATED...	80	TYVASO.....	89
<i>torse mide</i>	34	TROJAN-ENZ/SPERMICIDAL..	80	TYVASO REFILL KIT.....	89
TPOXX.....	27	<i>tropicamide</i>	84	TYVASO STARTER KIT.....	89
TRACLEER.....	89	<i>trospium chloride</i>	57	UBRELVY.....	17
<i>tramadol hcl (er biphasic)</i>	4	<i>trospium chloride er</i>	57	UDENYCA.....	29
<i>tramadol hcl er</i>	4	TRUE COVER.....	80		

ULTICARE INSULIN SYR 1/2 UNIT.....	47	VERASENS GLUCOSE CONTROL.....	45	VOWST.....	55
ULTICARE SYRINGE.....	80	VEREGEN.....	40	VRAYLAR.....	24
ULTICARE TUBERCULIN SAFETY SYR.....	80	VERIFINE INSULIN PEN NEEDLE.....	81	VUITY.....	84
ULTIGUARD SAFEPACK SYR/NEEDLE.....	47	VERIFINE INSULIN SYRINGE.....	48	<i>vyfemla</i>	65
UNIFINE PROTECT PEN NEEDLE.....	80	VERIFINE PLUS PEN NEEDLE.....	81	<i>vylibra</i>	65
UNISTIK NORMAL.....	45	VERIFINE SAFE LANCET MINI 21G.....	45	VYNDAMAX.....	34
UNISTRIP CONTROL.....	45	VERIFINE SAFE LANCET MINI 23G.....	46	VYVANSE.....	34
<i>unithroid</i>	65	VERIFINE SAFE LANCET MINI 28G.....	46	VYZULTA.....	84
UPTRAVI.....	89	VERIFINE SAFE LANCET MINI 30G.....	46	<i>warfarin sodium</i>	10
UPTRAVI TITRATION.....	89	VERQUOVO.....	34	<i>water for irrigation, sterile</i>	52
<i>ursodiol</i>	55	VERSACLOZ.....	24	<i>wee care</i>	52
<i>valacyclovir hcl</i>	27	VERZENIO.....	21	<i>weekly-d</i>	52
VALCHLOR.....	21	<i>vestura</i>	64	WELIREG.....	21
<i>valganciclovir hcl</i>	27	VIBERZI.....	55	<i>wera</i>	65
<i>valproic acid</i>	12	<i>vienna</i>	64	WESNATAL DHA COMPLETE.....	52
VALSARTAN.....	34	<i>vigabatrin</i>	12	WESTAB PLUS.....	52
<i>valsartan</i>	34	<i>vigadrone</i>	12	WIDE-SEAL DIAPHRAGM 60..	81
<i>valsartan-hydrochlorothiazide</i>	34	<i>vigpoder</i>	12	WIDE-SEAL DIAPHRAGM 65..	81
VALTOCO.....	12	<i>vilazodone hcl</i>	13	WIDE-SEAL DIAPHRAGM 70..	81
<i>vancomycin hcl</i>	9	VINATE CARE.....	52	WIDE-SEAL DIAPHRAGM 75..	81
VANFLYTA.....	21	<i>viorele</i>	64	WIDE-SEAL DIAPHRAGM 80..	81
VANISHPOINT ALLERGY TRAY.....	80	VIRACEPT.....	27	WIDE-SEAL DIAPHRAGM 85..	81
VANISHPOINT SAFETY SYRINGE.....	80	VIREAD.....	27	WIDE-SEAL DIAPHRAGM 90..	81
VANISHPOINT SYRINGE.....	80	VISTOGARD.....	81	WIDE-SEAL DIAPHRAGM 95..	81
VANISHPOINT TUBERCULIN SYRINGE.....	80	<i>vitamin d</i>	52	<i>wymzya fe</i>	65
<i>varenicline tartrate</i>	7	<i>vitamin d (cholecalciferol)</i>	52	XALKORI.....	21
<i>varenicline tartrate (starter)</i>	7	<i>vitamin d (ergocalciferol)</i>	52	XARELTO.....	10
<i>varenicline tartrate(continue)</i>	7	<i>vitamin d2</i>	52	XARELTO STARTER PACK.....	10
VARUBI (180 MG DOSE).....	14	<i>vitamin d3</i>	52	XATMEP.....	68
VASELINE.....	80	VIVA DHA.....	52	XCOPRI.....	12
VAXNEUVANCE.....	69	VIVAGUARD INO CONTROL SOLUTION.....	46	XELJANZ.....	68
VCF VAGINAL CONTRACEPTIVE.....	80	VIVAGUARD LANCETS 30G... ..	46	XELJANZ XR.....	68
VECAMYL.....	34	VIVAGUARD SAFETY LANCETS 28G.....	46	XERMELO.....	55
<i>velivet</i>	64	VIVJOA.....	16	XIFAXAN.....	9
VELPHORO.....	57	VIVOTIF.....	69	XIGDUO XR.....	41
VELTASSA.....	52	<i>volnea</i>	65	XOFLUZA (40 MG DOSE).....	27
VEMLIDY.....	27	<i>voriconazole</i>	16	XOFLUZA (80 MG DOSE).....	27
VENCLEXTA.....	21	VORTEX HOLD CHMBR/MASK/CHILD.....	81	XOLAIR.....	88
VENCLEXTA STARTING PACK.....	21	VORTEX HOLD CHMBR/MASK/TODDLER.....	81	XOPENEX HFA.....	88
<i>venlafaxine hcl</i>	13	VORTEX VALVED HOLDING CHAMBER.....	81	XOSPATA.....	21
<i>venlafaxine hcl er</i>	13	VOSEVI.....	27	XPOVIO (100 MG ONCE WEEKLY).....	21
VENTAVIS.....	89			XPOVIO (40 MG ONCE WEEKLY).....	21
<i>verapamil hcl</i>	34			XPOVIO (40 MG TWICE WEEKLY).....	21
<i>verapamil hcl er</i>	34			XPOVIO (60 MG ONCE WEEKLY).....	21
				XPOVIO (60 MG TWICE WEEKLY).....	21
				XPOVIO (80 MG ONCE WEEKLY).....	21

XPOVIO (80 MG TWICE WEEKLY)	21
XTANDI	21
<i>xulane</i>	65
XURIDEN	56
YALE DISP NEEDLES	81
<i>yl folic acid</i>	52
YUPELRI	88
<i>yuvafem</i>	65
<i>zafemy</i>	65
<i>zafirlukast</i>	88
<i>zaleplon</i>	90
ZEJULA	21
ZELAPAR	23
ZELBORAF	22
<i>zenatane</i>	40
ZEPATIER	27
ZEPOSIA	35
ZEPOSIA 7-DAY STARTER PACK	35
ZEPOSIA STARTER KIT	35
<i>zidovudine</i>	27
ZIEXTENZO	29
ZIMHI	7
<i>ziprasidone hcl</i>	24
ZIRGAN	83
ZOKINVY	81
ZOLINZA	22
ZOLMITRIPTAN	17
<i>zolmitriptan</i>	17
<i>zolpidem tartrate</i>	90
<i>zolpidem tartrate er</i>	90
ZOMIG	17
ZONISADE	12
<i>zonisamide</i>	12
ZONTIVITY	23
ZORYVE	40
<i>zovia 1/35 (28)</i>	65
ZUBSOLV	7
<i>zumandimine</i>	65
ZYDELIG	22
ZYFLO	88
ZYKADIA	22
ZYLET	84

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

This Formulary serves members with an employer-sponsored health plan (less than 50 employees) or an individual/family health plan based in Iowa, Minnesota, or Wisconsin 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 does not apply to State of Wisconsin employees whose drug benefit is administered by Navitus or BadgerCare and/or Medicaid SSI members whose drug benefit is administered by ForwardHealth.

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

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

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

- what state your employer is based in

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 capit

al letters. Generic drug names are included in lowercase font. Drugs that do not have Food and Drug Administration (FDA)-approved generic formulations are only listed by brand name. Biosimilars, newer formulations of biologic drugs (Fulphila, Semglee (yfgn), etc.), are also listed in capitalized text.

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

General Drug Coverage Concepts

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

Exclusions: Some drug classes are not covered by your Quartz prescription benefit plan. Examples of these include hair loss drugs, sexual enhancement drugs, infertility drugs, most over-the-counter drugs, cosmetic treatments, and nutritional supplements / medical foods. Refer to your Prescription Drug Rider 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 Wisconsin has stated that the maximum cost share that can be applied to these medications is \$100 per fill after any benefit deductible has been met. The cost share may be less than \$100 depending on your benefit structure. The states of Iowa and Minnesota have determined this cost share to be \$0 after any benefit deductible has been met. This maximum cost share amount applies regardless of what tier the drug is listed at on the formulary document.

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

Preventative Medication Coverage: Some laws, such as the Affordable Care Act (ACA), require that certain drugs need to be covered at a \$0 cost share for members. Quartz covers these drugs within the guidelines recommended by the United States Preventative Services Task Force (USPSTF). Restrictions, including age limits, quantity limits, prior authorization, and days' supply may apply to some drugs. In some cases, the

pharmacy must indicate that the drug is being used for a specific diagnosis when filling the prescription for the \$0 cost share to apply. Coverage indicators in the **Notes** column will describe what uses are included.

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

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. Please note: *The Medication Coverage Request Form* can also be used to submit an exceptions request for nonformulary (or not covered) drugs.

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

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

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

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

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

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

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

Where to find additional information when you have questions:

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