



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

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Standard Individual (IA/MN/WI)

Table of Contents

Analgesics - Drugs for Pain.....	3
Analgesics - Drugs for Pain and Inflammation.....	4
Anesthetics.....	4
Anti-Addiction / Substance Abuse Treatment Agents.....	5
Antibacterials.....	6
Anticoagulants.....	8
Anticonvulsants - Drugs for Seizures.....	9
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	10
Antidepressants.....	10
Antiemetics - Drugs for Nausea and Vomiting.....	11
Antifungals.....	12
Antigout Agents.....	13
Antimigraine Agents.....	13
Antimyasthenic Agents.....	14
Antimycobacterials.....	14
Antineoplastics - Drugs for Cancer.....	14
Antiparasitics.....	15
Antiparkinson Agents.....	15
Antiplatelets.....	16
Antipsychotics - Drugs for Mood Disorders.....	16
Antivirals.....	17
Anxiolytics - Drugs for Anxiety.....	19
Bipolar Agents - Drugs for Mood Disorders.....	20
Blood Products and Modifiers - Drugs for Blood Disorders.....	20
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	20
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	24
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	24
Central Nervous System Agents - Miscellaneous.....	25
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.....	25
Dermatological Agents - Drugs for Skin Conditions.....	26
Diabetes - Antidiabetic Agents.....	28
Diabetes - Glucose Monitoring.....	29
Diabetes - Glycemic Agents.....	33
Diabetes - Insulins.....	34
Electrolytes / Minerals / Metals / Vitamins.....	35
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	39
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	40
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment.....	41
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	42
Genitourinary Agents - Drugs for Prostate Conditions.....	42
Hormonal Agents - Adrenal.....	42
Hormonal Agents - Men's Health.....	43
Hormonal Agents - Pituitary.....	43
Hormonal Agents - Selective Estrogen Receptor Modifying Agents.....	43
Hormonal Agents - Sex Hormones and Birth Control.....	44
Hormonal Agents - Thyroid.....	49
Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	50
Immunological Agents - Drugs for Vaccination.....	52
Inflammatory Bowel Disease Agents.....	53
Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	53

Metabolic Bone Disease Agents - Other	54
Miscellaneous Therapeutic Agents	54
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation	59
Ophthalmic Agents - Drugs for Glaucoma	60
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions	61
Otic Agents - Drugs for Ear Conditions	61
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold	62
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	62
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis	64
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension	64
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	64
Sleep Disorder Agents	65

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
<i>acetaminophen-codeine</i>	T1	AL (AGE MIN 12 YEARS)
<i>ascomp-codeine</i>	T1	AL (AGE MIN 12 YEARS)
<i>bac</i>	T1	
<i>buprenorphine</i>	T1	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	
<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 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>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>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 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	
OXYCODONE HCL ER	T2	QL (3 IN 1 DAYS)
<i>oxycodone hcl oral</i>	T1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	
<i>pentazocine-naloxone hcl</i>	T1	
TENCON	T2	
<i>tramadol hcl oral tablet 50 mg</i>	T1	AL (AGE MIN 12 YEARS)
<i>tramadol-acetaminophen</i>	T1	AL (AGE MIN 12 YEARS)

Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain and Inflammation		
<i>celecoxib oral</i>	T1	QL (2 IN 1 DAYS)
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac sodium er</i>	T1	
<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>etodolac</i>	T1	
<i>etodolac er</i>	T1	
<i>fenoprofen calcium oral capsule 400 mg</i>	T1	
<i>fenoprofen calcium oral tablet</i>	T1	
<i>flurbiprofen oral tablet 100 mg</i>	T1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>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 oral</i>	T1	QL (20 IN 30 DAYS)
<i>meclofenamate sodium oral</i>	T1	
MELOXICAM ORAL SUSPENSION	T2	
<i>meloxicam oral tablet</i>	T1	
<i>nabumetone oral</i>	T1	
<i>naproxen oral suspension</i>	T1	AL (AGE MAX 12 YEARS)
<i>naproxen oral tablet</i>	T1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<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	

Drug Name	Drug Tier	Notes
Anti-Addiction / Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	T1	
<i>buprenorphine hcl sublingual</i>	T1	
<i>buprenorphine hcl-naloxone hcl</i>	T1	
<i>bupropion hcl er (smoking det)</i>	T1	\$0 for 180 days/year
COMMIT MOUTH/THROAT LOZENGE 2 MG, 4 MG	T2	\$0 for 180 days/year
<i>cvs nicotine</i>	T1	\$0 for 180 days/year
<i>cvs nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>disulfiram oral</i>	T1	
<i>eq nicotine</i>	T1	\$0 for 180 days/year
<i>eq nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>eq nicotine step 3</i>	T1	\$0 for 180 days/year
<i>folding paddle walker</i>	T1	\$0 for 180 days/year
<i>ft nicotine</i>	T1	\$0 for 180 days/year
<i>ft nicotine mini</i>	T1	\$0 for 180 days/year
<i>gnp nicotine</i>	T1	\$0 for 180 days/year
<i>gnp nicotine mini</i>	T1	\$0 for 180 days/year
<i>gnp nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>goodsense nicotine</i>	T1	\$0 for 180 days/year
<i>habitrol</i>	T1	\$0 for 180 days/year
<i>hm nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>kls quit2</i>	T1	\$0 for 180 days/year
<i>kls quit4</i>	T1	\$0 for 180 days/year
<i>naloxone hcl injection solution cartridge</i>	T1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</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

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>nicotine step 2</i>	T1	\$0 for 180 days/year
<i>nicotine step 3</i>	T1	\$0 for 180 days/year
NICOTROL	T2	PA; \$0 for 180 days/year
NICOTROL NS	T2	PA; QL (40 IN 30 DAYS); \$0 for 180 days/year
OPVEE	T2	
<i>qc nicotine transdermal system</i>	T1	\$0 for 180 days/year
<i>ra mini nicotine</i>	T1	\$0 for 180 days/year
<i>ra nicotine</i>	T1	\$0 for 180 days/year
<i>ra nicotine gum</i>	T1	\$0 for 180 days/year
<i>ra nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>sm nicotine</i>	T1	\$0 for 180 days/year
<i>sm nicotine polacrilex</i>	T1	\$0 for 180 days/year
THRIVE	T2	\$0 for 180 days/year
<i>varenicline tartrate</i>	T1	\$0 for 180 days/year
<i>varenicline tartrate (starter)</i>	T1	\$0 for 180 days/year
<i>varenicline tartrate(continue)</i>	T1	\$0 for 180 days/year
ZIMHI	T2	QL (4 IN 30 DAYS)
ZUBSOLV	T2	
Antibacterials		
<i>amoxicillin</i>	T1	
<i>amoxicillin-potassium clavulanate</i>	T1	
<i>amoxicillin-potassium clavulanate er</i>	T1	
<i>ampicillin</i>	T1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	T2	
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet</i>	T1	
<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>cefpodoxime proxetil</i>	T1	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil</i>	T1	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>cephalexin oral capsule</i>	T1	
<i>cephalexin oral suspension reconstituted</i>	T1	
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>dicloxacillin sodium</i>	T1	
DIFICID ORAL SUSPENSION RECONSTITUTED	T2	PA; QL (10 ML IN 1 DAYS)
DIFICID ORAL TABLET	T2	PA; QL (2 IN 1 DAYS)
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet</i>	T1	
E.E.S. 400	T2	
ERYTHROCIN STEARATE	T2	
<i>erythromycin base oral</i>	T1	
<i>erythromycin ethylsuccinate oral</i>	T1	
<i>erythromycin oral</i>	T1	
<i>gentamicin sulfate external</i>	T1	
<i>gentamicin sulfate injection solution 40 mg/ml</i>	T1	
IV PREP WIPES	T2	
<i>levofloxacin oral</i>	T1	
<i>linezolid oral</i>	T1	
<i>methenamine hippurate</i>	T1	
<i>metronidazole oral tablet</i>	T1	
<i>metronidazole vaginal</i>	T1	
<i>minocycline hcl oral capsule</i>	T1	
<i>mondoxyne nl</i>	T1	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>moxifloxacin hcl oral</i>	T1	
<i>mupirocin calcium</i>	T1	
<i>mupirocin external</i>	T1	
<i>neomycin sulfate oral</i>	T1	
<i>nitrofurantoin macrocrystal</i>	T1	
<i>nitrofurantoin monohydrate macrocrystals</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	T1	
<i>penicillin v potassium</i>	T1	
<i>silver sulfadiazine external</i>	T1	
SIVEXTRO ORAL	T2	PA
<i>ssd</i>	T1	
<i>sulfadiazine oral</i>	T1	
<i>sulfamethoxazole-trimethoprim oral</i>	T1	
<i>sulfatrim pediatric</i>	T1	
<i>trimethoprim oral</i>	T1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg</i>	T1	
<i>vancomycin hcl oral capsule</i>	T1	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml</i>	T1	
<i>vancomycin hcl solution reconstituted 750 mg intravenous</i>	T1	
XIFAXAN ORAL TABLET 200 MG	T2	QL (6 IN 1 DAYS)
XIFAXAN ORAL TABLET 550 MG	T2	
Anticoagulants		
<i>bd heparin posiflush</i>	T1	
ELIQUIS	T2	
ELIQUIS DVT/PE STARTER PACK	T2	
<i>enoxaparin sodium injection solution</i>	T1	QL (0.6 ML IN 1 DAYS)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	T1	QL (2 ML IN 1 DAYS)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	T1	QL (1.6 ML IN 1 DAYS)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	T1	QL (0.6 ML IN 1 DAYS)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	T1	QL (0.8 ML IN 1 DAYS)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	T1	QL (1.2 ML IN 1 DAYS)

Drug Name	Drug Tier	Notes
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML	T2	QL (8 ML IN 1 DAYS)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML	T2	QL (16 ML IN 30 DAYS; MAX 30 DAYS)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 7500 UNIT/0.3ML	T2	QL (0.6 ML IN 1 DAYS)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	T2	QL (0.4 ML IN 1 DAYS)
<i>heparin na (pork) lock flsh pf</i>	T1	
<i>heparin sod (pork) lock flush solution 10 unit/ml intravenous</i>	T1	
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	T1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	T1	
<i>heparin sodium (porcine) pf solution 5000 unit/0.5ml injection</i>	T1	
<i>jantoven</i>	T1	
<i>warfarin sodium oral</i>	T1	
XARELTO	T2	
XARELTO STARTER PACK	T2	
Anticonvulsants - Drugs for Seizures		
APTIOM ORAL TABLET 200 MG, 400 MG	T2	QL (1 IN 1 DAYS)
APTIOM ORAL TABLET 600 MG, 800 MG	T2	
<i>carbamazepine er</i>	T1	
<i>carbamazepine oral</i>	T1	
DILANTIN	T2	
DILANTIN INFATABS	T2	
DILANTIN-125	T2	
<i>divalproex sodium er</i>	T1	
<i>divalproex sodium oral</i>	T1	
EPIDIOLEX	T2	
<i>epitol</i>	T1	
<i>ethosuximide oral</i>	T1	
<i>felbamate</i>	T1	
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral</i>	T1	
<i>methsuximide</i>	T1	
<i>oxcarbazepine</i>	T1	
<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>subvenite</i>	T1	
TEGRETOL-XR	T2	
<i>topiramate oral</i>	T1	
<i>valproic acid oral</i>	T1	
<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>rivastigmine tartrate</i>	T1	
Antidepressants		
<i>amitriptyline hcl oral</i>	T1	
<i>amoxapine</i>	T1	
<i>bupropion hcl er (sr)</i>	T1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1	QL (1 IN 1 DAYS)
<i>bupropion hcl oral</i>	T1	
<i>chlordiazepoxide-amitriptyline</i>	T1	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>citalopram hydrobromide oral solution</i>	T1	HDHP
<i>citalopram hydrobromide oral tablet</i>	T1	HDHP
<i>clomipramine hcl oral</i>	T1	PA
<i>desipramine hcl oral</i>	T1	
<i>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	
<i>escitalopram oxalate oral</i>	T1	HDHP
<i>fluoxetine hcl oral capsule</i>	T1	HDHP
<i>fluoxetine hcl oral solution</i>	T1	HDHP
<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>mirtazapine oral</i>	T1	
<i>nefazodone hcl</i>	T1	
<i>nortriptyline hcl oral</i>	T1	
<i>paroxetine hcl oral suspension</i>	T1	
<i>paroxetine hcl oral tablet</i>	T1	HDHP
<i>perphenazine-amitriptyline</i>	T1	
<i>phenelzine sulfate oral</i>	T1	
<i>protriptyline hcl</i>	T1	
<i>sertraline hcl oral concentrate</i>	T1	HDHP
<i>sertraline hcl oral tablet</i>	T1	HDHP
<i>tranylcypromine sulfate</i>	T1	
<i>trazodone hcl oral</i>	T1	
<i>trimipramine maleate oral</i>	T1	
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	
Antiemetics - Drugs for Nausea and Vomiting		
<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	
EMEND ORAL SUSPENSION RECONSTITUTED	T2	QL (2 IN 30 DAYS)

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<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>ondansetron hcl oral solution</i>	T1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	
<i>ondansetron odt</i>	T1	
<i>perphenazine oral</i>	T1	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	
<i>promethazine hcl oral</i>	T1	
<i>promethazine hcl rectal</i>	T1	
<i>promethegan</i>	T1	
<i>scopolamine</i>	T1	QL (10 IN 30 DAYS)
<i>trimethobenzamide hcl oral</i>	T1	
Antifungals		
<i>amphotericin b intravenous</i>	T1	
<i>ciclopirox external gel</i>	T1	
<i>ciclopirox external shampoo</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<i>clotrimazole external</i>	T1	
<i>clotrimazole mouth/throat</i>	T1	
<i>clotrimazole-betamethasone external cream</i>	T1	
CRESEMBA ORAL	T2	PA
<i>econazole nitrate external</i>	T1	
EXELDERM	T2	
<i>fluconazole oral</i>	T1	
<i>griseofulvin microsize oral</i>	T1	
<i>griseofulvin ultramicrosize</i>	T1	
GYNAZOLE-1	T2	
<i>itraconazole oral</i>	T1	PA
<i>ketoconazole external cream</i>	T1	
<i>ketoconazole external shampoo</i>	T1	
<i>ketoconazole oral</i>	T1	
<i>klayesta</i>	T1	
<i>miconazole 3</i>	T1	
<i>nyamyc</i>	T1	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<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</i>	T1	
<i>nystop</i>	T1	
<i>oxiconazole nitrate</i>	T1	
OXISTAT EXTERNAL LOTION	T2	
<i>posaconazole oral tablet delayed release</i>	T1	PA
SULCONAZOLE NITRATE	T2	
<i>terbinafine hcl oral</i>	T1	
<i>terconazole</i>	T1	
<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>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)
<i>dihydroergotamine mesylate nasal</i>	T1	QL (16 ML 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)
<i>ergotamine-caffeine</i>	T1	
MIGERGOT	T2	
<i>naratriptan hcl</i>	T1	QL (18 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)

Drug Name	Drug Tier	Notes
<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)
<i>zolmitriptan oral tablet</i>	T1	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>dapsone oral</i>	T1	
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral</i>	T1	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T1	
<i>rifampin oral</i>	T1	
Antineoplastics - Drugs for Cancer		
<i>abiraterone acetate oral tablet 250 mg</i>	T1	PA; QL (4 IN 1 DAYS); SP-QTZ
<i>anastrozole oral</i>	T1	\$0 for breast cancer PX
<i>bicalutamide</i>	T1	
<i>capecitabine</i>	T1	SP-QTZ
<i>cyclophosphamide oral capsule</i>	T1	
CYCLOPHOSPHAMIDE ORAL TABLET	T2	
DROXIA	T2	
EMCYT	T2	
<i>erlotinib hcl</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>etoposide oral</i>	T1	
<i>exemestane</i>	T1	\$0 for breast cancer PX
GLEOSTINE	T2	
<i>hydroxyurea oral</i>	T1	
IBRANCE	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
<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
<i>lapatinib ditosylate</i>	T1	PA; SP-QTZ
<i>lenalidomide</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>letrozole oral</i>	T1	\$0 for breast cancer PX
<i>leucovorin calcium oral tablet 5 mg</i>	T1	
LEUKERAN	T2	
LYSODREN	T2	

Drug Name	Drug Tier	Notes
MATULANE	T2	
<i>mercaptopurine oral</i>	T1	
MESNEX ORAL	T2	
MYLERAN	T2	
<i>nilutamide</i>	T1	SP-QTZ
PANRETIN	T2	
SOLTAMOX	T2	\$0 for breast cancer PX
<i>sorafenib tosylate</i>	T1	PA; SP-QTZ
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
SPRYCEL ORAL TABLET 20 MG	T2	PA; QL (3 IN 1 DAYS); SP-QTZ
<i>sunitinib malate</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
TABLOID	T2	
<i>tamoxifen citrate oral</i>	T1	\$0 for breast cancer PX
<i>temozolomide</i>	T1	QL (1 IN 1 DAYS)
<i>toremifene citrate</i>	T1	
XTANDI	T2	PA; SP-QTZ
ZOLINZA	T2	PA; SP-QTZ
Antiparasitics		
<i>albendazole oral</i>	T1	
<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)
CROTAN	T2	
EMVERM	T2	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
<i>ivermectin oral</i>	T1	QL (8 IN 30 DAYS)
<i>mefloquine hcl</i>	T1	QL (MAX 60 DAYS)
<i>pentamidine isethionate inhalation</i>	T1	
<i>permethrin external</i>	T1	
<i>praziquantel oral</i>	T1	
Antiparkinson Agents		
<i>amantadine hcl oral</i>	T1	
<i>benztropine mesylate oral</i>	T1	
<i>bromocriptine mesylate oral</i>	T1	
<i>carbidopa oral</i>	T1	
<i>carbidopa-levodopa er</i>	T1	

Drug Name	Drug Tier	Notes
<i>carbidopa-levodopa oral tablet</i>	T1	
<i>pramipexole dihydrochloride</i>	T1	
<i>rasagiline mesylate oral</i>	T1	QL (1 IN 1 DAYS)
<i>ropinirole hcl</i>	T1	
<i>selegiline hcl oral</i>	T1	
<i>trihexyphenidyl hcl</i>	T1	
Antiplatelets		
BRILINTA	T2	
<i>cilostazol</i>	T1	
<i>clopidogrel bisulfate oral</i>	T1	
<i>dipyridamole oral</i>	T1	
<i>prasugrel hcl oral tablet 10 mg</i>	T1	
<i>prasugrel hcl oral tablet 5 mg</i>	T1	QL (1 IN 1 DAYS)
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 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>chlorpromazine hcl oral tablet</i>	T1	
<i>clozapine oral tablet</i>	T1	
<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>molindone hcl</i>	T1	
<i>olanzapine oral tablet</i>	T1	
<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>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>thioridazine hcl oral</i>	T1	
<i>thiothixene</i>	T1	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>trifluoperazine hcl</i>	T1	
<i>ziprasidone hcl</i>	T1	
Antivirals		
<i>abacavir sulfate</i>	T1	SP-QTZ
<i>abacavir sulfate-lamivudine</i>	T1	SP-QTZ
<i>acyclovir oral</i>	T1	
<i>adefovir dipivoxil</i>	T1	
<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	T2	SP-QTZ
CIMDUO	T2	SP-QTZ
COMPLERA	T2	SP-QTZ
<i>darunavir</i>	T1	SP-QTZ
DESCOVY	T2	SP-QTZ; \$0 copay for HIV PX
DOVATO	T2	QL (1 IN 1 DAYS); SP-QTZ
EDURANT	T2	SP-QTZ
<i>efavirenz</i>	T1	SP-QTZ
<i>efavirenz-emtricitab-tenofo df</i>	T1	SP-QTZ
<i>efavirenz-lamivudine-tenofovir</i>	T1	SP-QTZ
<i>emtricitabine</i>	T1	SP-QTZ
<i>emtricitabine-tenofovir df oral tablet 100-150 mg</i>	T1	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>	T1	SP-QTZ
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T1	SP-QTZ; \$0 copay for HIV PX
EMTRIVA ORAL SOLUTION	T2	SP-QTZ
<i>entecavir</i>	T1	QL (1 IN 1 DAYS)
EPCLUSA	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>etravirine</i>	T1	SP-QTZ
EVOTAZ	T2	SP-QTZ
<i>fosamprenavir calcium</i>	T1	SP-QTZ
FUZEON	T2	SP-QTZ
GENVOYA	T2	SP-QTZ
HARVONI	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
INTELENCE ORAL TABLET 25 MG	T2	SP-QTZ
ISENTRESS	T2	SP-QTZ; \$0 copay for HIV PX for MN plans
ISENTRESS HD	T2	SP-QTZ

Effective 7/1/2024

Drug Name	Drug Tier	Notes
LAGEVRIO	\$0	QL (40 IN 5 DAYS; AGE MIN 18 YEARS)
<i>lamivudine oral solution</i>	T1	SP-QTZ
<i>lamivudine oral tablet 100 mg</i>	T1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T1	SP-QTZ
<i>lamivudine-zidovudine</i>	T1	SP-QTZ
<i>lopinavir-ritonavir oral solution</i>	T1	SP-QTZ
<i>lopinavir-ritonavir oral tablet</i>	T1	SP-QTZ
MAVYRET	T2	PA; QL (3 IN 1 DAYS); SP-QTZ
<i>nevirapine</i>	T1	SP-QTZ
<i>nevirapine er</i>	T1	SP-QTZ
NORVIR ORAL PACKET	T2	SP-QTZ
ODEFSEY	T2	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	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (2 ML IN 28 DAYS); SP-QTZ
PREVYMIS ORAL	T2	PA; QL (1 IN 1 DAYS)
PREZCOBIX	T2	SP-QTZ
PREZISTA ORAL SUSPENSION	T2	SP-QTZ
PREZISTA ORAL TABLET 150 MG, 75 MG	T2	SP-QTZ
RELENZA DISKHALER	T2	QL (20 IN 30 DAYS)
REYATAZ ORAL PACKET	T2	SP-QTZ
<i>ribavirin oral</i>	T1	
<i>rimantadine hcl</i>	T1	
<i>ritonavir</i>	T1	SP-QTZ
RUKOBIA	T2	SP-QTZ
STRIBILD	T2	SP-QTZ
SUNLENCA ORAL	T2	QL (5 IN 30 DAYS); SP-QTZ
SYMTUZA	T2	SP-QTZ

Effective 7/1/2024

Drug Name	Drug Tier	Notes
TEMBEXA	\$0	
<i>tenofovir disoproxil fumarate</i>	T1	SP-QTZ; \$0 copay for HIV PX
TIVICAY	T2	SP-QTZ
TIVICAY PD	T2	SP-QTZ; \$0 copay for HIV PX for MN plans
TPOXX ORAL	\$0	
TRIUMEQ	T2	SP-QTZ
TRIUMEQ PD	T2	SP-QTZ
TYBOST	T2	SP-QTZ
<i>valacyclovir hcl oral</i>	T1	
<i>valganciclovir hcl</i>	T1	
VIRACEPT	T2	SP-QTZ
VIREAD ORAL POWDER	T2	SP-QTZ
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	QL (1 IN 1 DAYS); SP-QTZ
VOSEVI	T2	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 intensol</i>	T1	
<i>alprazolam oral tablet</i>	T1	
<i>bupirone hcl oral</i>	T1	
<i>chlordiazepoxide hcl</i>	T1	
<i>clonazepam oral tablet</i>	T1	
<i>clorazepate dipotassium</i>	T1	
<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	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
Bipolar Agents - Drugs for Mood Disorders		
<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)	T2	PA
FULPHILA	T2	PA; QL (0.6 ML IN 30 DAYS)
FYLNETRA	T2	PA; QL (0.6 ML IN 30 DAYS)
GRANIX	T2	
MIRCERA	T2	PA
NYVEPRIA	T2	PA; QL (0.6 ML IN 30 DAYS)
RETACRIT	T2	PA
<i>tranexamic acid oral</i>	T1	
UDENYCA	T2	PA; QL (0.6 ML IN 28 DAYS)
ZIEXTENZO	T2	PA; QL (0.6 ML IN 28 DAYS)
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
<i>acebutolol hcl oral</i>	T1	
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>amiodarone hcl oral</i>	T1	
<i>amlodipine besylate oral</i>	T1	
<i>amlodipine besylate-benazepril hcl</i>	T1	
<i>atenolol oral</i>	T1	HDHP
<i>atenolol-chlorthalidone</i>	T1	HDHP
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1	HDHP; \$0 if age 40-75
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1	HDHP
<i>benazepril hcl oral</i>	T1	HDHP
<i>benazepril-hydrochlorothiazide</i>	T1	HDHP
<i>bisoprolol fumarate oral</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	HDHP
<i>bumetanide oral</i>	T1	
<i>candesartan cilexetil</i>	T1	PA
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	T1	PA; QL (1 IN 1 DAYS)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	T1	PA
<i>captopril oral</i>	T1	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>captopril-hydrochlorothiazide</i>	T1	
<i>cartia xt</i>	T1	
<i>carvedilol</i>	T1	
<i>chlorthalidone</i>	T1	
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
<i>clonidine</i>	T1	
<i>clonidine hcl oral</i>	T1	
<i>colesevelam hcl</i>	T1	
<i>colestipol hcl</i>	T1	
<i>digoxin oral solution</i>	T1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	
<i>diltiazem hcl er beads</i>	T1	
<i>diltiazem hcl er coated beads</i>	T1	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	T1	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>disopyramide phosphate</i>	T1	
DIURIL	T2	
<i>doxazosin mesylate oral</i>	T1	
<i>enalapril maleate oral solution</i>	T1	
<i>enalapril maleate oral tablet</i>	T1	HDHP
<i>enalapril-hydrochlorothiazide</i>	T1	HDHP
ENTRESTO	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>ezetimibe</i>	T1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg</i>	T1	
<i>ezetimibe-simvastatin oral tablet 10-40 mg, 10-80 mg</i>	T1	QL (1 IN 1 DAYS)
<i>felodipine er</i>	T1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	T1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>flecainide acetate</i>	T1	
<i>fosinopril sodium</i>	T1	HDHP
<i>fosinopril sodium-hctz</i>	T1	HDHP
<i>furosemide oral solution 10 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1	
<i>gemfibrozil oral</i>	T1	
<i>guanfacine hcl</i>	T1	
<i>hydralazine hcl oral</i>	T1	
<i>hydrochlorothiazide oral</i>	T1	
<i>indapamide</i>	T1	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er</i>	T1	
KATERZIA	T2	AL (AGE MAX 12 YEARS)
<i>labetalol hcl oral</i>	T1	
<i>lisinopril oral</i>	T1	HDHP
<i>lisinopril-hydrochlorothiazide</i>	T1	HDHP
<i>losartan potassium oral</i>	T1	
<i>losartan potassium-hctz</i>	T1	
<i>lovastatin oral</i>	T1	HDHP; \$0 if age 40-75
METHYLDOPA	T2	
<i>metolazone</i>	T1	
<i>metoprolol succinate er</i>	T1	QL (2 IN 1 DAYS); HDHP
<i>metoprolol tartrate oral</i>	T1	HDHP
<i>metoprolol-hydrochlorothiazide</i>	T1	HDHP
<i>mexiletine hcl oral</i>	T1	
<i>midodrine hcl</i>	T1	
<i>nadolol oral</i>	T1	
<i>niacin er (antihyperlipidemic)</i>	T1	
<i>nifedipine er</i>	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral</i>	T1	
NITRO-BID	T2	
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	T2	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	T2	
<i>nitroglycerin rectal</i>	T1	
<i>nitroglycerin sublingual</i>	T1	
<i>nitroglycerin transdermal</i>	T1	
<i>nitroglycerin translingual</i>	T1	
NORLIQVA	T2	AL (AGE MAX 12 YEARS)
NORPACE CR	T2	
NYMALIZE	T2	
<i>olmesartan medoxomil oral</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>omega-3-acid ethyl esters</i>	T1	QL (4 IN 1 DAYS)
<i>pentoxifylline er</i>	T1	
<i>perindopril erbumine</i>	T1	HDHP
<i>pindolol</i>	T1	
<i>pravastatin sodium</i>	T1	HDHP; \$0 if age 40-75
<i>prazosin hcl oral</i>	T1	
<i>prevalite</i>	T1	
<i>propafenone hcl</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>quinapril hcl</i>	T1	HDHP
<i>quinapril-hydrochlorothiazide</i>	T1	HDHP
<i>quinidine gluconate er</i>	T1	
<i>quinidine sulfate</i>	T1	
<i>ramipril</i>	T1	HDHP
<i>ranolazine er</i>	T1	
REPATHA	T2	PA; QL (2 ML IN 28 DAYS); SP-QTZ
REPATHA PUSHTRONEX SYSTEM	T2	PA; QL (3.5 ML IN 28 DAYS); SP-QTZ
REPATHA SURECLICK	T2	PA; QL (2 ML IN 28 DAYS); SP-QTZ
<i>rosuvastatin calcium oral</i>	T1	HDHP; \$0 if age 40-75
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	HDHP; \$0 if age 40-75
<i>simvastatin oral tablet 80 mg</i>	T1	QL (1 IN 1 DAYS); HDHP; \$0 if age 40-75
<i>sotalol hcl (af)</i>	T1	
<i>sotalol hcl oral</i>	T1	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>spironolactone oral tablet</i>	T1	
<i>spironolactone-hctz</i>	T1	
<i>telmisartan</i>	T1	
<i>tiadylt er</i>	T1	
<i>timolol maleate oral</i>	T1	
<i>torseamide</i>	T1	
<i>trandolapril</i>	T1	
<i>triamterene-hctz</i>	T1	
VALSARTAN ORAL SOLUTION	T2	AL (AGE MAX 12 YEARS)
<i>valsartan oral tablet</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
<i>verapamil hcl er</i>	T1	
<i>verapamil hcl oral</i>	T1	
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>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>guanfacine hcl er</i>	T1	
<i>lisdexamfetamine dimesylate</i>	T1	QL (1 IN 1 DAYS)
<i>methamphetamine hcl</i>	T1	
<i>methylphenidate hcl er</i>	T1	
<i>methylphenidate hcl er (cd)</i>	T1	
<i>methylphenidate hcl er (la)</i>	T1	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	T1	
<i>methylphenidate hcl oral</i>	T1	
VYVANSE	T2	QL (1 IN 1 DAYS)
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	T2	PA; SP-QTZ
AVONEX PREFILLED	T2	PA; SP-QTZ
<i>dimethyl fumarate oral</i>	T1	PA; QL (2 IN 1 DAYS); SP-QTZ

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>dimethyl fumarate starter pack</i>	T1	PA; QL (2 IN 1 DAYS); SP-QTZ
EXTAVIA	T2	PA; SP-QTZ
<i> fingolimod hcl</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
GILENYA ORAL CAPSULE 0.25 MG	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
<i> glatiramer acetate</i>	T1	PA; SP-QTZ
<i> glatopa</i>	T1	PA; SP-QTZ
PLEGRIDY	T2	PA; QL (1 ML IN 28 DAYS); SP-QTZ
PLEGRIDY STARTER PACK	T2	PA; QL (1 ML IN 28 DAYS); SP-QTZ
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML	T2	PA; QL (6 ML IN 28 DAYS); SP-QTZ
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 44 MCG/0.5ML	T2	PA; SP-QTZ
REBIF REBIDOSE TITRATION PACK	T2	PA; SP-QTZ
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML	T2	PA; QL (6 ML IN 28 DAYS); SP-QTZ
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML	T2	PA; SP-QTZ
REBIF TITRATION PACK	T2	PA; SP-QTZ
<i> teriflunomide</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
Central Nervous System Agents - Miscellaneous		
<i> pregabalin oral capsule</i>	T1	QL (3 IN 1 DAYS)
<i> pregabalin oral solution</i>	T1	
<i> riluzole</i>	T1	
SAVELLA	T2	ST; QL (2 IN 1 DAYS)
SAVELLA TITRATION PACK	T2	PA; QL (1 IN 1 DAYS)
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	
DENTA 5000 PLUS SENSITIVE	T2	
DENTAGEL	T2	
EASYGEL	T2	
FLUORIDEX SENSITIVITY RELIEF	T2	
GEL-KAM	T2	
JUST FOR KIDS	T2	
<i> kourzeq</i>	T1	

Drug Name	Drug Tier	Notes
<i>lidocaine viscous hcl</i>	T1	
<i>oralone</i>	T1	
<i>periogard</i>	T1	
<i>pilocarpine hcl oral</i>	T1	
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	
<i>sodium fluoride 5000 ppm</i>	T1	
<i>sodium fluoride dental</i>	T1	
<i>triamcinolone acetonide mouth/throat</i>	T1	
Dermatological Agents - Drugs for Skin Conditions		
<i>accutane</i>	T1	
<i>adapalene external cream</i>	T1	PA
<i>adapalene external gel 0.3 %</i>	T1	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)
<i>alclometasone dipropionate</i>	T1	
<i>alcohol prep pads external 70 %</i>	T1	
ALTRENO	T2	AL (AGE MAX 35 YEARS)
<i>amneesteem</i>	T1	
<i>betamethasone dipropionate aug</i>	T1	
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external</i>	T1	
<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 1.2-5 %</i>	T1	
<i>clindamycin phosphate external gel</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>clobetasol propionate e</i>	T1	
<i>clobetasol propionate emulsion</i>	T1	
<i>clobetasol propionate external</i>	T1	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
CORDRAN	T2	
<i>cvs adapalene</i>	T1	AL (AGE MAX 35 YEARS)
<i>dapsone external gel 5 %</i>	T1	ST
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external ointment 0.25 %</i>	T1	
DIFFERIN EXTERNAL GEL 0.1 %	T2	AL (AGE MAX 35 YEARS)
DRYSOL	T2	
DUPIXENT SOLUTION PEN-INJECTOR 200 MG/1.14ML SUBCUTANEOUS	T2	PA; QL (2.28 ML IN 28 DAYS); SP-QTZ
DUPIXENT SOLUTION PEN-INJECTOR 300 MG/2ML SUBCUTANEOUS	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T2	PA; QL (2.28 ML IN 28 DAYS); SP-QTZ
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ
<i>ery</i>	T1	
<i>erythromycin external</i>	T1	
FABIOR	T2	PA
<i>fluocinolone acetonide body</i>	T1	
<i>fluocinolone acetonide external</i>	T1	
<i>fluocinolone acetonide scalp</i>	T1	
<i>fluocinonide emulsified base</i>	T1	
<i>fluocinonide external cream 0.05 %</i>	T1	
<i>fluocinonide external gel</i>	T1	
<i>fluocinonide external ointment</i>	T1	
<i>fluocinonide external solution</i>	T1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	T2	
<i>fluorouracil external cream 5 %</i>	T1	
<i>fluorouracil external solution</i>	T1	
<i>fluticasone propionate external</i>	T1	
<i>halobetasol propionate external cream</i>	T1	
<i>halobetasol propionate external ointment</i>	T1	
<i>hydrocortisone external cream 2.5 %</i>	T1	
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 2.5 %</i>	T1	
<i>imiquimod external cream 5 %</i>	T1	
<i>isopropyl alcohol external</i>	T1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	

Drug Name	Drug Tier	Notes
<i>methoxsalen rapid</i>	T1	
<i>metronidazole external</i>	T1	
<i>mometasone furoate external</i>	T1	
<i>neuac</i>	T1	
<i>pimecrolimus</i>	T1	
<i>podofilox external</i>	T1	
PRAMOSONE EXTERNAL CREAM	T2	
PRAMOSONE EXTERNAL LOTION	T2	
REGRANEX	T2	
SANTYL	T2	
<i>selenium sulfide external lotion</i>	T1	
SORILUX	T2	
<i>sulfacetamide sodium (acne)</i>	T1	
<i>tacrolimus external</i>	T1	
<i>tazarotene external cream</i>	T1	PA
TAZAROTENE EXTERNAL FOAM	T2	PA
<i>tazarotene external gel</i>	T1	PA
TAZORAC EXTERNAL CREAM 0.05 %	T2	PA
<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	
<i>zenatane</i>	T1	
Diabetes - Antidiabetic Agents		
<i>acarbose oral</i>	T1	HDHP
BYDUREON BCISE AUTOINJECTOR	T2	PA; HDHP
BYETTA 10 MCG PEN	T2	PA; HDHP
BYETTA 5 MCG PEN	T2	PA; HDHP
FARXIGA TABLET 10 MG ORAL	T2	QL (1 IN 1 DAYS)
FARXIGA TABLET 10 MG ORAL	T2	QL (1 IN 1 DAYS); HDHP
FARXIGA TABLET 5 MG ORAL	T2	QL (1 IN 1 DAYS)
FARXIGA TABLET 5 MG ORAL	T2	QL (1 IN 1 DAYS); HDHP
<i>glimepiride</i>	T1	HDHP
<i>glipizide er</i>	T1	HDHP

Drug Name	Drug Tier	Notes
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1	HDHP
<i>glipizide xl</i>	T1	HDHP
<i>glipizide-metformin hcl</i>	T1	HDHP
<i>glyburide micronized</i>	T1	HDHP
<i>glyburide oral</i>	T1	HDHP
<i>glyburide-metformin</i>	T1	HDHP
JANUMET ORAL TABLET 50-1000 MG	T2	HDHP
JANUMET TABLET 50-500 MG ORAL	T2	QL (2 IN 1 DAYS); HDHP
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	T2	QL (1 IN 1 DAYS); HDHP
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	T2	HDHP
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	T2	HDHP
JANUVIA	T2	QL (1 IN 1 DAYS); HDHP
<i>metformin hcl er</i>	T1	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral solution</i>	T1	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	HDHP; \$0 if age 35-70 and prediabetes DX
<i>nateglinide</i>	T1	HDHP
<i>pioglitazone hcl</i>	T1	HDHP
<i>pioglitazone hcl-metformin hcl</i>	T1	
<i>repaglinide</i>	T1	HDHP
SEGLUROMET	T2	HDHP
STEGLATRO	T2	QL (1 IN 1 DAYS); HDHP
STEGLUJAN	T2	QL (1 IN 1 DAYS); HDHP
TRULICITY	T2	PA; HDHP
XIGDUO XR	T2	HDHP
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	T2	HDHP
ACCU-CHEK GUIDE CONTROL	T2	HDHP
ACCU-CHEK SMARTVIEW CONTROL	T2	HDHP
ACCUTREND GLUCOSE CONTROL	T2	HDHP
ADVANCE INTUITION CONTROL	T2	HDHP
ADVANCE MICRO-DRAW CONTROL	T2	HDHP
ADVANCE MICRO-DRAW NORMAL	T2	HDHP
ADVOCATE CONTROL SOLUTION	T2	HDHP
ADVOCATE REDI-CODE+ CONTROL	T2	HDHP

Effective 7/1/2024

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

Effective 7/1/2024

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	T2	HDHP
DIATRUE CONTROL LEVEL 1	T2	HDHP
DIATRUE CONTROL LEVEL 2	T2	HDHP
DIATRUE CONTROL LEVEL 3	T2	HDHP
DUO-CARE CONTROL SOLUTION	T2	HDHP
EASY PLUS II CONTROL	T2	HDHP
EASY STEP CONTROL	T2	HDHP
EASY TALK CONTROL	T2	HDHP
EASY TALK PLUS II CONTROL	T2	HDHP
EASY TOUCH CONTROL HIGH & LOW	T2	HDHP
EASY TRAK CONTROL	T2	HDHP
EASY TRAK II CONTROL	T2	HDHP
EASYMAX 15 LEVEL 2 CONTROL	T2	HDHP
EASYMAX 15 LEVEL 2-3 CONTROL	T2	HDHP
EASYMAX CONTROL	T2	HDHP
GLUCOSE CONTROL SOLUTIONS	T2	HDHP
ELEMENT COMPACT CONTROL 2	T2	HDHP
ELEMENT COMPACT CONTROL 3	T2	HDHP
ELEMENT CONTROL	T2	HDHP
EMBRACE CONTROL	T2	HDHP
EMBRACE EVO CONTROL LEVEL 1	T2	HDHP
EMBRACE GLUCOSE CONTROL	T2	HDHP
EMBRACE PRO GLUCOSE CONTROL	T2	HDHP
EMBRACE TALK GLUCOSE CONTROL	T2	HDHP
EVOLUTION CONTROL	T2	HDHP
FORA CONTROL	T2	HDHP
FORA GTEL BLOOD KETONE TEST	T2	QL (100 IN 30 DAYS)
FORA TEST N'GO ADV-VOICE-6 CON	T2	QL (100 IN 30 DAYS)
FORACARE GDH CONTROL	T2	HDHP
FREESTYLE CONTROL SOLUTION	T2	HDHP
GE100 CONTROL	T2	HDHP
GLUCOCARD 01 CONTROL	T2	HDHP
GLUCOCARD EXPRESSION CONTROL	T2	HDHP
GLUCOCARD SHINE CONTROL	T2	HDHP

Effective 7/1/2024

Drug Name	Drug Tier	Notes
GLUCOCARD X-SENSOR CONTROL	T2	HDHP
GLUCOCOM CONTROL	T2	HDHP
GLUCOSE CONTROL	T2	HDHP
GNP EASY TOUCH CONT HIGH/LOW	T2	HDHP
GOJJI BLOOD KETONE TEST	T2	QL (100 IN 30 DAYS)
GOJJI CONTROL	T2	HDHP
IN TOUCH GLUCOSE CONTROL	T2	HDHP
INFINITY CONTROL	T2	HDHP
INFINITY VOICE IN VITRO LIQUID	T2	HDHP
INPEN 100-BLUE-NOVOLOG-FIASP	T1	
INPEN 100-GREY-NOVOLOG-FIASP	T1	
INPEN 100-PINK-NOVOLOG-FIASP	T1	
KETO-DIASTIX	T2	
KETONE TEST	T2	
KETOSTIX	T2	
KROGER HEALTHPRO CONTROL HI/LO	T2	HDHP
LANCETS	T1	HDHP
LIBERTY GLUCOSE CONTROL	T2	HDHP
LIBERTY GLUCOSE CONTROL MID	T2	HDHP
MEDISENSE GLUCOSE KETONE CONTR	T2	HDHP
MEDISENSE HI/MID/LOW CONTROL	T2	HDHP
MICRODOT CONTROL HIGH/LOW	T2	HDHP
MULTISTIX 10 SG	T2	
MYGLUCOHEALTH CONTROL	T2	HDHP
NEUTEK 2TEK CONTROL	T2	HDHP
NOVA MAX PLUS GLU/KET CONTROL	T2	HDHP
NOVA MAX PLUS KETONE TEST	T2	QL (100 IN 30 DAYS)
NOVOPEN ECHO	T1	QL (2 IN 30 DAYS); HDHP
ONETOUCH DELICA SAFETY LANCING	T1	HDHP
ONETOUCH ULTRA 2 KIT W/DEVICE	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
ONETOUCH ULTRA CONTROL	T2	HDHP
ONETOUCH ULTRA IN VITRO LIQUID	T2	HDHP
ONETOUCH ULTRA IN VITRO STRIP	T2	QL (200 IN 30 DAYS)
ONETOUCH ULTRA TEST	T2	QL (200 IN 30 DAYS)
ONETOUCH VERIO FLEX SYSTEM KIT	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
ONETOUCH VERIO IN VITRO LIQUID	T2	HDHP
ONETOUCH VERIO TEST STRIPS	T2	QL (200 IN 30 DAYS)

Effective 7/1/2024

Drug Name	Drug Tier	Notes
ONETOUCH VERIO REFLECT KIT W/DEVICE	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
PIP GLUCOSE CONTROL SOLUTION	T2	HDHP
POCKETCHEM EZ CONTROL	T2	HDHP
PRECISION GLUCOSE KETONE CONTR	T2	HDHP
PRECISION XTRA KETONE	T2	QL (100 IN 30 DAYS)
PRODIGY CONTROL SOLUTION	T2	HDHP
QUICKTEK CONTROL SOLUTION	T2	HDHP
QUINTET CONTROL HIGH/NORMAL	T2	HDHP
REFUAH PLUS GLUCOSE CONTROL	T2	HDHP
RELION KETONE TEST	T2	
RIGHTEST GC300 CONTROL	T2	HDHP
SMARTEST CONTROL MEDIUM	T2	HDHP
SOLUS V2 CONTROL	T2	HDHP
SUPREME II HIGH/LOW CONTROL	T2	HDHP
TAI DOC CONTROL	T2	HDHP
TECHLITE LANCETS 26G	T1	HDHP
TRUE METRIX LEVEL 1	T2	HDHP
TRUE METRIX LEVEL 2	T2	HDHP
TRUE METRIX LEVEL 3	T2	HDHP
TRUECONTROL GLUCOSE CONT LEV 0	T2	HDHP
TRUECONTROL GLUCOSE CONT LEV 1	T2	HDHP
UNISTRIP CONTROL	T2	HDHP
VERASENS GLUCOSE CONTROL	T2	HDHP
VERIFINE SAFE LANCET MINI 21G	T1	HDHP
VERIFINE SAFE LANCET MINI 23G	T1	HDHP
VERIFINE SAFE LANCET MINI 28G	T1	HDHP
VERIFINE SAFE LANCET MINI 30G	T1	HDHP
VIVAGUARD INO CONTROL SOLUTION	T2	HDHP
VIVAGUARD LANCETS 30G	T1	HDHP
VIVAGUARD SAFETY LANCETS 28G	T1	HDHP
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	T2	QL (2 IN 30 DAYS)
BAQSIMI TWO PACK	T2	QL (2 IN 30 DAYS)
<i>glucagon emergency kit injection kit</i>	T1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T2	QL (0.2 ML IN 30 DAYS)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T2	QL (0.4 ML IN 30 DAYS)

Effective 7/1/2024

Drug Name	Drug Tier	Notes
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		
AQ INSULIN SYRINGE	T1	HDHP
BD ULTRA-FINE INSULIN SYRINGES 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML	T1	HDHP
DROPSAFE SAFETY SYRINGE/NEEDLE	T1	HDHP
HUMULIN R U-500 KWIKPEN	T2	QL (45 ML IN 30 DAYS); HDHP
HUMULIN R U-500 VIAL	T2	QL (45 ML IN 30 DAYS); HDHP
INSULIN DEGLUDEC	T1	PA; QL (45 ML IN 30 DAYS)
INSULIN DEGLUDEC FLEXTOUCH	T1	PA; QL (45 ML IN 30 DAYS)
INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML, U-100 0.3 ML, U-100 0.5 ML, U-100 1 ML	T1	HDHP
NOVOLIN 70/30 FLEXPEN	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN 70/30 FLEXPEN RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN 70/30 RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN 70/30 VIAL	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N FLEXPEN	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N FLEXPEN RELION	T2	QL (45 ML IN 30 DAYS); HDHP

Effective 7/1/2024

Drug Name	Drug Tier	Notes
NOVOLIN N RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN N VIAL	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R FLEXPEN	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R FLEXPEN RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R VIAL	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG 70/30 FLEXPEN RELION	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG FLEXPEN	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG FLEXPEN RELION	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 FLEXPEN	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 RELION	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 VIAL	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG PENFILL	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG RELION	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG U-100 VIAL	T1	QL (45 ML IN 30 DAYS); HDHP
SEMGLEE (YFGN)	T1	QL (45 ML IN 30 DAYS); HDHP
ULTICARE INSULIN SYR 1/2 UNIT	T1	HDHP
ULTIGUARD SAFEPACK SYR/NEEDLE	T1	HDHP
VERIFINE INSULIN SYRINGE	T1	HDHP
Electrolytes / Minerals / Metals / Vitamins		
ATABEX	\$0	
BRAINSTRONG PRENATAL	\$0	
CADEAU DHA	\$0	
CENTRUM SPECIALIST PRENATAL	\$0	
<i>classic prenatal</i>	\$0	
C-NATE DHA	T2	
COMPLETE NATAL DHA	T2	
COMPLETENATE	T2	
<i>cvs 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>cvs folic acid</i>	\$0	
<i>cvs prenatal</i>	\$0	
<i>cvs prenatal gummy oral tablet chewable 0.4 mg, 0.4-113.5 mg</i>	\$0	
<i>cvs prenatal multi+dha</i>	\$0	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	

Drug Name	Drug Tier	Notes
<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
<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	
ELITE-OB	T2	
ENFAMIL EXPECTA	\$0	
<i>eql prenatal formula</i>	\$0	
<i>eql vitamin d3 oral capsule 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>ergocalciferol oral capsule</i>	T1	
<i>fa-8</i>	\$0	
<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>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>klor-con m10</i>	T1	
<i>klor-con m15</i>	T1	

Drug Name	Drug Tier	Notes
<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
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
MASONATAL	\$0	
M-NATAL PLUS	T1	
<i>multi prenatal</i>	\$0	
NEONATAL PLUS	T1	
NEONATAL PRENATAL	\$0	
NEONATAL VITAMIN	\$0	
NIVA-PLUS	T1	
OBSTETRIX DHA	T2	
OBTREX DHA	T2	
ONE VITE WOMENS	\$0	
ONE VITE WOMENS PLUS	T1	
ONE-A-DAY WOMENS PRENATAL	\$0	
ONE-A-DAY WOMENS PRENATAL 1	\$0	
<i>phytonadione oral</i>	T1	
<i>pnv prenatal plus multivit+dha</i>	T1	
<i>pnv-select</i>	T1	
<i>potassium chloride crys er</i>	T1	
<i>potassium chloride er</i>	T1	
<i>potassium chloride oral solution</i>	T1	
<i>potassium citrate er</i>	T1	
PRENATABS FA	T2	
PRENATABS RX	T1	
<i>prenatal (w/iron & fa)</i>	\$0	
<i>prenatal 19 oral tablet</i>	T1	
<i>prenatal 19 oral tablet chewable</i>	T1	
<i>prenatal complete oral tablet</i>	\$0	
<i>prenatal formula</i>	\$0	
<i>prenatal forte</i>	\$0	
<i>prenatal gummies/dha & fa</i>	\$0	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>prenatal multi +dha</i>	\$0	
PRENATAL MULTIVITAMIN + DHA	\$0	
<i>prenatal multivitamin plus dha</i>	\$0	
<i>prenatal one daily</i>	\$0	
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	\$0	
<i>prenatal oral tablet 27-1 mg</i>	T1	
<i>prenatal plus vitamin/mineral</i>	T1	
<i>prenatal vitamin and mineral</i>	\$0	
<i>prenatal vitamins</i>	\$0	
<i>prenatal/folic acid+dha</i>	\$0	
<i>prenatal/iron oral tablet</i>	\$0	
PRENATAL-U	T2	
PROVIDA OB	T2	
<i>qc folic acid</i>	\$0	
<i>qc prenatal</i>	\$0	
<i>qc vitamin d3 oral tablet 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>ra folic acid</i>	\$0	
<i>ra prenatal</i>	\$0	
<i>ra prenatal formula</i>	\$0	
RELNATE DHA	T2	
SE-NATAL 19	T2	
SIMILAC PRENATAL EARLY SHIELD	\$0	
<i>sm folic acid</i>	\$0	
<i>sm one daily prenatal</i>	\$0	
<i>sm prenatal vitamins</i>	\$0	
<i>sm vitamin d</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>sodium bicarbonate solution 8.4 % intravenous</i>	T1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	T2	
<i>sodium chloride irrigation</i>	T1	
<i>sodium fluoride oral</i>	\$0	
<i>sodium polystyrene sulfonate</i>	T1	
STUART ONE	\$0	
THERANATAL CORE NUTRITION	T1	
THRIVITE RX	T1	

Drug Name	Drug Tier	Notes
TRICARE	T1	
TRINATAL RX 1	T2	
TRINATE	T2	
TRUE FOLIC ACID ORAL TABLET 400 MCG	\$0	
<i>true folic acid tablet 1 mg oral</i>	T1	
VINATE CARE	T2	
VINATE ONE	T2	
<i>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>vitamin d (cholecalciferol) tablet 10 mcg (400 unit) oral</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	T1	
<i>vitamin d oral capsule 400 unit</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>vitamin d oral tablet 400 unit</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>vitamin d2 oral tablet 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>vitamin d3 oral capsule 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
VIVA DHA	T2	
<i>wee care</i>	T1	AL (AGE MAX 1 YEAR)
WESNATAL DHA COMPLETE	T2	
WESTAB PLUS	T1	
<i>yl folic acid</i>	\$0	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
<i>cimetidine hcl</i>	T1	
<i>cimetidine oral</i>	T1	

Drug Name	Drug Tier	Notes
<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>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>omeprazole oral capsule delayed release</i>	T1	QL (3 IN 1 DAYS)
<i>pantoprazole sodium oral</i>	T1	QL (2 IN 1 DAYS)
<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>atropine sulfate solution prefilled syringe 0.5 mg/5ml injection</i>	T1	
<i>atropine sulfate solution prefilled syringe 1 mg/10ml injection</i>	T1	
<i>chlordiazepoxide-clidinium</i>	T1	
<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	
<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

Drug Name	Drug Tier	Notes
<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 tablet 1 mg, 2 mg</i>	T1	
<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	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	T1	
<i>lactulose oral solution</i>	T1	
LINZESS	T2	PA; QL (1 IN 1 DAYS)
<i>lubiprostone</i>	T1	QL (2 IN 1 DAYS)
MOVANTIK	T2	PA; QL (1 IN 1 DAYS)
OSCIMIN	T2	
<i>peg 3350 oral packet</i>	T1	
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	QL (2 FILLS IN 365 DAYS); \$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)
<i>polyethylene glycol 3350 oral packet 17 gm</i>	T1	
SEROSTIM	T2	PA; SP-QTZ
<i>smooth lax oral packet</i>	T1	
<i>ursodiol oral capsule 300 mg</i>	T1	
<i>ursodiol oral tablet</i>	T1	
VOWST	T2	PA; QL (4 IN 1 DAYS)
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CREON	T2	
CYSTAGON	T2	
EVRYSDI	T2	PA; QL (4 ML IN 1 DAYS)

Effective 7/1/2024

Drug Name	Drug Tier	Notes
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
<i>acetic acid irrigation</i>	T1	
<i>bethanechol chloride oral</i>	T1	
<i>calcium acetate (phos binder)</i>	T1	
<i>calcium acetate oral tablet 667 mg</i>	T1	
<i>flavoxate hcl</i>	T1	
FOSRENOL ORAL PACKET	T2	
<i>lanthanum carbonate</i>	T1	
<i>mirabegron er</i>	T1	ST; QL (1 IN 1 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>phenazo oral tablet 200 mg</i>	T1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1	
<i>sevelamer carbonate oral packet</i>	T1	AL (AGE MAX 12 YEARS)
<i>sevelamer carbonate oral tablet</i>	T1	
<i>sevelamer hcl oral tablet 400 mg</i>	T1	
<i>solifenacin succinate</i>	T1	QL (1 IN 1 DAYS)
<i>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)
Genitourinary Agents - Drugs for Prostate Conditions		
<i>alfuzosin hcl er</i>	T1	
<i>dutasteride oral</i>	T1	
<i>finasteride oral tablet 5 mg</i>	T1	
<i>tamsulosin hcl</i>	T1	
<i>terazosin hcl</i>	T1	
Hormonal Agents - Adrenal		
CORTISONE ACETATE ORAL	T2	
<i>dexamethasone intensol</i>	T1	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone sod phosphate pf injection solution</i>	T1	
<i>dexamethasone sodium phosphate injection solution</i>	T1	
<i>fludrocortisone acetate oral</i>	T1	
<i>hydrocortisone oral</i>	T1	
MEDROL ORAL TABLET 2 MG	T2	
<i>methylprednisolone oral</i>	T1	
<i>prednisolone oral</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1	
<i>prednisone intensol</i>	T1	
<i>prednisone oral</i>	T1	
SOLU-CORTEF	T2	
Hormonal Agents - Men's Health		
<i>danazol oral</i>	T1	
METHITEST	T2	
<i>testosterone cypionate intramuscular</i>	T1	PA
<i>testosterone enanthate intramuscular</i>	T1	PA
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	T1	PA
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	T1	PA; QL (2.5 GM IN 1 DAYS)
Hormonal Agents - Pituitary		
<i>cabergoline</i>	T1	
<i>desmopressin ace spray refrig</i>	T1	
<i>desmopressin acetate oral</i>	T1	
<i>desmopressin acetate spray</i>	T1	
<i>octreotide acetate</i>	T1	
OMNITROPE	T2	PA; SP-QTZ
SYNAREL	T2	
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hcl</i>	T1	\$0 for breast cancer PX

Drug Name	Drug Tier	Notes
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	
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)
<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)
<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)

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>deblitane</i>	\$0	
<i>delyla</i>	\$0	
DEPO-SUBQ PROVERA 104	\$0	QL (1 IN 91 DAYS)
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</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	
<i>elinest</i>	\$0	
ELLA	\$0	
<i>eluryng</i>	\$0	
<i>emzahh</i>	\$0	
<i>enilloring</i>	\$0	
<i>enpresse-28</i>	\$0	
<i>enskyce</i>	\$0	
<i>errin</i>	\$0	
<i>estarylla</i>	\$0	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal patch twice weekly</i>	T1	QL (8 IN 28 DAYS)
<i>estradiol transdermal patch weekly</i>	T1	QL (4 IN 28 DAYS)
<i>estradiol vaginal</i>	T1	
<i>estradiol valerate intramuscular</i>	T1	
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>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	

Drug Name	Drug Tier	Notes
<i>her style</i>	\$0	
<i>iclevia</i>	\$0	QL (1 IN 1 DAYS)
<i>incassia</i>	\$0	
<i>introvale</i>	\$0	QL (1 IN 1 DAYS)
<i>isibloom</i>	\$0	
<i>jaimiess</i>	\$0	QL (1 IN 1 DAYS)
<i>jasmiel</i>	\$0	
<i>jencycla</i>	\$0	
<i>jinteli</i>	T1	
<i>jolessa</i>	\$0	QL (1 IN 1 DAYS)
<i>joyeaux</i>	\$0	
<i>juleber</i>	\$0	
<i>junel 1.5/30</i>	\$0	
<i>junel 1/20</i>	\$0	
<i>junel fe 1.5/30</i>	\$0	
<i>junel fe 1/20</i>	\$0	
<i>junel fe 24</i>	\$0	
<i>kaitlib fe</i>	\$0	
<i>kalliga</i>	\$0	
<i>kariva</i>	\$0	
<i>kelnor 1/35</i>	\$0	
<i>kelnor 1/50</i>	\$0	
<i>kurvelo</i>	\$0	
<i>larin 1.5/30</i>	\$0	
<i>larin 1/20</i>	\$0	
<i>larin 24 fe</i>	\$0	
<i>larin fe 1.5/30</i>	\$0	
<i>larin fe 1/20</i>	\$0	
<i>layolis fe</i>	\$0	
<i>leena</i>	\$0	
<i>lessina</i>	\$0	
<i>levonest</i>	\$0	
<i>levonorgest-eth est & 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	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<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>lutra</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	
<i>merzee</i>	\$0	
<i>mibelas 24 fe</i>	\$0	
<i>microgestin 1.5/30</i>	\$0	
<i>microgestin 1/20</i>	\$0	
<i>microgestin 24 fe</i>	\$0	
<i>microgestin fe 1.5/30</i>	\$0	
<i>microgestin fe 1/20</i>	\$0	
<i>mili</i>	\$0	
<i>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	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>norethin-eth estradiol-fe</i>	\$0	
<i>norgestimate-eth estradiol</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>nymyo</i>	\$0	
<i>ocella</i>	\$0	
<i>opcicon one-step</i>	\$0	
<i>option 2</i>	\$0	
<i>philith</i>	\$0	
<i>pimtrea</i>	\$0	
<i>portia-28</i>	\$0	
PREMARIN ORAL	T2	
PREMARIN VAGINAL	T2	
PREMPHASE	T2	
PREMPRO	T2	
<i>progesterone 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	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>tri-legest fe</i>	\$0	
<i>tri-linyah</i>	\$0	
<i>tri-lo-estarylla</i>	\$0	
<i>tri-lo-marzia</i>	\$0	
<i>tri-lo-mili</i>	\$0	
<i>tri-lo-sprintec</i>	\$0	
<i>tri-mili</i>	\$0	
<i>tri-nymyo</i>	\$0	
<i>tri-sprintec</i>	\$0	
<i>trivora (28)</i>	\$0	
<i>tri-vylibra</i>	\$0	
<i>tri-vylibra lo</i>	\$0	
<i>turqoz</i>	\$0	
<i>tydemy</i>	\$0	
<i>velivet</i>	\$0	
<i>vestura</i>	\$0	
<i>vienva</i>	\$0	
<i>viorele</i>	\$0	
<i>volnea</i>	\$0	
<i>vyfemla</i>	\$0	
<i>vylibra</i>	\$0	
<i>wera</i>	\$0	
<i>wymzya fe</i>	\$0	
<i>xulane</i>	\$0	
<i>yuvaferm</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	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>np thyroid</i>	T1	
<i>propylthiouracil oral</i>	T1	
SYNTHROID	T2	
<i>thyroid oral</i>	T1	
<i>unithroid</i>	T1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTIMMUNE	T2	PA; SP-ORx
ADALIMUMAB-ADAZ	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
ADALIMUMAB-FKJP	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
ADALIMUMAB-FKJP (2 SYRINGE)	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
<i>azathioprine oral tablet 50 mg</i>	T1	
CIMZIA	T2	PA; QL (1 in 28 days); SP-QTZ
CIMZIA (2 SYRINGE)	T2	PA; QL (1 in 28 days); SP-QTZ
CIMZIA STARTER KIT	T2	PA; QL (1 in 56 days); SP-QTZ
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral</i>	T1	
ENBREL	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENBREL MINI	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENBREL SURECLICK	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ
<i>gengraf</i>	T1	
HADLIMA	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HADLIMA PUSH TOUCH	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	T2	PA; QL (4 IN 28 DAYS); SP-QTZ
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T2	PA; QL (6 IN 28 DAYS); SP-QTZ
HUMIRA (2 SYRINGE)	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA-CD/UC/HS STARTER	T2	PA; QL (4 IN 28 DAYS); SP-QTZ
HUMIRA-PED<40KG CROHNS STARTER	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA-PED>=40KG CROHNS START	T2	PA; QL (3 IN 28 DAYS); SP-QTZ
HUMIRA-PED>=40KG UC STARTER	T2	PA; QL (4 IN 28 DAYS); SP-QTZ
HUMIRA-PSORIASIS/UEVIT STARTER	T2	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	T2	PA; QL (2 IN 28 DAYS); SP-QTZ

Effective 7/1/2024

Drug Name	Drug Tier	Notes
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	T2	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HYRIMOZ-CROHNS/UC STARTER	T2	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ-PED<40KG CROHN STARTER	T2	PA; QL (1 IN 28 DAYS); SP-QTZ
HYRIMOZ-PED>/=40KG CROHN START	T2	PA; QL (3 IN 28 DAYS); SP-QTZ
HYRIMOZ-PLAQUE PSORIASIS START	T2	PA; QL (1 IN 28 DAYS); SP-QTZ
<i>leflunomide oral</i>	T1	
<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	
OTEZLA	T2	PA; QL (2 IN 1 DAYS); SP-QTZ
PROGRAF ORAL PACKET	T2	PA
RIDAURA	T2	
RINVOQ	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
SANDIMMUNE ORAL SOLUTION	T2	
SIMPONI	T2	PA; QL (1 IN 28 DAYS); SP-QTZ
<i>sirolimus oral</i>	T1	
SKYRIZI PEN	T2	PA; QL (1 ML IN 84 DAYS); SP-QTZ
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	T2	PA; QL (1.2 ML IN 56 DAYS); SP-QTZ
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	T2	PA; QL (2.4 ML IN 56 DAYS); SP-QTZ
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (1 ML IN 84 DAYS); SP-QTZ
STELARA SUBCUTANEOUS SOLUTION	T2	PA; QL (0.5 ML IN 84 DAYS); SP-QTZ
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T2	PA; QL (0.5 ML IN 84 DAYS); SP-QTZ
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T2	PA; QL (1 ML IN 84 DAYS); SP-QTZ
<i>tacrolimus oral</i>	T1	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2	PA; QL (1 ML IN 56 DAYS); SP-QTZ

Drug Name	Drug Tier	Notes
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; QL (Member Note: 1 IN 56 DAYS); SP-QTZ
XELJANZ ORAL SOLUTION	T2	PA; QL (20 ML IN 1 DAY); SP-QTZ
XELJANZ ORAL TABLET 10 MG	T2	PA; QL (2 IN 1 DAYS); SP-QTZ
XELJANZ ORAL TABLET 5 MG	T2	PA; QL (2 IN 1 DAYS; MAX 30 DAYS); SP-QTZ
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	T2	PA; QL (1 in 1 DAY); SP-QTZ
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	T2	PA; QL (1 IN 1 DAY); SP-QTZ
Immunological Agents - Drugs for Vaccination		
ABRYOVO	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
ADACEL	\$0	AL (AGE MIN 18 YEARS)
AFLURIA QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
AREXVY	\$0	AL (AGE GREATER THAN OR = TO 60 YEARS)
BOOSTRIX	\$0	AL (AGE MIN 18 YEARS)
COMIRNATY	\$0	QL (0.3 ML PER FILL; AGE MIN 12 YEARS)
ENGERIX-B	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
FLUAD QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
FLUARIX QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
FLUBLOK QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
FLUCELVAX QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
FLULAVAL QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
FLUMIST QUADRIVALENT	\$0	
FLUZONE HIGH-DOSE QUADRIVALENT	\$0	QL (0.7 ML IN 180 DAYS)
FLUZONE QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
HEPLISAV-B	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
MODERNA COVID-19 VAC 6M-11Y	\$0	QL (0.25 ML PER FILL; AGE MIN 6 MONTHS)
NOVAVAX COVID-19 VACCINE	\$0	QL (0.5 ML PER FILL; AGE MIN 12 YEARS)
PFIZER COVID-19 VAC-TRIS 5-11Y	\$0	QL (0.3 ML PER FILL; AGE MIN 5 YEARS)
PFIZER COVID-19 VAC-TRIS 6M-4Y	\$0	QL (0.3 ML PER FILL; AGE MIN 6 MONTHS)

Effective 7/1/2024

Drug Name	Drug Tier	Notes
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)
DIPENTUM	T2	
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone rectal</i>	T1	
<i>mesalamine er oral capsule 500 mg</i>	T1	
<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>	T1	QL (300 ML IN 28 DAYS); HDHP
<i>alendronate sodium oral tablet</i>	T1	HDHP
<i>calcitonin (salmon) nasal</i>	T1	HDHP
<i>ibandronate sodium oral</i>	T1	QL (1 IN 28 DAYS); HDHP

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>risedronate sodium oral tablet 150 mg</i>	T1	QL (1 IN 28 DAYS); HDHP
<i>risedronate sodium oral tablet 30 mg</i>	T1	HDHP
<i>risedronate sodium oral tablet 35 mg</i>	T1	QL (4 IN 28 DAYS); HDHP
TYMLOS	T2	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	
Miscellaneous Therapeutic Agents		
ADVOCATE INSULIN PEN NEEDLE	T1	QL (200 in 30 days); HDHP
AEROCHAMBER HOLDING CHAMBER	T2	HDHP
AEROCHAMBER MINI CHAMBER	T2	HDHP
AEROCHAMBER MV	T2	HDHP
AEROCHAMBER PLS FLOVU MTHPIECE	T2	HDHP
AEROCHAMBER PLUS FLO-VU INTERM	T2	HDHP
AEROCHAMBER PLUS FLO-VU LARGE	T2	HDHP
AEROCHAMBER PLUS FLO-VU MEDIUM	T2	HDHP
AEROCHAMBER PLUS FLO-VU SMALL	T2	HDHP
AEROCHAMBER PLUS FLOW VU	T2	HDHP
AEROCHAMBER W/FLOWSIGNAL	T2	HDHP
AEROCHAMBER Z-STAT PLUS	T2	HDHP
AEROCHAMBER Z-STAT PLUS CHAMBR	T2	HDHP
AEROCHAMBER Z-STAT PLUS/LARGE	T2	HDHP
AEROCHAMBER Z-STAT PLUS/MEDIUM	T2	HDHP
AEROCHAMBER Z-STAT PLUS/SMALL	T2	HDHP
AEROGEAR ACTION ASTHMA KIT	T2	QL (1 IN 365 DAYS); HDHP
AEROVENT PLUS	T2	HDHP
AIMSCO LUBRICATED	\$0	
AIRZONE PEAK FLOW METER	T2	HDHP
ALCOHOL PREP PADS PAD , 70 %	T1	
AQINJECT PEN NEEDLE	T1	QL (200 in 30 days); HDHP
ASSESS PEAK FLOW METER	T2	HDHP
ASSURE ID DUO PRO PEN NEEDLES	T1	QL (200 in 30 days); HDHP
ASSURE ID PRO PEN NEEDLES	T1	QL (200 in 30 days); HDHP
AUM ALCOHOL PREP PADS	T1	
AUM INSULIN SAFETY PEN NEEDLE	T1	QL (200 in 30 days); HDHP
AUM MINI INSULIN PEN NEEDLE	T1	QL (200 in 30 days); HDHP

Drug Name	Drug Tier	Notes
AUM PEN NEEDLE	T1	QL (200 in 30 days); HDHP
AUM READYGARD DUO PEN NEEDLE	T1	QL (200 in 30 days); HDHP
AUM SAFETY PEN NEEDLE	T1	QL (200 in 30 days); HDHP
BD AUTOSHIELD DUO PEN NEEDLES	T1	QL (200 in 30 days); HDHP
BD ULTRA-FINE PEN NEEDLES	T1	QL (200 in 30 days); HDHP
BREATHE COMFORT CHAMBER/ADULT	T2	HDHP
BREATHE COMFORT CHAMBER/CHILD	T2	HDHP
BREATHE EASE LARGE	T2	HDHP
BREATHE EASE MEDIUM	T2	HDHP
BREATHE EASE PEAK FLOW METER	T2	HDHP
BREATHE EASE SMALL	T2	HDHP
BREATHERITE VALVED MDI CHAMBER	T2	HDHP
CAYA	\$0	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	T1	QL (200 in 30 days); HDHP
CLEVER CHOICE HOLDING CHAMBER	T2	HDHP
CLEVER CHOICE PEAK FLOW METER	T2	HDHP
COMFORT EZ PRO PEN NEEDLES	T1	QL (200 in 30 days); HDHP
COMPACT SPACE CHAMBER	T2	HDHP
COMPACT SPACE CHAMBER/LG MASK	T2	HDHP
COMPACT SPACE CHAMBER/MED MASK	T2	HDHP
COMPACT SPACE CHAMBER/SM MASK	T2	HDHP
CONDOMS	\$0	
DROPLET MICRON	T1	QL (200 in 30 days); HDHP
DROPSAFE ALCOHOL PREP	T1	
DUREX EXTRA SENSITIVE THIN DEVICE	\$0	
DUREX REALFEEL	\$0	
EASIVENT	T2	HDHP
EASIVENT MASK LARGE	T2	HDHP
EASIVENT MASK MEDIUM	T2	HDHP
EASIVENT MASK SMALL	T2	HDHP
EMBRACE PEN NEEDLES	T1	QL (200 in 30 days); HDHP
ENCARE	\$0	
EQ SPACE CHAMBER ANTI-STATIC	T2	HDHP
EQ SPACE CHAMBER ANTI-STATIC L	T2	HDHP
EQ SPACE CHAMBER ANTI-STATIC M	T2	HDHP
EQ SPACE CHAMBER ANTI-STATIC S	T2	HDHP
EZY DOSE PILL CUTTER ORIGINAL	\$0	QL (1 IN 365 DAYS)

Drug Name	Drug Tier	Notes
FANTASY LUBRICATED	\$0	
FANTASY LUBRICATED/SPERMICIDE	\$0	
FC2 FEMALE CONDOM	\$0	
FEMCAP	\$0	
FLEXICHAMBER	T2	HDHP
FLEXICHAMBER ADULT MASK/SMALL	T2	HDHP
FLEXICHAMBER CHILD MASK/LARGE	T2	HDHP
FLEXICHAMBER CHILD MASK/SMALL	T2	HDHP
GNP ULTIGUARD SAFEPACK NEEDLE	T1	QL (200 in 30 days); HDHP
GRASTEK	T2	QL (1 IN 1 DAYS)
INCONTROL ULTICARE PEN NEEDLES	T1	QL (200 in 30 days); HDHP
INSPIREASE	T2	HDHP
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	T1	QL (200 in 30 days); HDHP
KAMELEON LUBRICATED	\$0	
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	
LUNG PERFORM PEAK FLOW METER	T2	HDHP
MASK VORTEX	T2	HDHP
MASK VORTEX/CHILD/FROG	T2	HDHP
MASK VORTEX/TODDLER/LADYBUG	T2	HDHP
MAXX	\$0	
MAXX PLUS	\$0	
<i>methylergonovine maleate oral</i>	T1	
MICROCHAMBER	T2	HDHP
MICROLIFE DIGITAL PEAK FLOW	T2	HDHP

Effective 7/1/2024

Drug Name	Drug Tier	Notes
MICROSPACER	T2	HDHP
MINI WRIGHT PEAK FLOW METER	T2	HDHP
NOVOFINE PEN NEEDLE	T1	QL (200 in 30 days); HDHP
NOVOFINE PLUS PEN NEEDLE	T1	QL (200 in 30 days); HDHP
ODACTRA	T2	QL (1 IN 1 DAYS)
OMNIFLEX DIAPHRAGM	\$0	
OPTICHAMBER DIAMOND	T2	HDHP
OPTICHAMBER DIAMOND-LG MASK	T2	HDHP
OPTICHAMBER DIAMOND-MD MASK	T2	HDHP
OPTICHAMBER DIAMOND-SM MASK	T2	HDHP
OPTIONS GYNOL II CONTRACEPTIVE	\$0	
ORALAIR	T2	QL (1 IN 1 DAYS)
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	T2	PA
PALFORZIA ORAL PACKET 300 MG	T2	PA; QL (1 IN 1 DAYS)
PANDA MASK LARGE	T2	HDHP
PANDA MASK MEDIUM	T2	HDHP
PANDA MASK SMALL	T2	HDHP
PARI VORTEX ADULT MASK	T2	HDHP
PEAK A-I-R FLOW METER	T2	HDHP
PEAK AIR PEAK FLOW METER	T2	HDHP
PEAK FLOW METER UNIVERSAL RANG	T2	HDHP
PEDIATRIC PANDA MASK	T2	HDHP
PEDIATRIC SMALL MASK	T2	HDHP
PERSONAL BEST FULL RANGE	T2	HDHP
PHEXXI	\$0	
PIKO 1	T2	HDHP
PIP PEN NEEDLES 31G X 5MM	T1	QL (200 in 30 days); HDHP
PIP PEN NEEDLES 32G X 4MM	T1	QL (200 in 30 days); HDHP
POCKET CHAMBER	T2	HDHP
POCKET PEAK FLOW METER	T2	HDHP
POCKET SPACER	T2	HDHP
POCKETPEAK PEAK FLOW METER	T2	HDHP
PRO COMFORT SPACER ADULT	T2	HDHP
PRO COMFORT SPACER CHILD	T2	HDHP
PRO COMFORT SPACER INFANT	T2	HDHP

Effective 7/1/2024

Drug Name	Drug Tier	Notes
PROCARE SPACER/ADULT MASK	T2	HDHP
PROCARE SPACER/CHILD MASK	T2	HDHP
PROCHAMBER VHC	T2	HDHP
PURE COMFORT FLOW METER ADULT	T2	HDHP
PURE COMFORT FLOW METER CHILD	T2	HDHP
PURE COMFORT SAFETY PEN NEEDLE	T1	QL (200 in 30 days); HDHP
PURE COMFORT SPACER CHAMBER	T2	HDHP
RAGWITEK	T2	QL (1 IN 1 DAYS)
RAYA SURE PEN NEEDLE	T1	QL (200 in 30 days); HDHP
REALITY LATEX CONDOMS	\$0	
REALITY LATEX/ULTRA TEXTURED	\$0	
REALITY LATEX/ULTRA THIN	\$0	
RITEFLO	T2	HDHP
SAFETY PEN NEEDLES	T1	QL (200 in 30 days); HDHP
STRIVE DUAL ZONE PEAK FLOW MTR	T2	HDHP
TABLET CUTTER/DELUXE SAFETY	\$0	QL (1 IN 365 DAYS)
TABLET CUTTER/SAFETY SHIELD	\$0	QL (1 IN 365 DAYS)
TECHLITE PLUS PEN NEEDLES	T1	QL (200 in 30 days); HDHP
TODAY SPONGE	\$0	
TRUE COVER	\$0	
TRUSTEX COLOR CONDOMS + LUBE	\$0	
TRUSTEX LUB/RIBBED/STUDDED	\$0	
TRUSTEX LUB/SPERMICIDE EX ST	\$0	
TRUSTEX LUB/SPERMICIDE XL	\$0	
TRUSTEX LUBRICATED	\$0	
TRUSTEX LUBRICATED EX LARGE	\$0	
TRUSTEX LUBRICATED EXTRA ST	\$0	
TRUSTEX LUBRICATED/SPERMICIDE	\$0	
TRUSTEX NATURAL CONDOMS + LUBE	\$0	
TRUSTEX NON-LUBRICATED	\$0	
TRUSTEX RIA LUB/SPERMICIDE	\$0	
TRUSTEX RIA LUBRICATED	\$0	
TRUSTEX RIA NON-LUBRICATED	\$0	
TRUSTEX-NONOXYNOL-9/RIB/STUD	\$0	
TRUZONE PEAK FLOW METER	T2	HDHP
UNIFINE PROTECT PEN NEEDLE	T1	QL (200 in 30 days); HDHP
VCF VAGINAL CONTRACEPTIVE	\$0	
VERIFINE INSULIN PEN NEEDLE	T1	QL (200 in 30 days); HDHP

Effective 7/1/2024

Drug Name	Drug Tier	Notes
VERIFINE PLUS PEN NEEDLE	T1	QL (200 in 30 days); HDHP
VORTEX HOLD CHMBR/MASK/CHILD	T2	HDHP
VORTEX HOLD CHMBR/MASK/TODDLER	T2	HDHP
VORTEX VALVED HOLDING CHAMBER	T2	HDHP
WIDE-SEAL DIAPHRAGM 60	\$0	
WIDE-SEAL DIAPHRAGM 65	\$0	
WIDE-SEAL DIAPHRAGM 70	\$0	
WIDE-SEAL DIAPHRAGM 75	\$0	
WIDE-SEAL DIAPHRAGM 80	\$0	
WIDE-SEAL DIAPHRAGM 85	\$0	
WIDE-SEAL DIAPHRAGM 90	\$0	
WIDE-SEAL DIAPHRAGM 95	\$0	
ZOKINVY	T2	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOMIDE	T2	
<i>azelastine hcl ophthalmic</i>	T1	
<i>bacitracin ophthalmic</i>	T1	
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>erythromycin ophthalmic</i>	T1	
<i>eye allergy itch relief</i>	T1	
<i>eye allergy itch/redness rel</i>	T1	
<i>fluorometholone</i>	T1	
<i>flurbiprofen sodium</i>	T1	
<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	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	T1	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	T1	QL (10 ML IN 30 DAYS)
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic</i>	T1	
<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	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>qc olopatadine hcl</i>	T1	
<i>sm olopatadine hcl</i>	T1	
<i>sulfacetamide sodium ophthalmic</i>	T1	
TOBRADEX	T2	
<i>tobramycin ophthalmic</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	
TOBEX	T2	
<i>trifluridine</i>	T1	
Ophthalmic Agents - Drugs for Glaucoma		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>betaxolol hcl ophthalmic</i>	T1	
BETOPTIC-S	T2	
<i>brimonidine tartrate ophthalmic</i>	T1	
<i>brimonidine tartrate-timolol</i>	T1	
<i>brinzolamide</i>	T1	
<i>carteolol hcl</i>	T1	
<i>dorzolamide hcl ophthalmic</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
IOPIDINE	T2	
<i>latanoprost ophthalmic</i>	T1	
<i>levobunolol hcl</i>	T1	
<i>methazolamide oral</i>	T1	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
PHOSPHOLINE IODIDE	T2	
<i>pilocarpine hcl ophthalmic</i>	T1	
SIMBRINZA	T2	
<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	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ALTACAINE	T2	
<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	
<i>neomycin-bacitracin zn-polymyx</i>	T1	
<i>neomycin-polymyxin-gramicidin</i>	T1	
<i>neo-polycin</i>	T1	
<i>neo-polycin hc</i>	T1	
<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	
Otic Agents - Drugs for Ear Conditions		
<i>acetic acid otic</i>	T1	
CIPRO HC	T2	QL (40 IN 30 DAYS)
<i>ciprofloxacin hcl otic</i>	T1	
<i>ciprofloxacin-dexamethasone</i>	T1	
<i>hydrocortisone-acetic acid</i>	T1	
<i>neomycin-polymyxin-hc otic</i>	T1	
<i>ofloxacin otic</i>	T1	QL (20 ML IN 30 DAYS)

Drug Name	Drug Tier	Notes
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	
CAPCOF	T2	QL (240 ML IN 30 DAYS)
<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	
<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>promethazine-codeine oral solution</i>	T1	AL (AGE MIN 12 YEARS)
RYDEX	T2	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
<i>sodium chloride inhalation</i>	T1	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	T1	HDHP
ADVAIR HFA	T2	HDHP
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	T1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	T2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	QL (300 ML IN 30 DAYS)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	T1	QL (120 ML IN 30 DAYS)

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<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	
ANORO ELLIPTA	T2	
ARNUITY ELLIPTA	T2	HDHP
ATROVENT HFA	T2	
BREO ELLIPTA	T2	HDHP
BREZTRI AEROSPHERE	T2	
<i>budesonide inhalation</i>	T1	QL (120 ML IN 30 DAYS); HDHP
COMBIVENT RESPIMAT	T2	
<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	T2	PA; QL (1 ML IN 56 DAYS); SP-QTZ
FLUTICASONE PROPIONATE HFA	T2	HDHP
<i>formoterol fumarate inhalation</i>	T1	
INCRUSE ELLIPTA	T2	
<i>ipratropium bromide inhalation</i>	T1	QL (300 ML IN 30 DAYS)
<i>ipratropium-albuterol</i>	T1	QL (360 ML IN 30 DAYS)
<i>montelukast sodium oral</i>	T1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 ML IN 28 DAYS); SP-QTZ
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	PA; QL (1 ML IN 28 DAYS); SP-QTZ
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T2	PA; QL (0.4 ML IN 28 DAYS); SP-QTZ
OFEV	T2	PA; QL (2 IN 1 DAYS); SP-QTZ
<i>pirfenidone oral capsule</i>	T1	PA; QL (9 IN 1 DAYS); SP-QTZ
<i>pirfenidone oral tablet 267 mg</i>	T1	PA; QL (9 IN 1 DAYS); SP-QTZ
<i>pirfenidone oral tablet 801 mg</i>	T1	PA; QL (3 IN 1 DAYS); SP-QTZ
SEREVENT DISKUS	T2	
SPIRIVA RESPIMAT	T2	
SYMBICORT	T2	HDHP
<i>terbutaline sulfate oral</i>	T1	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
THEO-24	T2	
<i>theophylline er</i>	T1	
<i>tiotropium bromide monohydrate</i>	T1	
TRELEGY ELLIPTA	T2	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; SP-QTZ
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; SP-QTZ
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
CAYSTON	T2	PA; QL (3 ML IN 1 DAYS)
PULMOZYME	T2	QL (2.5 ML IN 1 DAYS; MAX 30 DAYS)
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	T1	PA; QL (10 ML IN 1 DAYS)
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	T2	PA; QL (3 IN 1 DAYS)
<i>alyq</i>	T1	PA
<i>ambrisentan</i>	T1	PA; QL (1 IN 1 DAYS)
<i>bosentan</i>	T1	PA; QL (2 IN 1 DAYS)
OPSUMIT	T2	PA
<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	T2	PA; QL (4 IN 1 DAYS); SP-ORx
TYVASO	T2	
TYVASO REFILL	T2	
TYVASO STARTER	T2	
UPTRAVI ORAL	T2	PA; QL (2 IN 1 DAYS)
UPTRAVI TITRATION	T2	PA; QL (2 IN 1 DAYS)
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T1	
<i>carisoprodol oral</i>	T1	
<i>chlorzoxazone oral tablet 500 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>metaxalone</i>	T1	
<i>methocarbamol oral</i>	T1	
NORGESIC FORTE	T2	

Effective 7/1/2024

Drug Name	Drug Tier	Notes
<i>orphenadrine citrate er</i>	T1	
ORPHENGESIC FORTE	T2	
<i>tizanidine hcl oral tablet</i>	T1	
Sleep Disorder Agents		
<i>armodafinil</i>	T1	QL (1 IN 1 DAYS)
<i>eszopiclone</i>	T1	QL (1 IN 1 DAYS)
<i>flurazepam hcl</i>	T1	
<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>temazepam oral capsule 15 mg, 30 mg</i>	T1	
<i>temazepam oral capsule 7.5 mg</i>	T1	QL (1 IN 1 DAYS)
<i>zaleplon</i>	T1	
<i>zolpidem tartrate oral tablet</i>	T1	QL (1.5 IN 1 DAYS)

Index of Drugs

<i>abacavir sulfate</i>	17	AEROCHAMBER PLUS FLO- VU INTERM.....	54	ALTRENO.....	26
<i>abacavir sulfate-lamivudine</i>	17	AEROCHAMBER PLUS FLO- VU LARGE.....	54	<i>alyacen 1/35</i>	44
<i>abiraterone acetate</i>	14	AEROCHAMBER PLUS FLO- VU MEDIUM.....	54	<i>alyacen 7/7/7</i>	44
ABRYSVO.....	52	AEROCHAMBER PLUS FLO- VU SMALL.....	54	<i>alyq</i>	64
<i>acamprosate calcium</i>	5	AEROCHAMBER PLUS FLOW VU.....	54	<i>amantadine hcl</i>	15
<i>acarbose</i>	28	AEROCHAMBER W/FLOWSIGNAL.....	54	<i>ambrisentan</i>	64
ACCU-CHEK AVIVA DEVICE...29		AEROCHAMBER Z-STAT PLUS.....	54	<i>amethyst</i>	44
ACCU-CHEK GUIDE CONTROL.....	29	AEROCHAMBER Z-STAT PLUS CHAMBR.....	54	<i>amiloride hcl</i>	20
ACCU-CHEK SMARTVIEW CONTROL.....	29	AEROCHAMBER Z-STAT PLUS/LARGE.....	54	<i>amiloride-hydrochlorothiazide</i> ...20	
<i>accutane</i>	26	AEROCHAMBER Z-STAT PLUS/MEDIUM.....	54	<i>aminocaproic acid</i>	20
ACCUTREND GLUCOSE CONTROL.....	29	AEROCHAMBER Z-STAT PLUS/SMALL.....	54	<i>amiodarone hcl</i>	20
<i>acebutolol hcl</i>	20	AEROGEAR ACTION ASTHMA KIT.....	54	<i>amitriptyline hcl</i>	10
<i>acetaminophen-codeine</i>	3	AEROVENT PLUS.....	54	<i>amlodipine besylate</i>	20
<i>acetazolamide</i>	60	<i>afirmelle</i>	44	<i>amlodipine besylate-benazepril hcl</i>	20
<i>acetazolamide er</i>	60	AFLURIA QUADRIVALENT.....	52	<i>amnestem</i>	26
<i>acetic acid</i>	42, 61	<i>aftera</i>	44	<i>amoxapine</i>	10
ACTIMMUNE.....	50	AGAMATRIX CONTROL.....	30	<i>amoxicillin</i>	6
<i>acyclovir</i>	17	AGAMATRIX CONTROL LEVEL 2.....	30	<i>amoxicillin-potassium clavulanate</i>	6
ADACEL.....	52	AGAMATRIX CONTROL LEVEL 4.....	30	<i>amoxicillin-potassium clavulanate er</i>	6
ADALIMUMAB-ADAZ.....	50	AIMOVIG.....	13	<i>amphetamine- dextroamphetamine</i>	24
ADALIMUMAB-FKJP.....	50	AIMSCO LUBRICATED.....	54	<i>amphetamine- dextroamphetamine er</i>	24
ADALIMUMAB-FKJP (2 SYRINGE).....	50	AIRZONE PEAK FLOW METER.....	54	<i>amphotericin b</i>	12
<i>adapalene</i>	26	<i>albendazole</i>	15	<i>ampicillin</i>	6
<i>adapalene treatment</i>	26	<i>albuterol sulfate</i>	62, 63	<i>anagrelide hcl</i>	20
<i>adefovir dipivoxil</i>	17	<i>albuterol sulfate hfa</i>	62	ANALPRAM-HC.....	53
ADEMPAS.....	64	ALBUTEROL SULFATE HFA...62		<i>anastrozole</i>	14
ADTHYZA.....	49	<i>alclometasone dipropionate</i>	26	ANNOVERA.....	44
ADVAIR DISKUS.....	62	<i>alcohol prep pads</i>	26	ANORO ELLIPTA.....	63
ADVAIR HFA.....	62	ALCOHOL PREP PADS.....	54	<i>aprepitant</i>	11
ADVANCE INTUITION CONTROL.....	29	<i>alendronate sodium</i>	53	<i>apri</i>	44
ADVANCE MICRO-DRAW CONTROL.....	29	<i>alfuzosin hcl er</i>	42	APTIOM.....	9
ADVANCE MICRO-DRAW NORMAL.....	29	<i>allopurinol</i>	13	AQ INSULIN SYRINGE.....	34
ADVOCATE CONTROL SOLUTION.....	29	ALOMIDE.....	59	AQINJECT PEN NEEDLE.....	54
ADVOCATE INSULIN PEN NEEDLE.....	54	<i>alprazolam</i>	19	<i>aranelle</i>	44
ADVOCATE REDI-CODE+ CONTROL.....	29	<i>alprazolam intensol</i>	19	ARANESP (ALBUMIN FREE)...20	
AEROCHAMBER HOLDING CHAMBER.....	54	ALTACAINE.....	61	AREXVY.....	52
AEROCHAMBER MINI CHAMBER.....	54	<i>altavera</i>	44	<i>aripiprazole</i>	16
AEROCHAMBER MV.....	54			<i>armodafinil</i>	65
AEROCHAMBER PLS FLOVU MTHPIECE.....	54			ARMOUR THYROID.....	49
				ARNUITY ELLIPTA.....	63
				<i>ascomp-codeine</i>	3
				<i>ashlyna</i>	44
				ASSESS PEAK FLOW METER.....	54
				ASSURE 3 CONTROL.....	30
				ASSURE 4 CONTROL LEVEL 1 & 2.....	30

ASSURE DOSE CONTROL.....	30	<i>balsalazide disodium</i>	53	<i>brinzolamide</i>	60
ASSURE DOSE NORM/HIGH		<i>balziva</i>	44	<i>bromocriptine mesylate</i>	15
CONTROL.....	30	BAQSIMI ONE PACK.....	33	<i>budesonide</i>	53, 63
ASSURE ID DUO PRO PEN		BAQSIMI TWO PACK.....	33	<i>budesonide er</i>	53
NEEDLES.....	54	BARACLUDGE.....	17	<i>bumetanide</i>	20
ASSURE ID PRO PEN		BD AUTOSHIELD DUO PEN		<i>buprenorphine</i>	3
NEEDLES.....	54	NEEDLES.....	55	<i>buprenorphine hcl</i>	5
ASSURE II CONTROL.....	30	<i>bd heparin posiflush</i>	8	<i>buprenorphine hcl-naloxone</i>	
ASSURE II CONTROL LEVEL		BD ULTRA-FINE INSULIN		<i>hcl</i>	5
1 & 2.....	30	SYRINGES.....	34	<i>bupropion hcl</i>	10
ASSURE PRISM CONTROL		BD ULTRA-FINE PEN		<i>bupropion hcl er (smoking det)</i> ...	5
LEVEL 1.....	30	NEEDLES.....	55	<i>bupropion hcl er (sr)</i>	10
ASSURE PRO CONTROL		<i>benazepril hcl</i>	20	<i>bupropion hcl er (xl)</i>	10
LEVEL 1 & 2.....	30	<i>benazepril-hydrochlorothiazide</i> ..	20	<i>bupirone hcl</i>	19
ATABEX.....	35	BENZNIDAZOLE.....	15	<i>butalbital-acetaminophen</i>	3
<i>atazanavir sulfate</i>	17	<i>benzonatate</i>	62	<i>butalbital-apap-caff-cod</i>	3
<i>atenolol</i>	20	<i>benztropine mesylate</i>	15	<i>butalbital-apap-caffeine</i>	3
<i>atenolol-chlorthalidone</i>	20	<i>betamethasone dipropionate</i>	26	<i>butalbital-asa-caff-codeine</i>	3
<i>atomoxetine hcl</i>	24	<i>betamethasone dipropionate</i>		<i>butalbital-aspirin-caffeine</i>	3
<i>atorvastatin calcium</i>	20	<i>aug</i>	26	<i>butorphanol tartrate</i>	3
<i>atovaquone</i>	15	<i>betamethasone valerate</i>	26	BYDUREON BCISE	
<i>atovaquone-proguanil hcl</i>	15	<i>betaxolol hcl</i>	60	AUTOINJECTOR.....	28
<i>atropine sulfate</i>	40, 61	<i>bethanechol chloride</i>	42	BYETTA 10 MCG PEN.....	28
ATROVENT HFA.....	63	BETOPTIC-S.....	60	BYETTA 5 MCG PEN.....	28
<i>aubra eq</i>	44	<i>bicalutamide</i>	14	<i>cabergoline</i>	43
AUGMENTIN.....	6	BIKTARVY.....	17	CADEAU DHA.....	35
AUM ALCOHOL PREP PADS..	54	<i>bisoprolol fumarate</i>	20	<i>calcipotriene</i>	26
AUM INSULIN SAFETY PEN		<i>bisoprolol-hydrochlorothiazide</i> ..	20	CALCIPOTRIENE.....	26
NEEDLE.....	54	<i>blisovi 24 fe</i>	44	<i>calcitonin (salmon)</i>	53
AUM MINI INSULIN PEN		<i>blisovi fe 1.5/30</i>	44	<i>calcitriol</i>	26, 54
NEEDLE.....	54	<i>blisovi fe 1/20</i>	44	<i>calcium acetate</i>	42
AUM PEN NEEDLE.....	55	BLULINK CONTROL HIGH &		<i>calcium acetate (phos binder)</i> ...	42
AUM READYGARD DUO PEN		LOW.....	30	<i>camila</i>	44
NEEDLE.....	55	BOOSTRIX.....	52	<i>camrese</i>	44
AUM SAFETY PEN NEEDLE...	55	<i>bosentan</i>	64	<i>camrese lo</i>	44
<i>aurovela 1.5/30</i>	44	BRAINSTRONG PRENATAL...	35	<i>candesartan cilexetil</i>	20
<i>aurovela 1/20</i>	44	BREATHE COMFORT		<i>candesartan cilexetil-hctz</i>	20
<i>aurovela 24 fe</i>	44	CHAMBER/ADULT.....	55	CAPCOF.....	62
<i>aurovela fe 1.5/30</i>	44	BREATHE COMFORT		<i>capecitabine</i>	14
<i>aurovela fe 1/20</i>	44	CHAMBER/CHILD.....	55	<i>captopril</i>	20
<i>aviane</i>	44	BREATHE EASE LARGE.....	55	<i>captopril-hydrochlorothiazide</i>	21
AVONEX PEN.....	24	BREATHE EASE MEDIUM.....	55	<i>carbamazepine</i>	9
AVONEX PREFILLED.....	24	BREATHE EASE PEAK FLOW		<i>carbamazepine er</i>	9
<i>ayuna</i>	44	METER.....	55	<i>carbidopa</i>	15
<i>azathioprine</i>	50	BREATHE EASE SMALL.....	55	<i>carbidopa-levodopa</i>	16
<i>azelastine hcl</i>	59, 62	BREATHERRITE VALVED MDI		<i>carbidopa-levodopa er</i>	15
<i>azithromycin</i>	6	CHAMBER.....	55	CARESENS CONTROL A.....	30
<i>azurette</i>	44	BREO ELLIPTA.....	63	CARESENS CONTROL	
<i>bac</i>	3	BREZTRI AEROSPHERE.....	63	SOLUTION A/B.....	30
<i>bacitracin</i>	59	<i>briellyn</i>	44	CARESENS LANCETS 30G....	30
<i>bacitracin-polymyxin b</i>	61	BRILINTA.....	16	CARETOUCH CONTROL SOL	
<i>bacitra-neomycin-polymyxin-hc</i>	61	<i>brimonidine tartrate</i>	60	LEVEL 2.....	30
<i>baclofen</i>	64	<i>brimonidine tartrate-timolol</i>	60	<i>carisoprodol</i>	64

<i>carteolol hcl</i>	60	CIPRO HC.....	61	COMPACT SPACE	
<i>cartia xt</i>	21	<i>ciprofloxacin hcl</i>	7, 59, 61	CHAMBER/LG MASK.....	55
<i>carvedilol</i>	21	<i>ciprofloxacin-dexamethasone</i> ...	61	COMPACT SPACE	
CAYA.....	55	<i>citalopram hydrobromide</i>	11	CHAMBER/MED MASK.....	55
CAYSTON.....	64	<i>claravis</i>	26	COMPACT SPACE	
<i>cefaclor</i>	6	<i>clarithromycin</i>	7	CHAMBER/SM MASK.....	55
<i>cefaclor er</i>	6	<i>clarithromycin er</i>	7	COMPLERA.....	17
<i>cefadroxil</i>	6	<i>classic prenatal</i>	35	COMPLETE NATAL DHA.....	35
<i>cefazolin sodium</i>	6	<i>clemastine fumarate</i>	62	COMPLETENATE.....	35
<i>cefdinir</i>	6	CLEOCIN.....	7	<i>compro</i>	11
<i>cefepodoxime proxetil</i>	6	CLEVER CHOICE COMFORT		CONDOMS.....	55
<i>cefprozil</i>	6	EZ.....	30, 55	<i>constulose</i>	40
<i>cefuroxime axetil</i>	6	CLEVER CHOICE GLUCOSE		CONTOUR CONTROL	
<i>celecoxib</i>	4	CONTROL.....	30	SOLUTION.....	30
CENTRUM SPECIALIST		CLEVER CHOICE HOLDING		CONTOUR NEXT CONTROL	
PRENATAL.....	35	CHAMBER.....	55	SOLUTION.....	30
<i>cephalexin</i>	7	CLEVER CHOICE PEAK		CONTROL.....	30
<i>cevimeline hcl</i>	25	FLOW METER.....	55	COOL CONTROL A.....	30
<i>charlotte 24 fe</i>	44	<i>clindamycin hcl</i>	7	COOL CONTROL B.....	30
<i>chateal eq</i>	44	<i>clindamycin palmitate hcl</i>	7	CORDRAN.....	27
CHEMSTRIP 10 MD.....	30	<i>clindamycin phosphate</i>	7, 26	CORTISONE ACETATE.....	42
CHEMSTRIP 10/SG.....	30	<i>clindamycin phosphate-</i>		CREON.....	41
CHEMSTRIP 2 GP.....	30	<i>benzoyl peroxide</i>	26	CRESEMBA.....	12
CHEMSTRIP 5 OB.....	30	CLINDESSE.....	7	<i>cromolyn sodium</i>	40, 59, 63
CHEMSTRIP 7.....	30	<i>clobetasol propionate</i>	26	CROTAN.....	15
CHEMSTRIP 9.....	30	<i>clobetasol propionate e</i>	26	<i>cryselle-28</i>	44
CHEMSTRIP K.....	30	<i>clobetasol propionate emulsion</i>	26	<i>curae</i>	44
CHEMSTRIP UGK.....	30	<i>clomipramine hcl</i>	11	<i>cvs adapalene</i>	27
<i>chlordiazepoxide hcl</i>	19	<i>clonazepam</i>	19	<i>cvs d3</i>	35
<i>chlordiazepoxide-amitriptyline</i> ...	10	<i>clonidine</i>	21	<i>cvs folic acid</i>	35
<i>chlordiazepoxide-clidinium</i>	40	<i>clonidine hcl</i>	21	CVS KETONE CARE.....	30
<i>chlorhexidine gluconate</i>	25	<i>clopidogrel bisulfate</i>	16	<i>cvs lansoprazole</i>	40
<i>chloroquine phosphate</i>	15	<i>clorazepate dipotassium</i>	19	<i>cvs nicotine</i>	5
<i>chlorpromazine hcl</i>	16	<i>clotrimazole</i>	12	<i>cvs nicotine polacrilex</i>	5
<i>chlorthalidone</i>	21	<i>clotrimazole-betamethasone</i>	12	<i>cvs olopatadine hcl</i>	59
<i>chlorzoxazone</i>	64	<i>clozapine</i>	16	<i>cvs prenatal</i>	35
<i>cholestyramine</i>	21	C-NATE DHA.....	35	<i>cvs prenatal gummy</i>	35
<i>cholestyramine light</i>	21	<i>codeine sulfate</i>	3	<i>cvs prenatal multi+dha</i>	35
CHOSEN LANCETS 30G.....	30	<i>colchicine</i>	13	<i>cvs purelax</i>	40
CHOSEN SAFETY LANCETS		<i>colchicine-probenecid</i>	13	<i>cyanocobalamin</i>	35
28G.....	30	<i>colesevelam hcl</i>	21	<i>cyclobenzaprine hcl</i>	64
<i>ciclopirox</i>	12	<i>colestipol hcl</i>	21	CYCLOMYDRIL.....	61
<i>ciclopirox olamine</i>	12	<i>colistimethate sodium (cba)</i>	7	<i>cyclopentolate hcl</i>	61
<i>cilostazol</i>	16	COMBIPATCH.....	44	<i>cyclophosphamide</i>	14
CILOXAN.....	59	COMBIVENT RESPIMAT.....	63	CYCLOPHOSPHAMIDE.....	14
CIMDUO.....	17	COMFORT EZ PRO PEN		<i>cyclosporine</i>	50, 61
<i>cimetidine</i>	39	NEEDLES.....	55	<i>cyclosporine modified</i>	50
<i>cimetidine hcl</i>	39	COMFORT TOUCH TWIST		<i>cyproheptadine hcl</i>	62
CIMZIA.....	50	LANCET 30G.....	30	<i>cyred eq</i>	44
CIMZIA (2 SYRINGE).....	50	COMIRNATY.....	52	CYSTAGON.....	41
CIMZIA STARTER KIT.....	50	COMMIT.....	5	<i>d3 high potency</i>	36
<i>cinacalcet hcl</i>	54	COMPACT SPACE		<i>d3 kids</i>	36
CIPRO.....	7	CHAMBER.....	55	<i>d-400</i>	36

<i>danazol</i>	43	<i>digoxin</i>	21	EASY PLUS II CONTROL.....	31
<i>dapsone</i>	14, 27	<i>dihydroergotamine mesylate</i>	13	EASY STEP CONTROL.....	31
<i>darunavir</i>	17	DILANTIN.....	9	EASY TALK CONTROL.....	31
<i>dasetta 1/35</i>	44	DILANTIN INFATABS.....	9	EASY TALK PLUS II CONTROL.....	31
<i>dasetta 7/7/7</i>	44	DILANTIN-125.....	9	EASY TOUCH CONTROL HIGH & LOW.....	31
<i>daysee</i>	44	<i>diltiazem hcl</i>	21	EASY TRAK CONTROL.....	31
<i>deblitane</i>	45	<i>diltiazem hcl er</i>	21	EASY TRAK II CONTROL.....	31
<i>delta d3</i>	36	<i>diltiazem hcl er beads</i>	21	EASYGEL.....	25
<i>delyla</i>	45	<i>diltiazem hcl er coated beads</i> ...	21	EASYMAX 15 LEVEL 2 CONTROL.....	31
DENTA 5000 PLUS.....	25	<i>dilt-xr</i>	21	EASYMAX 15 LEVEL 2-3 CONTROL.....	31
DENTA 5000 PLUS SENSITIVE.....	25	<i>dimethyl fumarate</i>	24	EASYMAX CONTROL.....	31
DENTAGEL.....	25	<i>dimethyl fumarate starter pack</i> ..	25	<i>econazole nitrate</i>	12
DEPO-SUBQ PROVERA 104...	45	DIPENTUM.....	53	<i>econtra one-step</i>	45
DESCOVY.....	17	<i>diphenoxylate-atropine</i>	40	EDURANT.....	17
<i>desipramine hcl</i>	11	<i>dipyridamole</i>	16	<i>efavirenz</i>	17
<i>desmopressin ace spray refrig</i> ..	43	<i>disopyramide phosphate</i>	21	<i>efavirenz-emtricitab-tenofo df</i> ..	17
<i>desmopressin acetate</i>	43	<i>disulfiram</i>	5	<i>efavirenz-lamivudine-tenofovir</i> ..	17
<i>desmopressin acetate spray</i>	43	DIURIL.....	21	EFFER-K.....	36
<i>desogestrel-ethinyl estradiol</i>	45	<i>divalproex sodium</i>	9	<i>effer-k</i>	36
<i>desoximetasone</i>	27	<i>divalproex sodium er</i>	9	ELEMENT COMPACT CONTROL 2.....	31
<i>dexamethasone</i>	43	DODEX.....	36	ELEMENT COMPACT CONTROL 3.....	31
<i>dexamethasone intensol</i>	42	<i>dolishale</i>	45	ELEMENT CONTROL.....	31
<i>dexamethasone sod phosphate pf</i>	43	<i>donepezil hcl</i>	10	<i>elinest</i>	45
<i>dexamethasone sodium phosphate</i>	43, 59	<i>dorzolamide hcl</i>	60	ELIQUIS.....	8
DEXCOM G6 RECEIVER.....	30	<i>dorzolamide hcl-timolol mal</i>	60	ELIQUIS DVT/PE STARTER PACK.....	8
DEXCOM G6 SENSOR.....	30	<i>dotti</i>	45	ELITE-OB.....	36
DEXCOM G6 TRANSMITTER..	30	DOVATO.....	17	<i>elixophyllin</i>	63
DEXCOM G7 RECEIVER.....	31	<i>doxazosin mesylate</i>	21	ELLA.....	45
DEXCOM G7 SENSOR.....	31	<i>doxepin hcl</i>	11	<i>eluryng</i>	45
<i>dexmethylphenidate hcl</i>	24	<i>doxycycline hyclate</i>	7	EMBRACE CONTROL.....	31
<i>dexmethylphenidate hcl er</i>	24	<i>doxycycline monohydrate</i>	7	EMBRACE EVO CONTROL LEVEL 1.....	31
<i>dextroamphetamine sulfate</i>	24	DROPLET MICRON.....	55	EMBRACE GLUCOSE CONTROL.....	31
<i>dextroamphetamine sulfate er</i> ..	24	DROPSAFE ALCOHOL PREP.	55	EMBRACE PEN NEEDLES.....	55
DIASTIX.....	31	DROPSAFE SAFETY SYRINGE/NEEDLE.....	34	EMBRACE PRO GLUCOSE CONTROL.....	31
DIASTIX REAGENT.....	31	<i>drospiren-eth estrad-levomefol</i> ..	45	EMBRACE TALK GLUCOSE CONTROL.....	31
DIATHRIVE GLUCOSE CONTROL SOLN.....	31	<i>drospirenone-ethinyl estradiol</i> ...	45	EMCYT.....	14
DIATRUE CONTROL LEVEL 1	31	DROXIA.....	14	EMEND.....	11
DIATRUE CONTROL LEVEL 2	31	DRYSOL.....	27	EMGALITY.....	13
DIATRUE CONTROL LEVEL 3	31	DUAVEE.....	45	<i>emtricitabine</i>	17
<i>diazepam</i>	19	<i>duloxetine hcl</i>	11	<i>emtricitabine-tenofovir df</i>	17
<i>diclofenac potassium</i>	4	DUO-CARE CONTROL SOLUTION.....	31	EMTRIVA.....	17
<i>diclofenac sodium</i>	4, 59	DUPIXENT.....	27	EMVERM.....	15
<i>diclofenac sodium er</i>	4	DUREX EXTRA SENSITIVE THIN.....	55		
<i>diclofenac-misoprostol</i>	4	DUREX REALFEEL.....	55		
<i>dicloxacillin sodium</i>	7	<i>dutasteride</i>	42		
<i>dicyclomine hcl</i>	40	E.E.S. 400.....	7		
DIFFERIN.....	27	EASIVENT.....	55		
DIFICID.....	7	EASIVENT MASK LARGE.....	55		
<i>diflunisal</i>	4	EASIVENT MASK MEDIUM.....	55		
		EASIVENT MASK SMALL.....	55		

<i>emzahn</i>	45	ESTRING.....	45	FLUAD QUADRIVALENT.....	52
<i>enalapril maleate</i>	21	<i>eszopiclone</i>	65	FLUARIX QUADRIVALENT.....	52
<i>enalapril-hydrochlorothiazide</i>	21	<i>ethambutol hcl</i>	14	FLUBLOK QUADRIVALENT.....	52
ENBREL.....	50	<i>ethosuximide</i>	9	FLUCELVAX	
ENBREL MINI.....	50	<i>ethynodiol diac-eth estradiol</i>	45	QUADRIVALENT.....	52
ENBREL SURECLICK.....	50	<i>etodolac</i>	4	<i>fluconazole</i>	12
ENCARE.....	55	<i>etodolac er</i>	4	<i>fludrocortisone acetate</i>	43
<i>endocet</i>	3	<i>etonogestrel-ethinyl estradiol</i>	45	FLULAVAL QUADRIVALENT...	52
ENFAMIL EXPECTA.....	36	<i>etoposide</i>	14	FLUMIST QUADRIVALENT.....	52
ENGERIX-B.....	52	<i>etravirine</i>	17	<i>fluocinolone acetonide</i>	27
<i>enilloring</i>	45	<i>euthyrox</i>	49	<i>fluocinolone acetonide body</i>	27
<i>enoxaparin sodium</i>	8	EVOLUTION CONTROL.....	31	<i>fluocinolone acetonide scalp</i>	27
<i>enpresse-28</i>	45	EVOTAZ.....	17	<i>fluocinonide</i>	27
<i>enskyce</i>	45	EVRYSDI.....	41	<i>fluocinonide emulsified base</i>	27
<i>entecavir</i>	17	EXELDERM.....	12	FLUORIDEX SENSITIVITY	
ENTRESTO.....	21	<i>exemestane</i>	14	RELIEF.....	25
<i>enulose</i>	40	EXTAVIA.....	25	<i>fluorometholone</i>	59
EPCLUSA.....	17	<i>eye allergy itch relief</i>	59	FLUOROURACIL.....	27
EPIDIOLEX.....	9	<i>eye allergy itch/redness rel</i>	59	<i>fluorouracil</i>	27
<i>epinephrine</i>	21, 63	<i>ezetimibe</i>	21	<i>fluoxetine hcl</i>	11
<i>epinephrine (anaphylaxis)</i>	63	<i>ezetimibe-simvastatin</i>	21	<i>fluphenazine hcl</i>	16
<i>epinephrine pf</i>	21	EZY DOSE PILL CUTTER		<i>flurazepam hcl</i>	65
<i>epitol</i>	9	ORIGINAL.....	55	<i>flurbiprofen</i>	4
<i>eplerenone</i>	21	<i>fa-8</i>	36	<i>flurbiprofen sodium</i>	59
<i>eq laxative</i>	40	FABIOR.....	27	<i>fluticasone propionate</i>	27, 62
<i>eq nicotine</i>	5	<i>falmina</i>	45	FLUTICASONE PROPIONATE	
<i>eq nicotine polacrilex</i>	5	<i>famotidine</i>	40	HFA.....	63
<i>eq nicotine step 3</i>	5	FANTASY LUBRICATED.....	56	<i>fluvoxamine maleate</i>	11
EQ SPACE CHAMBER ANTI-STATIC.....	55	FANTASY		FLUZONE HIGH-DOSE	
EQ SPACE CHAMBER ANTI-STATIC L.....	55	LUBRICATED/SPERMICIDE...	56	QUADRIVALENT.....	52
EQ SPACE CHAMBER ANTI-STATIC M.....	55	FARXIGA.....	28	FLUZONE QUADRIVALENT...	52
EQ SPACE CHAMBER ANTI-STATIC S.....	55	FASENRA PEN.....	63	<i>folate</i>	36
<i>eql prenatal formula</i>	36	FC2 FEMALE CONDOM.....	56	<i>folding paddle walker</i>	5
<i>eql vitamin d3</i>	36	<i>febuxostat</i>	13	<i>folic acid</i>	36
<i>ergocalciferol</i>	36	<i>felbamate</i>	9	FORA CONTROL.....	31
<i>ergotamine-caffeine</i>	13	<i>felodipine er</i>	21	FORA GTEL BLOOD KETONE	
<i>erlotinib hcl</i>	14	FEMCAP.....	56	TEST.....	31
<i>errin</i>	45	<i>fenofibrate</i>	21	FORA TEST N'GO ADV-	
<i>ery</i>	27	<i>fenofibrate micronized</i>	21	VOICE-6 CON.....	31
ERYTHROCIN STEARATE.....	7	<i>fenopropfen calcium</i>	4	FORACARE GDH CONTROL..	31
<i>erythromycin</i>	7, 27, 59	<i>fentanyl</i>	3	<i>formoterol fumarate</i>	63
<i>erythromycin base</i>	7	<i>finasteride</i>	42	<i>fosamprenavir calcium</i>	17
<i>erythromycin ethylsuccinate</i>	7	<i>ingolimod hcl</i>	25	<i>fosinopril sodium</i>	22
<i>escitalopram oxalate</i>	11	<i>finzala</i>	45	<i>fosinopril sodium-hctz</i>	22
<i>esomeprazole magnesium</i>	40	<i>flavoxate hcl</i>	42	FOSRENOL.....	42
<i>estarylla</i>	45	<i>flecainide acetate</i>	22	FRAGMIN.....	9
<i>estazolam</i>	19	FLEXICHAMBER.....	56	FREESTYLE CONTROL	
<i>estradiol</i>	45	FLEXICHAMBER ADULT		SOLUTION.....	31
<i>estradiol valerate</i>	45	MASK/SMALL.....	56	<i>ft eye allergy itch & redness</i>	59
		FLEXICHAMBER CHILD		<i>ft eye allergy itch relief</i>	59
		MASK/LARGE.....	56	<i>ft nicotine</i>	5
		FLEXICHAMBER CHILD		<i>ft nicotine mini</i>	5
		MASK/SMALL.....	56	FULPHILA.....	20

<i>furosemide</i>	22	<i>gnp olopatadine hcl</i>	59	HUMIRA-PED<40KG	
FUZEON.....	17	<i>gnp prenatal</i>	36	CROHNS STARTER.....	50
<i>fyavolv</i>	45	GNP ULTIGUARD SAFEPAK		HUMIRA-PED>/=40KG	
FYLNETRA.....	20	NEEDLE.....	56	CROHNS START.....	50
<i>g tussin ac</i>	62	<i>gnp vitamin d</i>	36	HUMIRA-PED>/=40KG UC	
<i>gabapentin</i>	9	<i>gnp vitamin d3</i>	36	STARTER.....	50
<i>galantamine hydrobromide</i>	10	<i>gnp vitamin d-400</i>	36	HUMIRA-PSORIASIS/UEVEIT	
<i>galantamine hydrobromide er</i> ...	10	GOJJI BLOOD KETONE TEST	32	STARTER.....	50
<i>gatifloxacin</i>	59	GOJJI CONTROL.....	32	HUMULIN R U-500 KWIKPEN..	34
<i>gavilyte-c</i>	40	<i>goodsense lansoprazole</i>	40	HUMULIN R U-500 VIAL.....	34
<i>gavilyte-g</i>	40	<i>goodsense nicotine</i>	5	<i>hydralazine hcl</i>	22
<i>gavilyte-n with flavor pack</i>	41	<i>granisetron hcl</i>	12	<i>hydrochlorothiazide</i>	22
GE100 CONTROL.....	31	GRANIX.....	20	<i>hydrocod poli-chlorophe poli er</i> ..	62
GEL-KAM.....	25	GRASTEK.....	56	<i>hydrocodone bit-homatrop mbr</i> ..	62
<i>gemfibrozil</i>	22	<i>griseofulvin microsize</i>	12	<i>hydrocodone-acetaminophen</i>	3
<i>gemmily</i>	45	<i>griseofulvin ultramicrosize</i>	12	<i>hydrocortisone</i>	27, 43, 53
<i>generlac</i>	41	<i>guaifenesin-codeine</i>	62	<i>hydrocortisone (perianal)</i>	53
<i>gengraf</i>	50	<i>guanfacine hcl</i>	22	<i>hydrocortisone-acetic acid</i>	61
<i>gentamicin sulfate</i>	7, 59	<i>guanfacine hcl er</i>	24	<i>hydromet</i>	62
GENVOYA.....	17	GVOKE HYPOPEN 1-PACK.....	33	<i>hydromorphone hcl</i>	3
GILENYA.....	25	GVOKE HYPOPEN 2-PACK.....	34	<i>hydroxychloroquine sulfate</i>	15
<i>glatiramer acetate</i>	25	GVOKE KIT.....	34	<i>hydroxyurea</i>	14
<i>glatopa</i>	25	GVOKE PFS.....	34	<i>hydroxyzine hcl</i>	19
GLEOSTINE.....	14	GYNAZOLE-1.....	12	<i>hydroxyzine pamoate</i>	19
<i>glimepiride</i>	28	<i>habitrol</i>	5	<i>hyoscyamine sulfate</i>	41
<i>glipizide er</i>	28	HADLIMA.....	50	<i>hyoscyamine sulfate er</i>	41
<i>glipizide ir</i>	29	HADLIMA PUSHTOUCH.....	50	<i>hyosyne</i>	41
<i>glipizide xl</i>	29	<i>hailey 1.5/30</i>	45	HYPERSAL.....	62
<i>glipizide-metformin hcl</i>	29	<i>hailey 24 fe</i>	45	HYRIMOZ.....	50, 51
<i>glucagon emergency kit</i>	33	<i>hailey fe 1.5/30</i>	45	HYRIMOZ-CROHNS/UC	
GLUCOCARD 01 CONTROL...	31	<i>hailey fe 1/20</i>	45	STARTER.....	51
GLUCOCARD EXPRESSION		<i>halobetasol propionate</i>	27	HYRIMOZ-PED<40KG	
CONTROL.....	31	<i>haloette</i>	45	CROHN STARTER.....	51
GLUCOCARD SHINE		<i>haloperidol</i>	16	HYRIMOZ-PED>/=40KG	
CONTROL.....	31	<i>haloperidol lactate</i>	16	CROHN START.....	51
GLUCOCARD X-SENSOR		HARVONI.....	17	HYRIMOZ-PLAQUE	
CONTROL.....	32	HEALTHY MAMA BE WELL		PSORIASIS START.....	51
GLUCOCOM CONTROL.....	32	ROUNDED.....	36	<i>ibandronate sodium</i>	53
GLUCOSE CONTROL.....	32	<i>healthylax</i>	41	IBRANCE.....	14
GLUCOSE CONTROL		<i>heather</i>	45	<i>ibuprofen</i>	4
SOLUTIONS.....	31	<i>heparin na (pork) lock flsh pf</i>	9	<i>iclevia</i>	46
<i>glyburide</i>	29	<i>heparin sod (pork) lock flush</i>	9	ILEVRO.....	59
<i>glyburide micronized</i>	29	<i>heparin sodium (porcine)</i>	9	<i>imatinib mesylate</i>	14
<i>glyburide-metformin</i>	29	<i>heparin sodium (porcine) pf</i>	9	<i>imipramine hcl</i>	11
<i>glycopyrrolate</i>	41	HEPLISAV-B.....	52	<i>imiquimod</i>	27
<i>glydo</i>	4	<i>her style</i>	46	IN TOUCH GLUCOSE	
<i>gnp clearlax</i>	41	<i>hm eye allergy itch relief</i>	59	CONTROL.....	32
GNP EASY TOUCH CONT		<i>hm eye allergy itch/red relief</i>	59	<i>incassia</i>	46
HIGH/LOW.....	32	<i>hm nicotine polacrilex</i>	5	INCONTROL ULTICARE PEN	
<i>gnp folic acid</i>	36	HUMIRA (2 PEN).....	50	NEEDLES.....	56
<i>gnp nicotine</i>	5	HUMIRA (2 SYRINGE).....	50	INCRUSE ELLIPTA.....	63
<i>gnp nicotine mini</i>	5	HUMIRA-CD/UC/HS		<i>indapamide</i>	22
<i>gnp nicotine polacrilex</i>	5	STARTER.....	50	<i>indomethacin</i>	4

<i>indomethacin er</i>	4	KAMELEON LUBRICATED.....	56	<i>latanoprost</i>	60
INFINITY CONTROL.....	32	<i>kariva</i>	46	<i>layolis fe</i>	46
INFINITY VOICE.....	32	KATERZIA.....	22	<i>leena</i>	46
INPEN 100-BLUE-NOVOLOG- FIASP.....	32	<i>kelnor 1/35</i>	46	<i>leflunomide</i>	51
INPEN 100-GREY- NOVOLOG-FIASP.....	32	<i>kelnor 1/50</i>	46	<i>lenalidomide</i>	14
INPEN 100-PINK-NOVOLOG- FIASP.....	32	<i>ketoconazole</i>	12	<i>lessina</i>	46
INSPIREASE.....	56	KETO-DIASTIX.....	32	<i>letrozole</i>	14
INSULIN DEGLUDEC.....	34	KETONE TEST.....	32	<i>leucovorin calcium</i>	14
INSULIN DEGLUDEC FLEXTOUCH.....	34	<i>ketoprofen</i>	4	LEUKERAN.....	14
INSULIN PEN NEEDLES.....	56	<i>ketoprofen er</i>	4	<i>levetiracetam</i>	10
INSULIN SYRINGES.....	34	<i>ketorolac tromethamine</i> ..	4, 59, 60	<i>levetiracetam er</i>	10
INTELENCE.....	17	KETOSTIX.....	32	<i>levobunolol hcl</i>	60
<i>introvale</i>	46	KIMONO.....	56	<i>levocarnitine</i>	37
IOPIDINE.....	60	KIMONO COLORS.....	56	<i>levocarnitine sf</i>	37
<i>ipratropium bromide</i>	62, 63	KIMONO MAXX-LARGE FLARE.....	56	<i>levofloxacin</i>	7
<i>ipratropium-albuterol</i>	63	KIMONO MICRO THIN.....	56	<i>levonest</i>	46
<i>irbesartan</i>	22	KIMONO MICRO THIN PLUS...	56	<i>levonorgest-eth est & eth est</i> ...	46
<i>irbesartan-hydrochlorothiazide</i> ..	22	KIMONO PLUS.....	56	<i>levonorgest-eth estrad 91-day</i> ..	46
ISENTRESS.....	17	KIMONO PS.....	56	<i>levonorgest-eth estradiol-iron</i> ...	46
ISENTRESS HD.....	17	KIMONO PS PLUS.....	56	<i>levonorgestrel</i>	46
<i>isibloom</i>	46	KIMONO SENSATION.....	56	<i>levonorgestrel-ethinyl estrad</i>	46
<i>isoniazid</i>	14	KIMONO SENSATION PLUS...	56	<i>levonorg-eth estrad triphasic</i>	46
<i>isopropyl alcohol</i>	27	KIMONO SPECIAL.....	56	<i>levora 0.15/30 (28)</i>	47
<i>isosorbide dinitrate</i>	22	<i>klayesta</i>	12	<i>levo-t</i>	49
<i>isosorbide mononitrate</i>	22	<i>klor-con m10</i>	36	<i>levothyroxine sodium</i>	49
<i>isosorbide mononitrate er</i>	22	<i>klor-con m15</i>	36	<i>levoxyl</i>	49
<i>isotretinoin</i>	27	<i>klor-con m20</i>	37	LIBERTY GLUCOSE CONTROL.....	32
<i>itraconazole</i>	12	<i>kls quit2</i>	5	LIBERTY GLUCOSE CONTROL MID.....	32
IV PREP WIPES.....	7	<i>kls quit4</i>	5	<i>lidocaine</i>	4
<i>ivermectin</i>	15	<i>kourzeq</i>	25	<i>lidocaine hcl</i>	4
<i>jaimiess</i>	46	<i>kp folic acid</i>	37	<i>lidocaine hcl urethrallmucosal</i>	4
<i>jantoven</i>	9	<i>kp prenatal multivitamins</i>	37	<i>lidocaine viscous hcl</i>	26
JANUMET.....	29	<i>kp vitamin d</i>	37	<i>lidocaine-prilocaine</i>	4
JANUMET XR.....	29	KROGER HEALTHPRO CONTROL HI/LO.....	32	<i>linezolid</i>	7
JANUVIA.....	29	<i>kurvelo</i>	46	LINZESS.....	41
<i>jasmiel</i>	46	<i>labetalol hcl</i>	22	<i>liothyronine sodium</i>	49
<i>jencycla</i>	46	<i>lactulose</i>	41	<i>lisdexamfetamine dimesylate</i> ...	24
<i>jinteli</i>	46	<i>lactulose encephalopathy</i>	41	<i>lisinopril</i>	22
<i>jolessa</i>	46	LAGEVRIO.....	18	<i>lisinopril-hydrochlorothiazide</i>	22
<i>joyeaux</i>	46	<i>lamivudine</i>	18	<i>lithium carbonate</i>	20
<i>juleber</i>	46	<i>lamivudine-zidovudine</i>	18	<i>lithium carbonate er</i>	20
<i>junel 1.5/30</i>	46	<i>lamotrigine</i>	10	<i>lojaimiess</i>	47
<i>junel 1/20</i>	46	LANCETS.....	32	<i>lopinavir-ritonavir</i>	18
<i>junel fe 1.5/30</i>	46	<i>lansoprazole</i>	40	<i>lorazepam</i>	19
<i>junel fe 1/20</i>	46	<i>lanthanum carbonate</i>	42	<i>lorazepam intensol</i>	19
<i>junel fe 24</i>	46	<i>lapatinib ditosylate</i>	14	<i>loryna</i>	47
JUST FOR KIDS.....	25	<i>larin 1.5/30</i>	46	<i>losartan potassium</i>	22
<i>kaitlib fe</i>	46	<i>larin 1/20</i>	46	<i>losartan potassium-hctz</i>	22
<i>kalliga</i>	46	<i>larin 24 fe</i>	46	<i>lovastatin</i>	22
		<i>larin fe 1.5/30</i>	46	<i>low-ogestrel</i>	47
		<i>larin fe 1/20</i>	46	<i>loxapine succinate</i>	16

<i>lo-zumandimine</i>	47	<i>methocarbamol</i>	64	<i>morphine sulfate</i>	3
<i>lubiprostone</i>	41	<i>methotrexate sodium</i>	51	<i>morphine sulfate (concentrate)</i> ...	3
LUNG PERFORM PEAK FLOW METER.....	56	<i>methotrexate sodium (pf)</i>	51	<i>morphine sulfate er</i>	3
<i>lutera</i>	47	<i>methoxsalen rapid</i>	28	MOVANTIK.....	41
<i>lyleq</i>	47	<i>methsuximide</i>	10	<i>moxifloxacin hcl</i>	8, 60
<i>lyllana</i>	47	METHYLDOPA.....	22	<i>moxifloxacin hcl (2x day)</i>	60
LYSODREN.....	14	<i>methylergonovine maleate</i>	56	<i>multi prenatal</i>	37
<i>lyza</i>	47	<i>methylphenidate hcl</i>	24	MULTISTIX 10 SG.....	32
<i>marlissa</i>	47	<i>methylphenidate hcl er</i>	24	<i>mupirocin</i>	8
MASK VORTEX.....	56	<i>methylphenidate hcl er (cd)</i>	24	<i>mupirocin calcium</i>	8
MASK VORTEX/CHILD/FROG.....	56	<i>methylphenidate hcl er (la)</i>	24	<i>my choice</i>	47
MASK VORTEX/TODDLER/LADYBU G.....	56	<i>methylphenidate hcl er (osm)</i>	24	<i>my way</i>	47
MASONATAL.....	37	<i>methylprednisolone</i>	43	<i>mycophenolate mofetil</i>	51
MATULANE.....	15	<i>metoclopramide hcl</i>	12	<i>mycophenolate sodium</i>	51
MAVYRET.....	18	<i>metolazone</i>	22	<i>mycophenolic acid</i>	51
<i>maxi-tuss ac</i>	62	<i>metoprolol succinate er</i>	22	MYFEMBREE.....	47
MAXX.....	56	<i>metoprolol tartrate</i>	22	MYGLUCOHEALTH CONTROL.....	32
MAXX PLUS.....	56	<i>metoprolol-hydrochlorothiazide</i> ..	22	MYLERAN.....	15
<i>meclizine hcl</i>	12	<i>metronidazole</i>	7, 28	MYRBETRIQ.....	42
<i>meclofenamate sodium</i>	4	<i>mexiletine hcl</i>	22	<i>nabumetone</i>	4
MEDISENSE GLUCOSE KETONE CONTR.....	32	<i>mibelas 24 fe</i>	47	<i>nadolol</i>	22
MEDISENSE HI/MID/LOW CONTROL.....	32	<i>miconazole 3</i>	12	<i>naloxone hcl</i>	5
MEDROL.....	43	MICROCHAMBER.....	56	<i>naltrexone hcl</i>	5
<i>medroxyprogesterone acetate</i> ..	47	MICRODOT CONTROL HIGH/LOW.....	32	<i>naproxen</i>	4
<i>mefloquine hcl</i>	15	<i>microgestin 1.5/30</i>	47	<i>naproxen sodium</i>	4
<i>megestrol acetate</i>	47	<i>microgestin 1/20</i>	47	<i>naratriptan hcl</i>	13
MELOXICAM.....	4	<i>microgestin 24 fe</i>	47	NATAZIA.....	47
<i>meloxicam</i>	4	<i>microgestin fe 1.5/30</i>	47	<i>nateglinide</i>	29
<i>memantine hcl</i>	10	<i>microgestin fe 1/20</i>	47	NEBUSAL.....	62
MENEST.....	47	MICROLIFE DIGITAL PEAK FLOW.....	56	<i>necon 0.5/35 (28)</i>	47
<i>mepiperidine hcl</i>	3	MICROSPACER.....	57	<i>nefazodone hcl</i>	11
<i>meprobamate</i>	19	<i>midazolam hcl</i>	19	<i>neomycin sulfate</i>	8
<i>mercaptapurine</i>	15	<i>midodrine hcl</i>	22	<i>neomycin-bacitracin zn-</i> <i>polymyx</i>	61
<i>merzee</i>	47	MIGERGOT.....	13	<i>neomycin-polymyxin-dexameth</i> ..	60
<i>mesalamine</i>	53	<i>mili</i>	47	<i>neomycin-polymyxin-</i> <i>gramicidin</i>	61
<i>mesalamine er</i>	53	MINI WRIGHT PEAK FLOW METER.....	57	<i>neomycin-polymyxin-hc</i>	60, 61
MESNEX.....	15	<i>minocycline hcl</i>	7	NEONATAL PLUS.....	37
<i>metaxalone</i>	64	<i>mirabegron er</i>	42	NEONATAL PRENATAL.....	37
<i>metformin hcl er</i>	29	MIRCERA.....	20	NEONATAL VITAMIN.....	37
<i>metformin hcl ir</i>	29	<i>mirtazapine</i>	11	<i>neo-polycin</i>	61
<i>methadone hcl</i>	3	<i>misoprostol</i>	40	<i>neo-polycin hc</i>	61
<i>methadone hcl intensol</i>	3	M-NATAL PLUS.....	37	<i>neuac</i>	28
<i>methadose</i>	3	<i>modafinil</i>	65	NEUTEK 2TEK CONTROL.....	32
<i>methamphetamine hcl</i>	24	MODERNA COVID-19 VAC 6M-11Y.....	52	NEVANAC.....	60
<i>methazolamide</i>	60	<i>molindone hcl</i>	16	<i>nevirapine</i>	18
<i>methenamine hippurate</i>	7	<i>mometasone furoate</i>	28	<i>nevirapine er</i>	18
<i>methimazole</i>	49	<i>mondoxyne nl</i>	7	<i>new day</i>	47
METHITEST.....	43	<i>mono-lynyah</i>	47	<i>niacin er (antihyperlipidemic)</i>	22
		<i>montelukast sodium</i>	63	NICODERM CQ.....	5
				NICORETTE.....	5

NICORETTE MINI.....	5	NOVAVAX COVID-19		<i>olanzapine</i>	16
NICORETTE STARTER KIT	5	VACCINE	52	<i>olmesartan medoxomil</i>	23
<i>nicotine</i>	5	NOVOFINE PEN NEEDLE	57	<i>olmesartan medoxomil-hctz</i>	23
<i>nicotine mini</i>	5	NOVOFINE PLUS PEN		<i>olopatadine hcl</i>	60
<i>nicotine polacrilex</i>	5	NEEDLE	57	<i>omega-3-acid ethyl esters</i>	23
<i>nicotine polacrilex mini</i>	5	NOVOLIN 70/30 FLEXPEN	34	<i>omeprazole</i>	40
<i>nicotine step 1</i>	5	NOVOLIN 70/30 FLEXPEN		OMNIFLEX DIAPHRAGM	57
<i>nicotine step 2</i>	6	RELION	34	OMNITROPE	43
<i>nicotine step 3</i>	6	NOVOLIN 70/30 RELION	34	<i>ondansetron hcl</i>	12
NICOTROL	6	NOVOLIN 70/30 VIAL	34	<i>ondansetron odt</i>	12
NICOTROL NS	6	NOVOLIN N FLEXPEN	34	ONE VITE WOMENS	37
<i>nifedipine</i>	22	NOVOLIN N FLEXPEN		ONE VITE WOMENS PLUS	37
<i>nifedipine er</i>	22	RELION	34	ONE-A-DAY WOMENS	
<i>nifedipine er osmotic release</i>	22	NOVOLIN N RELION	35	PRENATAL	37
<i>nikki</i>	47	NOVOLIN N VIAL	35	ONE-A-DAY WOMENS	
<i>nilutamide</i>	15	NOVOLIN R FLEXPEN	35	PRENATAL 1	37
<i>nimodipine</i>	22	NOVOLIN R FLEXPEN		ONETOUCH DELICA SAFETY	
NINJACOF-XG	62	RELION	35	LANCING	32
NITRO-BID	22	NOVOLIN R RELION	35	ONETOUCH ULTRA 2 KIT	
NITRO-DUR	22, 23	NOVOLIN R VIAL	35	W/DEVICE	32
<i>nitrofurantoin</i>	8	NOVOLOG 70/30 FLEXPEN		ONETOUCH ULTRA	
<i>nitrofurantoin macrocrystal</i>	8	RELION	35	CONTROL	32
<i>nitrofurantoin monohydrate</i>		NOVOLOG FLEXPEN	35	ONETOUCH ULTRA TEST	32
<i>macrocrystals</i>	8	NOVOLOG FLEXPEN		ONETOUCH ULTRA TEST	
<i>nitroglycerin</i>	23	RELION	35	STRIPS	32
NIVA THYROID	49	NOVOLOG MIX 70/30		ONETOUCH VERIO FLEX	
NIVA-PLUS	37	FLEXPEN	35	SYSTEM	32
<i>nora-be</i>	47	NOVOLOG MIX 70/30		ONETOUCH VERIO KIT	
<i>norelgestromin-eth estradiol</i>	47	RELION	35	W/DEVICE	32
<i>norethin ace-eth estrad-fe</i>	47	NOVOLOG MIX 70/30 VIAL	35	ONETOUCH VERIO	
<i>norethindrone</i>	47	NOVOLOG PENFILL	35	REFLECT KIT W/DEVICE	33
<i>norethindrone acetate</i>	47	NOVOLOG RELION	35	<i>opcicon one-step</i>	48
<i>norethindrone acet-ethinyl est</i>	47	NOVOLOG U-100 VIAL	35	OPSUMIT	64
<i>norethindrone-eth estradiol</i>	47	NOVOPEN ECHO	32	OPTICHAMBER DIAMOND	57
<i>norethindron-ethinyl estrad-fe</i>	47	<i>np thyroid</i>	50	OPTICHAMBER DIAMOND-	
<i>norethin-eth estradiol-fe</i>	48	NUCALA	63	LG MASK	57
NORGESIC FORTE	64	<i>nyamyc</i>	12	OPTICHAMBER DIAMOND-	
<i>norgestimate-eth estradiol</i>	48	<i>nylia 1/35</i>	48	MD MASK	57
<i>norgestimate-ethinyl estradiol</i>		<i>nylia 7/7/7</i>	48	OPTICHAMBER DIAMOND-	
<i>triphasic</i>	48	NYMALIZE	23	SM MASK	57
NORLIQVA	23	<i>nymyo</i>	48	<i>option 2</i>	48
<i>norlyroc</i>	48	<i>nystatin</i>	13	OPTIONS GYNOL II	
NORPACE CR	23	<i>nystatin-triamcinolone</i>	13	CONTRACEPTIVE	57
<i>nortrel 0.5/35 (28)</i>	48	<i>nystop</i>	13	OPVEE	6
<i>nortrel 1/35 (21)</i>	48	NYVEPRIA	20	ORALAIR	57
<i>nortrel 1/35 (28)</i>	48	OBSTETRIX DHA	37	<i>oralone</i>	26
<i>nortrel 7/7/7</i>	48	OBTREX DHA	37	<i>orphenadrine citrate er</i>	65
<i>nortriptyline hcl</i>	11	<i>ocella</i>	48	ORPHENGESIC FORTE	65
NORVIR	18	<i>octreotide acetate</i>	43	OSCIMIN	41
NOVA MAX PLUS GLU/KET		ODACTRA	57	<i>oseltamivir phosphate</i>	18
CONTROL	32	ODEFSEY	18	OTEZLA	51
NOVA MAX PLUS KETONE		OFEV	63	<i>oxaprozin</i>	4
TEST	32	<i>ofloxacin</i>	60, 61	<i>oxazepam</i>	19

<i>oxcarbazepine</i>	10	<i>phenytek</i>	10	PRECISION GLUCOSE
<i>oxiconazole nitrate</i>	13	<i>phenytoin</i>	10	KETONE CONTR.....
OXISTAT.....	13	<i>phenytoin infatabs</i>	10	PRECISION XTRA KETONE....
<i>oxybutynin chloride</i>	42	<i>phenytoin sodium extended</i>	10	<i>prednisolone</i>
<i>oxybutynin chloride er</i>	42	PHEXXI.....	57	<i>prednisolone acetate</i>
<i>oxycodone hcl</i>	3	<i>phillith</i>	48	<i>prednisolone sodium</i>
OXYCODONE HCL ER.....	3	PHOSPHOLINE IODIDE.....	61	<i>phosphate</i>
<i>oxycodone-acetaminophen</i>	3	<i>phytonadione</i>	37	<i>prednisone</i>
PALFORZIA.....	57	PIKO 1.....	57	<i>prednisone intensol</i>
PANDA MASK LARGE.....	57	<i>pilocarpine hcl</i>	26, 61	<i>pregabalin</i>
PANDA MASK MEDIUM.....	57	<i>pimecrolimus</i>	28	PREHEVBRIO.....
PANDA MASK SMALL.....	57	<i>pimozide</i>	16	PREMARIN.....
PANRETIN.....	15	<i>pimtrea</i>	48	PREMPHASE.....
<i>pantoprazole sodium</i>	40	<i>pindolol</i>	23	PREMPRO.....
PARI VORTEX ADULT MASK..	57	<i>pioglitazone hcl</i>	29	RENATABS FA.....
<i>paroxetine hcl</i>	11	<i>pioglitazone hcl-metformin hcl</i> ..	29	RENATABS RX.....
PATADAY.....	60	PIP GLUCOSE CONTROL		<i>prenatal</i>
PAXLOVID (150/100).....	18	SOLUTION.....	33	<i>prenatal (w/iron & fa)</i>
PAXLOVID (300/100).....	18	PIP PEN NEEDLES 31G X		<i>prenatal 19</i>
PEAK A-I-R FLOW METER.....	57	5MM.....	57	<i>prenatal complete</i>
PEAK AIR PEAK FLOW		PIP PEN NEEDLES 32G X		<i>prenatal formula</i>
METER.....	57	4MM.....	57	<i>prenatal forte</i>
PEAK FLOW METER		<i>pirfenidone</i>	63	<i>prenatal gummies/dha & fa</i>
UNIVERSAL RANG.....	57	<i>piroxicam</i>	4	<i>prenatal multi +dha</i>
PEDIATRIC PANDA MASK.....	57	PLEGRIDY.....	25	RENATAL MULTIVITAMIN +
PEDIATRIC SMALL MASK.....	57	PLEGRIDY STARTER PACK...	25	DHA.....
<i>peg 3350</i>	41	PNEUMOVAX 23.....	53	<i>prenatal multivitamin plus dha</i> ..
<i>peg 3350-kcl-na bicarb-nacl</i>	41	<i>pnv prenatal plus multivit+dha</i> ..	37	<i>prenatal one daily</i>
<i>peg-3350/electrolytes</i>	41	<i>pnv-select</i>	37	<i>prenatal plus vitamin/mineral</i>
<i>peg-3350/electrolytes/ascorbat</i> ..	41	POCKET CHAMBER.....	57	<i>prenatal vitamin and mineral</i>
PEGASYS.....	18	POCKET PEAK FLOW		<i>prenatal vitamins</i>
<i>peg-kcl-nacl-nasulf-na asc-c</i>	41	METER.....	57	<i>prenatal/folic acid+dha</i>
<i>penicillin v potassium</i>	8	POCKET SPACER.....	57	<i>prenatal/iron</i>
<i>pentamidine isethionate</i>	15	POCKETCHEM EZ CONTROL	33	RENATAL-U.....
PENTASA.....	53	POCKETPEAK PEAK FLOW		<i>prevalite</i>
<i>pentazocine-naloxone hcl</i>	3	METER.....	57	PREVNAR 20.....
<i>pentoxifylline er</i>	23	<i>podofilox</i>	28	PREVYMIS.....
<i>perindopril erbumine</i>	23	<i>polycin</i>	61	PREZCOBIX.....
<i>perio gard</i>	26	<i>polyethylene glycol 3350</i>	41	PREZISTA.....
<i>permethrin</i>	15	<i>polymyxin b-trimethoprim</i>	61	<i>primidone</i>
<i>perphenazine</i>	12	<i>portia-28</i>	48	PRO COMFORT SPACER
<i>perphenazine-amitriptyline</i>	11	<i>posaconazole</i>	13	ADULT.....
PERSONAL BEST FULL		<i>potassium chloride</i>	37	PRO COMFORT SPACER
RANGE.....	57	<i>potassium chloride crys er</i>	37	CHILD.....
PFIZER COVID-19 VAC-TRIS		<i>potassium chloride er</i>	37	PRO COMFORT SPACER
5-11Y.....	52	<i>potassium citrate er</i>	37	INFANT.....
PFIZER COVID-19 VAC-TRIS		<i>pramipexole dihydrochloride</i>	16	<i>probenecid</i>
6M-4Y.....	52	PRAMOSONE.....	28	PROCARE SPACER/ADULT
<i>phenazo</i>	42	<i>prasugrel hcl</i>	16	MASK.....
<i>phenazopyridine hcl</i>	42	<i>pravastatin sodium</i>	23	PROCARE SPACER/CHILD
<i>phenelzine sulfate</i>	11	<i>praziquantel</i>	15	MASK.....
<i>phenobarbital</i>	10	<i>prazosin hcl</i>	23	PROCHAMBER VHC.....
<i>phenylephrine hcl</i>	61			<i>prochlorperazine</i>

<i>prochlorperazine maleate</i>	12	<i>rabeprazole sodium</i>	40	SANTYL.....	28
PROCTOFOAM HC.....	53	RAGWITEK.....	58	SAVELLA.....	25
<i>procto-med hc</i>	53	<i>raloxifene hcl</i>	43	SAVELLA TITRATION PACK...	25
<i>proctosol hc</i>	53	<i>ramipril</i>	23	<i>scopolamine</i>	12
<i>proctozone-hc</i>	53	<i>ranolazine er</i>	23	SEGLUROMET.....	29
PRODIGY CONTROL		<i>rasagiline mesylate</i>	16	<i>selegiline hcl</i>	16
SOLUTION.....	33	RAYA SURE PEN NEEDLE.....	58	<i>selenium sulfide</i>	28
<i>progesterone</i>	48	<i>react</i>	48	SEMGLEE (YFGN).....	35
PROGRAF.....	51	REALITY LATEX CONDOMS...	58	SE-NATAL 19.....	38
<i>promethazine hcl</i>	12	REALITY LATEX/ULTRA		SEREVENT DISKUS.....	63
<i>promethazine-codeine</i>	62	TEXTURED.....	58	SEROSTIM.....	41
<i>promethegan</i>	12	REALITY LATEX/ULTRA THIN	58	<i>sertraline hcl</i>	11
<i>propafenone hcl</i>	23	REBIF.....	25	<i>setlakin</i>	48
<i>proparacaine hcl</i>	61	REBIF REBIDOSE.....	25	<i>sevelamer carbonate</i>	42
<i>propranolol hcl</i>	23	REBIF REBIDOSE		<i>sevelamer hcl</i>	42
<i>propranolol hcl er</i>	23	TITRATION PACK.....	25	<i>sf</i>	26
<i>propylthiouracil</i>	50	REBIF TITRATION PACK.....	25	<i>sf 5000 plus</i>	26
<i>protriptyline hcl</i>	11	<i>reclipsen</i>	48	<i>sharobel</i>	48
PROVIDA OB.....	38	RECOMBIVAX HB.....	53	SHINGRIX.....	53
PULMOZYME.....	64	REFUAH PLUS GLUCOSE		<i>sildenafil citrate</i>	64
PURE COMFORT FLOW		CONTROL.....	33	<i>silver sulfadiazine</i>	8
METER ADULT.....	58	REGRANEX.....	28	SIMBRINZA.....	61
PURE COMFORT FLOW		RELENZA DISKHALER.....	18	SIMILAC PRENATAL EARLY	
METER CHILD.....	58	RELION KETONE TEST.....	33	SHIELD.....	38
PURE COMFORT SAFETY		RELNATE DHA.....	38	<i>simliya</i>	48
PEN NEEDLE.....	58	<i>repaglinide</i>	29	<i>simpesse</i>	48
PURE COMFORT SPACER		REPATHA.....	23	SIMPONI.....	51
CHAMBER.....	58	REPATHA PUSHTRONEX		<i>simvastatin</i>	23
<i>pyrazinamide</i>	14	SYSTEM.....	23	<i>sirolimus</i>	51
<i>pyridostigmine bromide</i>	14	REPATHA SURECLICK.....	23	SIVEXTRO.....	8
<i>pyridostigmine bromide er</i>	14	RETACRIT.....	20	SKYRIZI.....	51
<i>qc folic acid</i>	38	REYATAZ.....	18	SKYRIZI PEN.....	51
<i>qc nicotine transdermal system</i> ..	6	<i>ribavirin</i>	18	<i>sm folic acid</i>	38
<i>qc olopatadine hcl</i>	60	RIDAURA.....	51	<i>sm nicotine</i>	6
<i>qc prenatal</i>	38	<i>rifabutin</i>	14	<i>sm nicotine polacrilex</i>	6
<i>qc vitamin d3</i>	38	<i>rifampin</i>	14	<i>sm olopatadine hcl</i>	60
<i>quetiapine fumarate</i>	16	RIGHTEST GC300 CONTROL.	33	<i>sm one daily prenatal</i>	38
<i>quetiapine fumarate er</i>	16	<i>riluzole</i>	25	<i>sm prenatal vitamins</i>	38
QUICKTEK CONTROL		<i>rimantadine hcl</i>	18	<i>sm vitamin d</i>	38
SOLUTION.....	33	RINVOQ.....	51	SMARTEST CONTROL	
<i>quinapril hcl</i>	23	<i>risedronate sodium</i>	54	MEDIUM.....	33
<i>quinapril-hydrochlorothiazide</i>	23	<i>risperidone</i>	16	<i>smooth lax</i>	41
<i>quinidine gluconate er</i>	23	RITEFLO.....	58	<i>sodium bicarbonate</i>	38
<i>quinidine sulfate</i>	23	<i>ritonavir</i>	18	SODIUM BICARBONATE.....	38
QUINTET CONTROL		<i>rivastigmine tartrate</i>	10	<i>sodium chloride</i>	38, 62
HIGH/NORMAL.....	33	<i>rivelsa</i>	48	<i>sodium fluoride</i>	26, 38
<i>ra folic acid</i>	38	<i>rizatriptan benzoate</i>	13	<i>sodium fluoride 5000 plus</i>	26
<i>ra mini nicotine</i>	6	<i>ropinirole hcl</i>	16	<i>sodium fluoride 5000 ppm</i>	26
<i>ra nicotine</i>	6	<i>rosuvastatin calcium</i>	23	<i>sodium polystyrene sulfonate</i> ...	38
<i>ra nicotine gum</i>	6	RUKOBIA.....	18	<i>solifenacin succinate</i>	42
<i>ra nicotine polacrilex</i>	6	RYDEX.....	62	SOLTAMOX.....	15
<i>ra prenatal</i>	38	SAFETY PEN NEEDLES.....	58	SOLU-CORTEF.....	43
<i>ra prenatal formula</i>	38	SANDIMMUNE.....	51	SOLUS V2 CONTROL.....	33

<i>sorafenib tosylate</i>	15	<i>tamoxifen citrate</i>	15	TODAY SPONGE.....	58
SORILUX.....	28	<i>tamsulosin hcl</i>	42	<i>tolterodine tartrate</i>	42
<i>sotalol hcl</i>	23	<i>tarina 24 fe</i>	48	<i>tolterodine tartrate er</i>	42
<i>sotalol hcl (af)</i>	23	<i>tarina fe 1/20 eq</i>	48	<i>topiramate</i>	10
SPIKEVAX.....	53	<i>taysofy</i>	48	<i>toremifene citrate</i>	15
SPIRIVA RESPIMAT.....	63	<i>tazarotene</i>	28	<i>torsemide</i>	24
<i>spironolactone</i>	24	TAZAROTENE.....	28	TPOXX.....	19
<i>spironolactone-hctz</i>	24	TAZORAC.....	28	TRACLEER.....	64
<i>sprintec 28</i>	48	TDVAX.....	53	<i>tramadol hcl ir</i>	3
SPRYCEL.....	15	TECHLITE LANCETS 26G.....	33	<i>tramadol-acetaminophen</i>	3
<i>sronyx</i>	48	TECHLITE PLUS PEN		<i>trandolapril</i>	24
<i>ssd</i>	8	NEEDLES.....	58	<i>tranexamic acid</i>	20
STEGLATRO.....	29	TEGRETOL-XR.....	10	<i>tranylcypramine sulfate</i>	11
STEGLUJAN.....	29	<i>telmisartan</i>	24	<i>travoprost (bak free)</i>	61
STELARA.....	51	<i>temazepam</i>	65	<i>trazodone hcl</i>	11
STRIBILD.....	18	TEMBEXA.....	19	TRELEGY ELLIPTA.....	64
STRIVE DUAL ZONE PEAK		<i>temozolomide</i>	15	TREMFYA.....	51, 52
FLOW MTR.....	58	TENCON.....	3	<i>tretinoin</i>	28
STUART ONE.....	38	TENIVAC.....	53	<i>triamcinolone acetonide</i>	26, 28
<i>subvenite</i>	10	<i>tenofovir disoproxil fumarate</i>	19	<i>triamcinolone in absorbase</i>	28
<i>sucralfate</i>	40	<i>terazosin hcl</i>	42	<i>triamterene-hctz</i>	24
SULCONAZOLE NITRATE.....	13	<i>terbinafine hcl</i>	13	<i>triazolam</i>	19
<i>sulfacetamide sodium</i>	60	<i>terbutaline sulfate</i>	63	TRICARE.....	39
<i>sulfacetamide sodium (acne)</i>	28	<i>terconazole</i>	13	<i>triderm</i>	28
<i>sulfacetamide-prednisolone</i>	61	<i>teriflunomide</i>	25	<i>tri-estarylla</i>	48
<i>sulfadiazine</i>	8	<i>testosterone</i>	43	<i>trifluoperazine hcl</i>	17
<i>sulfamethoxazole-trimethoprim</i>	8	<i>testosterone cypionate</i>	43	<i>trifluridine</i>	60
<i>sulfasalazine</i>	53	<i>testosterone enanthate</i>	43	<i>trihexyphenidyl hcl</i>	16
<i>sulfatrim pediatric</i>	8	<i>tetracaine hcl</i>	61	<i>tri-legest fe</i>	49
<i>sulindac</i>	4	THEO-24.....	64	<i>tri-linyah</i>	49
<i>sumatriptan</i>	13	<i>theophylline er</i>	64	<i>tri-lo-estarylla</i>	49
<i>sumatriptan succinate</i>	13, 14	THERANATAL CORE		<i>tri-lo-marzia</i>	49
<i>sumatriptan succinate refill</i>		NUTRITION.....	38	<i>tri-lo-mili</i>	49
<i>subcutaneous solution</i>		<i>thioridazine hcl</i>	16	<i>tri-lo-sprintec</i>	49
<i>cartridge</i>	14	<i>thiothixene</i>	16	<i>trimethobenzamide hcl</i>	12
<i>sunitinib malate</i>	15	THRIVE.....	6	<i>trimethoprim</i>	8
SUNLENCA.....	18	THRIVITE RX.....	38	<i>tri-mili</i>	49
SUPREME II HIGH/LOW		<i>thyroid</i>	50	<i>trimipramine maleate</i>	11
CONTROL.....	33	<i>tiadyt er</i>	24	TRINATAL RX 1.....	39
<i>syeda</i>	48	<i>tilia fe</i>	48	TRINATE.....	39
SYMBICORT.....	63	<i>timolol maleate</i>	24, 61	<i>tri-nymyo</i>	49
SYMTUZA.....	18	<i>timolol maleate (once-daily)</i>	61	<i>tri-sprintec</i>	49
SYNAREL.....	43	<i>timolol maleate ocudose</i>	61	TRIUMEQ.....	19
SYNTHROID.....	50	<i>timolol maleate pf</i>	61	TRIUMEQ PD.....	19
TABLET CUTTER/DELUXE		<i>tiotropium bromide</i>		<i>trivora (28)</i>	49
SAFETY.....	58	<i>monohydrate</i>	64	<i>tri-vylibra</i>	49
TABLET CUTTER/SAFETY		TIVICAY.....	19	<i>tri-vylibra lo</i>	49
SHIELD.....	58	TIVICAY PD.....	19	<i>tropicamide</i>	61
TABLOID.....	15	<i>tizanidine hcl</i>	65	<i>tropium chloride</i>	42
<i>tacrolimus</i>	28, 51	TOBRADEX.....	60	<i>tropium chloride er</i>	42
<i>tadalafil (pah)</i>	64	<i>tobramycin</i>	60, 64	TRUE COVER.....	58
TAI DOC CONTROL.....	33	<i>tobramycin-dexamethasone</i>	60	TRUE FOLIC ACID.....	39
<i>take action</i>	48	TOBREX.....	60	<i>true folic acid</i>	39

TRUE METRIX LEVEL 1.....	33	UPTRAVI TITRATION.....	64	VIVOTIF.....	53
TRUE METRIX LEVEL 2.....	33	<i>ursodiol</i>	41	<i>volnea</i>	49
TRUE METRIX LEVEL 3.....	33	<i>valacyclovir hcl</i>	19	<i>voriconazole</i>	13
TRUECONTROL GLUCOSE		<i>valganciclovir hcl</i>	19	VORTEX HOLD	
CONT LEV 0.....	33	<i>valproic acid</i>	10	CHMBR/MASK/CHILD.....	59
TRUECONTROL GLUCOSE		VALSARTAN.....	24	VORTEX HOLD	
CONT LEV 1.....	33	<i>valsartan</i>	24	CHMBR/MASK/TODDLER.....	59
TRULICITY.....	29	<i>valsartan-hydrochlorothiazide</i> ...	24	VORTEX VALVED HOLDING	
TRUSTEX COLOR		<i>vancomycin hcl</i>	8	CHAMBER.....	59
CONDOMS + LUBE.....	58	<i>varenicline tartrate</i>	6	VOSEVI.....	19
TRUSTEX		<i>varenicline tartrate (starter)</i>	6	VOWST.....	41
LUB/RIBBED/STUDDED.....	58	<i>varenicline tartrate(continue)</i>	6	<i>vyfemla</i>	49
TRUSTEX LUB/SPERMICIDE		VAXNEUVANCE.....	53	<i>vylibra</i>	49
EX ST.....	58	VCF VAGINAL		VYVANSE.....	24
TRUSTEX LUB/SPERMICIDE		CONTRACEPTIVE.....	58	<i>warfarin sodium</i>	9
XL.....	58	<i>velivet</i>	49	<i>wee care</i>	39
TRUSTEX LUBRICATED.....	58	<i>venlafaxine hcl</i>	11	<i>wera</i>	49
TRUSTEX LUBRICATED EX		<i>venlafaxine hcl er</i>	11	WESNATAL DHA COMPLETE..	39
LARGE.....	58	<i>verapamil hcl</i>	24	WESTAB PLUS.....	39
TRUSTEX LUBRICATED		<i>verapamil hcl er</i>	24	WIDE-SEAL DIAPHRAGM 60..	59
EXTRA ST.....	58	VERASENS GLUCOSE		WIDE-SEAL DIAPHRAGM 65..	59
TRUSTEX		CONTROL.....	33	WIDE-SEAL DIAPHRAGM 70..	59
LUBRICATED/SPERMICIDE....	58	VERIFINE INSULIN PEN		WIDE-SEAL DIAPHRAGM 75..	59
TRUSTEX NATURAL		NEEDLE.....	58	WIDE-SEAL DIAPHRAGM 80..	59
CONDOMS + LUBE.....	58	VERIFINE INSULIN SYRINGE..	35	WIDE-SEAL DIAPHRAGM 85..	59
TRUSTEX NON-LUBRICATED	58	VERIFINE PLUS PEN		WIDE-SEAL DIAPHRAGM 90..	59
TRUSTEX RIA		NEEDLE.....	59	WIDE-SEAL DIAPHRAGM 95..	59
LUB/SPERMICIDE.....	58	VERIFINE SAFE LANCET		<i>wymzya fe</i>	49
TRUSTEX RIA LUBRICATED..	58	MINI 21G.....	33	XARELTO.....	9
TRUSTEX RIA NON-		VERIFINE SAFE LANCET		XARELTO STARTER PACK.....	9
LUBRICATED.....	58	MINI 23G.....	33	XELJANZ.....	52
TRUSTEX-NONOXYNOL-		VERIFINE SAFE LANCET		XELJANZ XR.....	52
9/RIB/STUD.....	58	MINI 28G.....	33	XIFAXAN.....	8
TRUZONE PEAK FLOW		VERIFINE SAFE LANCET		XIGDUO XR.....	29
METER.....	58	MINI 30G.....	33	XOLAIR.....	64
<i>turqoz</i>	49	<i>vestura</i>	49	XTANDI.....	15
TWINRIX.....	53	<i>vienna</i>	49	<i>xulane</i>	49
TYBOST.....	19	VINATE CARE.....	39	<i>yl folic acid</i>	39
<i>tydemy</i>	49	VINATE ONE.....	39	<i>yuvaferm</i>	49
TYMLOS.....	54	<i>viorele</i>	49	<i>zafemy</i>	49
TYVASO.....	64	VIRACEPT.....	19	<i>zaleplon</i>	65
TYVASO REFILL.....	64	VIREAD.....	19	<i>zenatane</i>	28
TYVASO STARTER.....	64	<i>vitamin d</i>	39	<i>zidovudine</i>	19
UDENYCA.....	20	<i>vitamin d (cholecalciferol)</i>	39	ZIEXTENZO.....	20
ULTICARE INSULIN SYR 1/2		<i>vitamin d (ergocalciferol)</i>	39	ZIMHI.....	6
UNIT.....	35	<i>vitamin d2</i>	39	<i>ziprasidone hcl</i>	17
ULTIGUARD SAFEPACK		<i>vitamin d3</i>	39	ZOKINVY.....	59
SYR/NEEDLE.....	35	VIVA DHA.....	39	ZOLINZA.....	15
UNIFINE PROTECT PEN		VIVAGUARD INO CONTROL		<i>zolmitriptan</i>	14
NEEDLE.....	58	SOLUTION.....	33	<i>zolpidem tartrate</i>	65
UNISTRIP CONTROL.....	33	VIVAGUARD LANCETS 30G...	33	<i>zonisamide</i>	10
<i>unithroid</i>	50	VIVAGUARD SAFETY		<i>zovia 1/35 (28)</i>	49
UPTRAVI.....	64	LANCETS 28G.....	33	ZUBSOLV.....	6

zumandimine.....49

2024 Quartz Standard 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 deductible and/or coinsurance cost share structure. Some coinsurance plans may have a deductible that must be met before coinsurance 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 you live in, or 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 [Quartz Customer Success](#) at (800) 362-3310 to verify your coverage.

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

Using the Formulary Document

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

Each page of the formulary has three columns: **Drug Name**, **Drug Tier**, and **Notes**. Drugs are grouped by therapeutic category and class and listed alphabetically within the class. Brand names are listed in all capital letters. Generic drug names are included in lowercase font. Drugs that do not have Food and Drug

Administration (FDA)-approved generic formulations are only listed by brand name. Biosimilars, newer formulations of biologic drugs (Fulphila, Semglee (yfgn), etc.), are also listed in capitalized text.

The **Drug Tier** column identifies which cost sharing tier applies to the drug and **Notes** contains indicators that may limit coverage of specific drugs. The Standard formulary only includes preferred drugs. Generic formulations are listed as tier 1 and branded formulations are listed as tier 2.

General Drug Coverage Concepts

90-Day Supplies: Drugs **MAY** qualify for a 3-month supply fill at the pharmacy. The drug must cost less than \$1,000 per month. Three copays will be charged for the 3-month supply. All additional restrictions apply. Drugs included in the Specialty Pharmaceuticals Program are not eligible for Choice90.

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

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

Oral Oncology Drug Cost Share: For drugs taken at home to treat cancer, the state of 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.

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