



# 2024 Standard Commercial (IA/MN/wi) Drug Formulary

**QuartzBenefits.com**

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

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



May 1, 2024

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

This Formulary serves members with an employer-sponsored health plan (at least 50 employees) based in Iowa, Minnesota, or Wisconsin whose pharmacy benefits have a deductible and/or coinsurance cost share structure or plans that feature a one- or two-tier cost share structure. Some one-or-two-tiered and coinsurance plans may have a deductible that must be met before tiered or 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](http://www.QuartzBenefits.com), or can be requested in hard copy format by calling (800) 362-3310. An online formulary lookup tool is also available. For a detailed explanation of the pharmacy benefit, refer to the prescription drug benefit [brochure](#) available on the website or your Schedule of Benefits.

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

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

- what state you live in, or your employer is based in
- if your benefit plan meets the requirements of the Affordable Care Act

This means that even though a drug is listed on this formulary, it may not be covered by your specific benefit plan. Please see your Quartz Prescription Drug Benefit Rider or contact [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](http://www.QuartzBenefits.com). Please note: *The Medication Coverage Request Form* can also be used to submit an exceptions request for nonformulary (or not covered) drugs.

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

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

Specialty drugs are listed with an SP-QTZ or SP-ORX in the formulary **Notes** column and are required to be obtained from a specific specialty pharmacy participating in the Quartz Specialty Pharmaceuticals network for coverage. The UW Health specialty pharmacies, Gundersen Health System pharmacies, and Aurora specialty pharmacy are currently participating in the Quartz Specialty Pharmaceuticals network for drugs marked as SP-QTZ. For information about these pharmacies, see the [Specialty Pharmaceuticals Program](#)

section on the Quartz website. Drugs marked with SP-ORX must be filled at the Optum specialty pharmacy. For additional information on Optum's specialty pharmacy visit [specialty.optumrx.com/new-fill](http://specialty.optumrx.com/new-fill).

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

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

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

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

### Where to find additional information when you have questions:

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

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Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>		
acetaminophen-codeine	T1	AL (AGE MIN 12 YEARS)
ascomp-codeine	T1	AL (AGE MIN 12 YEARS)
bac	T1	
buprenorphine	T1	
butalbital-acetaminophen oral tablet 50-325 mg	T1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	AL (AGE MIN 12 YEARS)
butalbital-apap-caffeine oral tablet	T1	
butalbital-asa-caff-codeine	T1	AL (AGE MIN 12 YEARS)
butalbital-aspirin-caffeine	T1	
butorphanol tartrate nasal	T1	QL (10 ML IN 30 DAYS)
codeine sulfate	T1	AL (AGE MIN 12 YEARS)
endocet	T1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T1	QL (10 IN 30 DAYS)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	
hydrocodone-acetaminophen solution 7.5-325 mg/15ml oral	T1	
hydromorphone hcl oral	T1	
meperidine hcl oral	T1	
methadone hcl intensol	T1	
methadone hcl oral	T1	
methadose oral tablet soluble	T1	
morphine sulfate (concentrate)	T1	
morphine sulfate er oral capsule extended release 24 hour	T1	PA
morphine sulfate er oral tablet extended release	T1	
morphine sulfate oral	T1	
OXYCODONE HCL ER	T2	QL (3 IN 1 DAYS)
oxycodone hcl oral	T1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	T1	
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	T2	QL (3 IN 1 DAYS)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG	T2	QL (5 IN 1 DAYS)
pentazocine-naloxone hcl	T1	

Drug Name	Drug Tier	Notes
TENCON	T2	
tramadol hcl oral tablet 50 mg	T1	AL (AGE MIN 12 YEARS)
tramadol-acetaminophen	T1	AL (AGE MIN 12 YEARS)
<b>Analgesics - Drugs for Pain and Inflammation</b>		
aspirin 81	\$0	
aspirin adult low dose	\$0	
aspirin adult low strength	\$0	
aspirin childrens	\$0	
aspirin ec adult low strength oral tablet delayed release 81 mg	\$0	
aspirin ec low dose	\$0	
aspirin ec low strength	\$0	
aspirin low dose	\$0	
aspirin oral tablet chewable	\$0	
aspirin oral tablet delayed release 81 mg	\$0	
aspirin regimen	\$0	
BAYER ASPIRIN EC LOW DOSE	\$0	
BAYER LOW DOSE	\$0	
celecoxib oral	T1	QL (2 IN 1 DAYS)
childrens aspirin	\$0	
cvs aspirin adult low dose	\$0	
cvs aspirin adult low strength	\$0	
cvs aspirin ec	\$0	
cvs aspirin low dose	\$0	
cvs aspirin low strength	\$0	
diclofenac potassium oral tablet 50 mg	T1	
diclofenac sodium er	T1	
diclofenac sodium gel 1 % external (rx)	T1	
diclofenac sodium oral	T1	
diclofenac-misoprostol	T1	
diflunisal oral	T1	
ECOTRIN LOW STRENGTH	\$0	
eq adult aspirin low strength oral tablet delayed release 81 mg	\$0	
eq aspirin adult low dose	\$0	
eq aspirin low dose	\$0	
eq aspirin low dose oral tablet 81 mg	\$0	
eql aspirin low dose	\$0	

Drug Name	Drug Tier	Notes
eql childrens aspirin oral tablet chewable 81 mg	\$0	
etodolac	T1	
etodolac er	T1	
fenoprofen calcium oral capsule 400 mg	T1	
fenoprofen calcium oral tablet	T1	
flurbiprofen oral tablet 100 mg	T1	
ft aspirin low dose	\$0	
gnp adult aspirin low strength	\$0	
gnp aspirin low dose	\$0	
gnp aspirin oral tablet delayed release 81 mg	\$0	
goodsense aspirin adult low st oral tablet chewable 81 mg	\$0	
goodsense aspirin low dose	\$0	
goodsense aspirin oral tablet chewable	\$0	
h-e-b aspirin	\$0	
ibuprofen oral suspension 100 mg/5ml	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
indomethacin er	T1	
indomethacin oral	T1	
ketoprofen er	T1	
ketoprofen oral capsule 50 mg	T1	
ketorolac tromethamine oral	T1	QL (20 IN 30 DAYS)
kls aspirin low dose	\$0	
kp aspirin	\$0	
meclofenamate sodium oral	T1	
MELOXICAM ORAL SUSPENSION	T2	
meloxicam oral tablet	T1	
mm aspirin	\$0	
nabumetone oral	T1	
naproxen oral suspension	T1	AL (AGE MAX 12 YEARS)
naproxen oral tablet	T1	
naproxen sodium oral tablet 275 mg, 550 mg	T1	
oxaprozin oral tablet	T1	
piroxicam oral	T1	
qc aspirin low dose	\$0	
qc childrens aspirin	\$0	
ra aspirin adult low dose	\$0	
ra aspirin adult low strength	\$0	

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

Effective 5/1/2024

Drug Name	Drug Tier	Notes
goodsense nicotine	T1	\$0 for 180 days/year
habitrol	T1	\$0 for 180 days/year
hm nicotine polacrilex	T1	\$0 for 180 days/year
kls quit2	T1	\$0 for 180 days/year
kls quit4	T1	\$0 for 180 days/year
naloxone hcl injection solution cartridge	T1	
naloxone hcl injection solution prefilled syringe	T1	
naloxone hcl nasal	T1	QL (16 IN 30 DAYS)
naltrexone hcl oral	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
nicotine	T1	\$0 for 180 days/year
nicotine mini	T1	\$0 for 180 days/year
nicotine polacrilex mini	T1	\$0 for 180 days/year
nicotine polacrilex mouth/throat	T1	\$0 for 180 days/year
nicotine step 1	T1	\$0 for 180 days/year
nicotine step 2	T1	\$0 for 180 days/year
nicotine step 3	T1	\$0 for 180 days/year
NICOTROL	T2	PA; \$0 for 180 days/year
NICOTROL NS	T2	PA; QL (40 IN 30 DAYS); \$0 for 180 days/year
OPVEE	T2	
qc nicotine transdermal system	T1	\$0 for 180 days/year
ra mini nicotine	T1	\$0 for 180 days/year
ra nicotine	T1	\$0 for 180 days/year
ra nicotine gum	T1	\$0 for 180 days/year
ra nicotine polacrilex	T1	\$0 for 180 days/year
sm nicotine	T1	\$0 for 180 days/year
sm nicotine polacrilex	T1	\$0 for 180 days/year
THRIVE	T2	\$0 for 180 days/year
varenicline tartrate	T1	\$0 for 180 days/year
varenicline tartrate (starter)	T1	\$0 for 180 days/year
varenicline tartrate(continue)	T1	\$0 for 180 days/year
ZIMHI	T2	QL (4 IN 30 DAYS)
ZUBSOLV	T2	

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

Drug Name	Drug Tier	Notes
<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>monodoxine nl</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>mupirocin calcium</i>	T1	
<i>mupirocin external</i>	T1	
<i>neomycin sulfate oral</i>	T1	
<i>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	

Drug Name	Drug Tier	Notes
vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml	T1	
vancomycin hcl solution reconstituted 750 mg intravenous	T1	
XIFAXAN ORAL TABLET 200 MG	T2	QL (6 IN 1 DAYS)
XIFAXAN ORAL TABLET 550 MG	T2	
<b>Anticoagulants</b>		
bd heparin posiflush	T1	
ELIQUIS	T2	
ELIQUIS DVT/PE STARTER PACK	T2	
enoxaparin sodium injection solution	T1	QL (0.6 ML IN 1 DAYS)
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml	T1	QL (2 ML IN 1 DAYS)
enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml	T1	QL (1.6 ML IN 1 DAYS)
enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml	T1	QL (0.6 ML IN 1 DAYS)
enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml	T1	QL (0.8 ML IN 1 DAYS)
enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml	T1	QL (1.2 ML IN 1 DAYS)
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)
heparin na (pork) lock flush pf	T1	
heparin sod (pork) lock flush solution 10 unit/ml intravenous	T1	
heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	T1	
heparin sodium (porcine) pf injection solution 5000 unit/ml	T1	
heparin sodium (porcine) pf solution 5000 unit/0.5ml injection	T1	
jantoven	T1	
warfarin sodium oral	T1	

Effective 5/1/2024

Drug Name	Drug Tier	Notes
XARELTO	T2	
XARELTO STARTER PACK	T2	
<b>Anticonvulsants - Drugs for Seizures</b>		
APTIOM ORAL TABLET 200 MG, 400 MG	T2	QL (1 IN 1 DAYS)
APTIOM ORAL TABLET 600 MG, 800 MG	T2	
<i>carbamazepine er</i>	T1	
<i>carbamazepine oral</i>	T1	
DILANTIN	T2	
DILANTIN INFATABS	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	
<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 suspension 125 mg/5ml</i>	T1	
<i>phenytoin oral tablet chewable</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	

Drug Name	Drug Tier	Notes
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
donepezil hcl oral tablet 10 mg, 5 mg	T1	
donepezil hcl oral tablet 23 mg	T1	QL (1 IN 1 DAYS)
donepezil hcl oral tablet dispersible	T1	
galantamine hydrobromide er	T1	QL (1 IN 1 DAYS)
galantamine hydrobromide oral solution	T1	
galantamine hydrobromide oral tablet 12 mg	T1	
galantamine hydrobromide oral tablet 4 mg, 8 mg	T1	QL (2 IN 1 DAYS)
memantine hcl	T1	
rivastigmine tartrate	T1	
<b>Antidepressants</b>		
amitriptyline hcl oral	T1	
amoxapine	T1	
bupropion hcl er (sr)	T1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	T1	
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	T1	QL (1 IN 1 DAYS)
bupropion hcl oral	T1	
chlordiazepoxide-amitriptyline	T1	
citalopram hydrobromide oral solution	T1	HDHP
citalopram hydrobromide oral tablet	T1	HDHP
clomipramine hcl oral	T1	PA
desipramine hcl oral	T1	
doxepin hcl oral capsule	T1	
doxepin hcl oral concentrate	T1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	T1	
escitalopram oxalate oral	T1	HDHP
fluoxetine hcl oral capsule	T1	HDHP
fluoxetine hcl oral solution	T1	HDHP
fluvoxamine maleate oral tablet 100 mg	T1	
fluvoxamine maleate oral tablet 25 mg, 50 mg	T1	QL (3 IN 1 DAYS)
imipramine hcl oral	T1	
mirtazapine oral	T1	
nefazodone hcl	T1	
nortriptyline hcl oral	T1	

Drug Name	Drug Tier	Notes
paroxetine hcl oral suspension	T1	
paroxetine hcl oral tablet	T1	HDHP
perphenazine-amitriptyline	T1	
phenelzine sulfate oral	T1	
protriptyline hcl	T1	
sertraline hcl oral concentrate	T1	HDHP
sertraline hcl oral tablet	T1	HDHP
tranylcypromine sulfate	T1	
trazodone hcl oral	T1	
trimipramine maleate oral	T1	
venlafaxine hcl	T1	
venlafaxine hcl er oral capsule extended release 24 hour	T1	
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
aprepitant oral	T1	QL (6 IN 30 DAYS)
aprepitant oral capsule 125 mg	T1	QL (2 IN 30 DAYS)
aprepitant oral capsule 40 mg	T1	QL (1 IN 30 DAYS)
aprepitant pak 80 & 125mg	T1	QL (6 IN 30 DAYS)
aprepitant oral capsule 80 mg	T1	QL (4 IN 30 DAYS)
compro	T1	
EMEND ORAL SUSPENSION RECONSTITUTED	T2	QL (2 IN 30 DAYS)
granisetron hcl oral	T1	QL (30 IN 30 DAYS)
meclizine hcl tablet 12.5 mg oral (rx)	T1	
meclizine hcl tablet 25 mg oral (rx)	T1	
metoclopramide hcl oral solution	T1	
metoclopramide hcl oral tablet	T1	
ondansetron hcl oral solution	T1	
ondansetron hcl oral tablet 4 mg, 8 mg	T1	
ondansetron odt	T1	
perphenazine oral	T1	
prochlorperazine	T1	
prochlorperazine maleate oral	T1	
promethazine hcl oral	T1	
promethazine hcl rectal	T1	
promethegan	T1	
scopolamine	T1	QL (10 IN 30 DAYS)
trimethobenzamide hcl oral	T1	

Drug Name	Drug Tier	Notes
<b>Antifungals</b>		
<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	
<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)
<b>Antigout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	

Drug Name	Drug Tier	Notes
<i>colchicine oral tablet</i>	T1	
<i>colchicine-probenecid</i>	T1	
<i>febuxostat oral tablet 40 mg</i>	T1	ST; QL (1 IN 1 DAYS)
<i>febuxostat oral tablet 80 mg</i>	T1	ST
<i>probenecid</i>	T1	
<b>Antimigraine Agents</b>		
<i>AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML</i>	T2	PA; QL (1 ML IN 28 DAYS)
<i>AIMOVIG</i>	T2	PA; QL (1 ML IN 28 DAYS)
<i>dihydroergotamine mesylate nasal</i>	T1	QL (16 ML IN 30 DAYS)
<i>EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML</i>	T2	PA; QL (1 ML IN 28 DAYS)
<i>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML</i>	T2	PA; QL (3 ML IN 28 DAYS)
<i>EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML</i>	T2	PA; QL (1 ML IN 28 DAYS)
<i>ergotamine-caffeine</i>	T1	
<i>MIGERGOT</i>	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)
<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)
<b>Antimyasthenic Agents</b>		
<i>pyridostigmine bromide er</i>	T1	
<i>pyridostigmine bromide oral solution</i>	T1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
<b>Antimycobacterials</b>		
<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	
<b>Antineoplastics - Drugs for Cancer</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	T1	PA; QL (4 IN 1 DAYS); SP-QTZ

Drug Name	Drug Tier	Notes
<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	
ERLEADA ORAL TABLET 240 MG	T2	PA; QL (1 IN 1 DAYS)
ERLEADA ORAL TABLET 60 MG	T2	PA; QL (4 IN 1 DAYS)
<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	
MATULANE	T2	
<i>melphalan</i>	T1	
<i>mercaptopurine oral</i>	T1	
MESNEX ORAL	T2	
MYLERAN	T2	
<i>nilutamide</i>	T1	SP-QTZ
NUBEQA	T2	PA; QL (4 IN 1 DAYS); 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	

Drug Name	Drug Tier	Notes
<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	
<i>XTANDI</i>	T2	PA; SP-QTZ
<i>YONSA</i>	T2	PA; QL (4 IN 1 DAYS)
<i>ZOLINZA</i>	T2	PA; SP-QTZ
<b>Antiparasitics</b>		
<i>albendazole oral</i>	T1	
<i>atovaquone</i>	T1	
<i>atovaquone-proguanil hcl</i>	T1	QL (MAX 60 DAYS)
<b>BENZNIDAZOLE</b>	T2	
<i>chloroquine phosphate oral</i>	T1	QL (MAX 60 DAYS)
<b>CROTAN</b>	T2	
<b>EMVERM</b>	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	
<b>Antiparkinson Agents</b>		
<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	
<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	
<b>Antiplatelets</b>		
<b>BRILINTA</b>	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	

Drug Name	Drug Tier	Notes
prasugrel hcl oral tablet 5 mg	T1	QL (1 IN 1 DAYS)
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ariPIPrazole oral solution	T1	
ariPIPrazole oral tablet 15 mg, 5 mg	T1	QL (2 IN 1 DAYS)
ariPIPrazole tablet 10 mg oral	T1	QL (2 IN 1 DAYS)
ariPIPrazole tablet 2 mg oral	T1	QL (2 IN 1 DAYS)
ariPIPrazole tablet 20 mg oral	T1	QL (1 IN 1 DAYS)
ariPIPrazole tablet 30 mg oral	T1	QL (1 IN 1 DAYS)
chlorpromazine hcl oral tablet	T1	
clozapine oral tablet	T1	
fluphenazine hcl oral	T1	
haloperidol lactate concentrate 2 mg/ml oral	T1	
haloperidol oral	T1	
loxpipamine succinate	T1	
molindone hcl	T1	
olanzapine oral tablet	T1	
pimozide oral tablet 2 mg	T1	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	T1	QL (1 IN 1 DAYS)
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	T1	QL (2 IN 1 DAYS)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T1	
risperidone oral solution	T1	
risperidone oral tablet	T1	
thioridazine hcl oral	T1	
thiothixene	T1	
trifluoperazine hcl	T1	
ziprasidone hcl	T1	
<b>Antivirals</b>		
abacavir sulfate	T1	SP-QTZ
abacavir sulfate-lamivudine	T1	SP-QTZ
acyclovir oral	T1	
adefovir dipivoxil	T1	
atazanavir sulfate oral capsule 150 mg	T1	QL (1 IN 1 DAYS); SP-QTZ
atazanavir sulfate oral capsule 200 mg, 300 mg	T1	SP-QTZ
BARACLUDE ORAL SOLUTION	T2	
BIKTARVY	T2	SP-QTZ
CIMDUO	T2	SP-QTZ

Drug Name	Drug Tier	Notes
COMPLERA	T2	SP-QTZ
<i>darunavir</i>	T1	SP-QTZ
DESCOZY	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	
<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)
EPCLUSIA	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
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

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
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	
<b>Anxiolytics - Drugs for Anxiety</b>		
<i>alprazolam intensol</i>	T1	
<i>alprazolam oral tablet</i>	T1	
<i>buspirone 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	
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
<i>lithium carbonate er</i>	T1	
<i>lithium carbonate oral</i>	T1	
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
<i>aminocaproic acid oral</i>	T1	
<i>anagrelide hcl</i>	T1	
<i>ARANESP (ALBUMIN FREE)</i>	T2	PA
<i>FULPHILA</i>	T2	PA; QL (0.6 ML IN 30 DAYS)
<i>FYLNETRA</i>	T2	PA; QL (0.6 ML IN 30 DAYS)
<i>GRANIX</i>	T2	
<i>MIRCERA</i>	T2	PA

Drug Name	Drug Tier	Notes
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)
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
acebutolol hcl oral	T1	
amiloride hcl oral	T1	
amiloride-hydrochlorothiazide	T1	
amiodarone hcl oral	T1	
amlodipine besylate oral	T1	
amlodipine besylate-benazepril hcl	T1	
atenolol oral	T1	HDHP
atenolol-chlorthalidone	T1	HDHP
atorvastatin calcium oral tablet 10 mg, 20 mg	T1	HDHP; \$0 if age 40-75
atorvastatin calcium oral tablet 40 mg, 80 mg	T1	HDHP
benazepril hcl oral	T1	HDHP
benazepril-hydrochlorothiazide	T1	HDHP
bisoprolol fumarate oral	T1	
bisoprolol-hydrochlorothiazide	T1	HDHP
bumetanide oral	T1	
candesartan cilexetil	T1	PA
candesartan cilexetil-hctz oral tablet 16-12.5 mg	T1	PA; QL (1 IN 1 DAYS)
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	T1	PA
captopril oral	T1	
captopril-hydrochlorothiazide	T1	
cartia xt	T1	
carvedilol	T1	
chlorthalidone	T1	
cholestyramine light	T1	
cholestyramine oral	T1	
clonidine	T1	
clonidine hcl oral	T1	
colesevelam hcl	T1	
COLESTID FLAVORED	T2	
colestipol hcl	T1	
digoxin oral solution	T1	

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Drug Name	Drug Tier	Notes
digoxin oral tablet 125 mcg, 250 mcg	T1	
diltiazem hcl er beads	T1	
diltiazem hcl er coated beads	T1	
diltiazem hcl er oral capsule extended release 24 hour	T1	
diltiazem hcl oral	T1	
dilt-xr	T1	
disopyramide phosphate	T1	
DIURIL	T2	
doxazosin mesylate oral	T1	
enalapril maleate oral solution	T1	
enalapril maleate oral tablet	T1	HDHP
enalapril-hydrochlorothiazide	T1	HDHP
ENTRESTO	T2	QL (2 IN 1 DAYS)
epinephrine intravenous solution prefilled syringe 1 mg/10ml	T1	
epinephrine pf	T1	
plerlenone	T1	
ezetimibe	T1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg	T1	
ezetimibe-simvastatin oral tablet 10-40 mg, 10-80 mg	T1	QL (1 IN 1 DAYS)
felodipine er	T1	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	T1	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	T1	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	T1	
flecainide acetate	T1	
fosinopril sodium	T1	HDHP
fosinopril sodium-hctz	T1	HDHP
furosemide oral solution 10 mg/ml	T1	
furosemide oral tablet	T1	
gemfibrozil oral	T1	
guanfacine hcl	T1	
hydralazine hcl oral	T1	
hydrochlorothiazide oral	T1	
indapamide	T1	
irbesartan	T1	

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Drug Name	Drug Tier	Notes
irbesartan-hydrochlorothiazide	T1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	T1	
isosorbide mononitrate	T1	
isosorbide mononitrate er	T1	
KATERZIA	T2	AL (AGE MAX 12 YEARS)
labetalol hcl oral	T1	
lisinopril oral	T1	HDHP
lisinopril-hydrochlorothiazide	T1	HDHP
losartan potassium oral	T1	
losartan potassium-hctz	T1	
lovastatin oral	T1	HDHP; \$0 if age 40-75
METHYLDOPA	T2	
metolazone	T1	
metoprolol succinate er	T1	QL (2 IN 1 DAYS); HDHP
metoprolol tartrate oral	T1	HDHP
metoprolol-hydrochlorothiazide	T1	HDHP
mexiletine hcl oral	T1	
midodrine hcl	T1	
nadolol oral	T1	
niacin er (antihyperlipidemic)	T1	
nifedipine er	T1	
nifedipine er osmotic release	T1	
nifedipine oral	T1	
nimodipine oral	T1	
NITRO-BID	T2	
NITRO-DUR PATCH 24 HOUR 0.3 MG/HR TRANSDERMAL	T2	
NITRO-DUR PATCH 24 HOUR 0.8 MG/HR TRANSDERMAL	T2	
nitroglycerin rectal	T1	
nitroglycerin sublingual	T1	
nitroglycerin transdermal	T1	
nitroglycerin translingual	T1	
NORLIQVA	T2	AL (AGE MAX 12 YEARS)
NORPACE CR	T2	
NYMALIZE	T2	
olmesartan medoxomil oral	T1	
olmesartan medoxomil-hctz	T1	

Drug Name	Drug Tier	Notes
<i>omega-3-acid ethyl esters</i>	T1	QL (4 IN 1 DAYS)
<i>pentoxifylline er</i>	T1	
<i>perindopril erbumine</i>	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	
<i>REPATHA</i>	T2	PA; QL (2 ML IN 28 DAYS); SP-QTZ
<i>REPATHA PUSHTRONEX SYSTEM</i>	T2	PA; QL (3.5 ML IN 28 DAYS); SP-QTZ
<i>REPATHA SURECLICK</i>	T2	PA; QL (2 ML IN 28 DAYS); SP-QTZ
<i>rosuvastatin calcium</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	
<i>spironolactone oral tablet</i>	T1	
<i>spironolactone-hctz</i>	T1	
<i>taztia xt</i>	T1	
<i>telmisartan</i>	T1	
<i>tiadylt er</i>	T1	
<i>timolol maleate oral</i>	T1	
<i>torsemide</i>	T1	
<i>trandolapril</i>	T1	
<i>triamterene-hctz</i>	T1	
<i>VALSARTAN ORAL SOLUTION</i>	T2	AL (AGE MAX 12 YEARS)

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

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Drug Name	Drug Tier	Notes
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
<b>Central Nervous System Agents - Miscellaneous</b>		
<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)
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
<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	
<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	

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Drug Name	Drug Tier	Notes
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
accutane	T1	
adapalene external cream	T1	PA
adapalene external gel 0.3 %	T1	PA
adapalene gel 0.1 % external (otc)	T1	AL (AGE MAX 35 YEARS)
adapalene treatment	T1	AL (AGE MAX 35 YEARS)
alclometasone dipropionate	T1	
alcohol prep pads external 70 %	T1	
ALTRENO	T2	AL (AGE MAX 35 YEARS)
amnesteem	T1	
betamethasone dipropionate aug	T1	
betamethasone dipropionate external	T1	
betamethasone valerate external	T1	
calcipotriene external cream	T1	
CALCIPOTRIENE EXTERNAL FOAM	T2	
calcipotriene external ointment	T1	
calcipotriene external solution	T1	
calcitriol external	T1	
CAPEX EXTERNAL SHAMPOO 0.01 %	T2	
claravis	T1	
clindamycin phos-benzoyl perox external gel 1.2-5 %	T1	
clindamycin phosphate external gel	T1	
clindamycin phosphate external lotion	T1	
clindamycin phosphate external solution	T1	
clindamycin phosphate external swab	T1	
clobetasol propionate e	T1	
clobetasol propionate emulsion	T1	
clobetasol propionate external	T1	
CORDRAN	T2	
cvs adapalene	T1	AL (AGE MAX 35 YEARS)
dapsone external	T1	ST
desoximetasone external cream 0.25 %	T1	
desoximetasone external ointment 0.25 %	T1	
DIFFERIN EXTERNAL GEL 0.1 %	T2	AL (AGE MAX 35 YEARS)
DRYSOL	T2	
DUOBRII	T2	PA

Drug Name	Drug Tier	Notes
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
ery	T1	
erythromycin external	T1	
FABIOR	T2	PA
fluocinolone acetonide body	T1	
fluocinolone acetonide external	T1	
fluocinolone acetonide scalp	T1	
fluocinonide emulsified base	T1	
fluocinonide external cream 0.05 %	T1	
fluocinonide external gel	T1	
fluocinonide external ointment	T1	
fluocinonide external solution	T1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	T2	
fluorouracil external cream 5 %	T1	
fluorouracil external solution	T1	
fluticasone propionate external	T1	
halobetasol propionate external cream	T1	
halobetasol propionate external ointment	T1	
hydrocortisone external cream 2.5 %	T1	
hydrocortisone external lotion 2.5 %	T1	
hydrocortisone external ointment 2.5 %	T1	
imiquimod external cream 5 %	T1	
isopropyl alcohol external	T1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	T1	
methoxsalen rapid	T1	
metronidazole external	T1	
mometasone furoate external	T1	
neuac	T1	
pimecrolimus	T1	
podofilox external	T1	
PRAMOSONE EXTERNAL CREAM 1-1 %	T2	

Drug Name	Drug Tier	Notes
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 absorbase</i>	T1	
<i>triderm</i>	T1	
<i>zenatane</i>	T1	
<b>Diabetes - Antidiabetic Agents</b>		
acarbose oral	T1	HDHP
BYDUREON BCISE AUTOINJECTOR	T2	PA; HDHP
BYETTA 10 MCG PEN	T2	PA; HDHP
BYETTA 5 MCG PEN	T2	PA; HDHP
FARXIGA	T2	QL (1 IN 1 DAYS); HDHP
glimepiride	T1	HDHP
glipizide er	T1	HDHP
glipizide oral tablet 10 mg, 5 mg	T1	HDHP
glipizide xl	T1	HDHP
glipizide-metformin hcl	T1	HDHP
glyburide micronized	T1	HDHP
glyburide oral	T1	HDHP
glyburide-metformin	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

Drug Name	Drug Tier	Notes
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
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK AVIVA DEVICE	T2	HDHP
ACCU-CHEK GUIDE CONTROL	T2	HDHP
ACCU-CHEK SMARTVIEW CONTROL	T2	HDHP
ACCUTREND GLUCOSE CONTROL	T2	HDHP
ADVANCE INTUITION CONTROL	T2	HDHP
ADVANCE MICRO-DRAW CONTROL	T2	HDHP
ADVANCE MICRO-DRAW NORMAL	T2	HDHP
ADVOCATE CONTROL SOLUTION	T2	HDHP
ADVOCATE REDI-CODE+ CONTROL	T2	HDHP
AGAMATRIX CONTROL	T2	HDHP
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

Drug Name	Drug Tier	Notes
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	
CLEVER CHOICE COMFORT EZ	T1	HDHP
CLEVER CHOICE GLUCOSE CONTROL	T2	HDHP
CONTOUR CONTROL SOLUTION	T2	HDHP
CONTOUR NEXT CONTROL SOLUTION	T2	HDHP
CONTROL	T2	HDHP
COOL CONTROL A	T2	HDHP
COOL CONTROL B	T2	HDHP
CVS KETONE CARE	T2	
DEXCOM G6 RECEIVER	T2	QL (1 IN 365 DAYS)
DEXCOM G6 SENSOR	T2	QL (3 IN 30 DAYS)
DEXCOM G6 TRANSMITTER	T2	QL (1 IN 90 DAYS)
DEXCOM G7 RECEIVER	T2	QL (1 IN 365 DAYS)
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

Drug Name	Drug Tier	Notes
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 GT EL 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
FORTISCARE 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
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	

Drug Name	Drug Tier	Notes
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)
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	

Drug Name	Drug Tier	Notes
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
<b>Diabetes - Glycemic Agents</b>		
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)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T2	QL (0.2 ML IN 30 DAYS)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T2	QL (0.4 ML IN 30 DAYS)
GVOKE KIT	T2	QL (0.4 ML IN 30 DAYS)
GVOKE PFS	T2	QL (0.4 ML IN 30 DAYS)
<b>Diabetes - Insulins</b>		
AQ INSULIN SYRINGE	T1	HDHP

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
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
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
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	
<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>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

Drug Name	Drug Tier	Notes
d-400	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
delta d3	\$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	
effer-k oral tablet effervescent 25 meq	T1	
ELITE-OB	T2	
ENFAMIL EXPECTA	\$0	
eql prenatal formula	\$0	
eql vitamin d3 oral capsule 10 mcg (400 unit)	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
ergocalciferol oral capsule	T1	
fa-8	\$0	
folate	\$0	
folic acid oral capsule 0.8 mg	\$0	
folic acid oral tablet 1 mg	T1	
folic acid oral tablet 400 mcg, 800 mcg	\$0	
gnp folic acid	\$0	
gnp prenatal	\$0	
gnp vitamin d oral tablet chewable	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
gnp vitamin d3	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
gnp vitamin d-400 oral tablet 10 mcg (400 unit)	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
healthy kids vitamin d3	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS); \$0 if age greater than or = 65
HEALTHY MAMA BE WELL ROUNDED	\$0	
klor-con m10	T1	
klor-con m15	T1	
klor-con m20	T1	
kp folic acid oral tablet 1 mg	T1	
kp folic acid oral tablet 800 mcg	\$0	

Drug Name	Drug Tier	Notes
<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 &amp; 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 &amp; fa</i>	\$0	
<i>prenatal multi +dha</i>	\$0	
PRENATAL MULTIVITAMIN + DHA	\$0	
<i>prenatal multivitamin plus dha</i>	\$0	

Effective 5/1/2024

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

Drug Name	Drug Tier	Notes
TRUE FOLIC ACID ORAL TABLET 400 MCG	\$0	
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	
wee care	T1	AL (AGE MAX 1 YEAR)
WESNATAL DHA COMPLETE	T2	
WESTAB PLUS	T1	
<i>yl folic acid</i>	\$0	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
cimetidine oral	T1	
cvs lansoprazole	T1	PA; QL (1 IN 1 DAYS; MAX AGE 12 YEARS)
<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	

Drug Name	Drug Tier	Notes
famotidine tablet 20 mg oral (rx)	T1	
goodsense lansoprazole oral tablet delayed release dispersible	T1	PA; QL (1 IN 1 DAYS; MAX AGE 12 YEARS)
lansoprazole capsule delayed release 15 mg oral (rx)	T1	QL (1 IN 1 DAYS)
lansoprazole oral capsule delayed release 30 mg	T1	QL (2 IN 1 DAYS)
lansoprazole oral tablet delayed release dispersible	T1	PA; QL (1 IN 1 DAYS; MAX AGE 12 YEARS)
misoprostol oral	T1	
omeprazole oral capsule delayed release	T1	QL (3 IN 1 DAYS)
pantoprazole sodium oral	T1	QL (2 IN 1 DAYS)
rabeprazole sodium oral tablet delayed release	T1	QL (2 IN 1 DAYS)
sucralfate oral	T1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
atropine sulfate solution prefilled syringe 0.5 mg/5ml injection	T1	
atropine sulfate solution prefilled syringe 1 mg/10ml injection	T1	
chlordiazepoxide-clidinium	T1	
constulose	T1	
cromolyn sodium oral	T1	
cvs purelax oral packet	T1	
dicyclomine hcl oral	T1	
diphenoxylate-atropine	T1	
enulose	T1	
eq laxative	T1	
gavilyte-c	T1	QL (2 FILLS IN 365 DAYS)
gavilyte-g	T1	QL (2 FILLS IN 365 DAYS)
generlac	T1	
glycopyrrolate oral tablet 1 mg, 2 mg	T1	
gnp clearlax oral packet	T1	
healthylax	T1	
hyoscyamine sulfate er	T1	
hyoscyamine sulfate oral elixir	T1	
hyoscyamine sulfate oral tablet	T1	
hyoscyamine sulfate oral tablet dispersible	T1	
hyoscyamine sulfate sublingual	T1	
hyosyne	T1	

Drug Name	Drug Tier	Notes
<i>lactulose encephalopathy</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)
<i>peg-3350/electrolytes</i>	T1	QL (2 FILLS IN 365 DAYS)
<i>peg-3350/electrolytes/ascorbat</i>	T1	QL (1 IN 30 DAYS)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1	QL (1 IN 30 DAYS)
<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)
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
CREON	T2	
CYSTAGON	T2	
EVRYSDI	T2	PA; QL (4 ML IN 1 DAYS)
STRENSIQ	T2	PA
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
<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	
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	

Drug Name	Drug Tier	Notes
oxybutynin chloride oral tablet 5 mg	T1	
phenazo oral tablet 200 mg	T1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	T1	
sevelamer carbonate oral packet	T1	AL (AGE MAX 12 YEARS)
sevelamer carbonate oral tablet	T1	
sevelamer hcl oral tablet 400 mg	T1	
solifenacin succinate	T1	QL (1 IN 1 DAYS)
tolterodine tartrate er	T1	QL (1 IN 1 DAYS)
tolterodine tartrate oral tablet 1 mg	T1	QL (2 IN 1 DAYS)
tolterodine tartrate oral tablet 2 mg	T1	
trospium chloride	T1	
trospium chloride er	T1	QL (1 IN 1 DAYS)
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
alfuzosin hcl er	T1	
dutasteride oral	T1	
finasteride oral tablet 5 mg	T1	
tamsulosin hcl	T1	
terazosin hcl	T1	
<b>Hormonal Agents - Adrenal</b>		
CORTISONE ACETATE ORAL	T2	
dexamethasone intensol	T1	
dexamethasone oral elixir	T1	
dexamethasone oral solution	T1	
dexamethasone oral tablet	T1	
dexamethasone sod phosphate pf injection solution	T1	
dexamethasone sodium phosphate injection solution	T1	
fludrocortisone acetate oral	T1	
hydrocortisone oral	T1	
MEDROL ORAL TABLET 2 MG	T2	
methylprednisolone oral	T1	
prednisolone oral	T1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	T1	
prednisone intensol	T1	
prednisone oral	T1	

Drug Name	Drug Tier	Notes
SOLU-CORTEF	T2	
<b>Hormonal Agents - Men's Health</b>		
<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)
<b>Hormonal Agents - Pituitary</b>		
<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	
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
<i>raloxifene hcl</i>	T1	\$0 for breast cancer PX
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
<i>afirmelle</i>	\$0	
<i>aftera</i>	\$0	
<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	

Drug Name	Drug Tier	Notes
aurovela fe 1/20	\$0	
aviane	\$0	
ayuna	\$0	
azurette	\$0	
balziva	\$0	
blisovi 24 fe	\$0	
blisovi fe 1.5/30	\$0	
blisovi fe 1/20	\$0	
briellyn	\$0	
camila	\$0	
camrese	\$0	QL (1 IN 1 DAYS)
camrese lo	\$0	QL (1 IN 1 DAYS)
charlotte 24 fe	\$0	
chateal eq	\$0	
COMBIPATCH	T2	QL (8 IN 28 DAYS)
cryselle-28	\$0	
curae	\$0	
cyred eq	\$0	
dasetta 1/35	\$0	
dasetta 7/7/7	\$0	
daysee	\$0	QL (1 IN 1 DAYS)
deblitane	\$0	
delyla	\$0	
DEPO-SUBQ PROVERA 104	\$0	QL (1 IN 91 DAYS)
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	\$0	
dolishale	\$0	
dotti	T1	QL (8 IN 28 DAYS)
drospirenil-eth estrad-levomefol	\$0	
drospirenone-ethinyl estradiol	\$0	
DUAVEE	T2	
econtra one-step	\$0	
elinest	\$0	
ELLA	\$0	
eluryng	\$0	
enilloring	\$0	
enpresse-28	\$0	
enskyce	\$0	

Drug Name	Drug Tier	Notes
errin	\$0	
estarylla	\$0	
estradiol oral	T1	
estradiol transdermal patch twice weekly	T1	QL (8 IN 28 DAYS)
estradiol transdermal patch weekly	T1	QL (4 IN 28 DAYS)
estradiol vaginal	T1	
estradiol valerate intramuscular	T1	
ESTRING	T2	QL (1 IN 90 DAYS)
ethynodiol diac-eth estradiol	\$0	
etonogestrel-ethinyl estradiol	\$0	
falmina	\$0	
finzala	\$0	
fyavolv	T1	
gemmafly	\$0	
hailey 1.5/30	\$0	
hailey 24 fe	\$0	
hailey fe 1.5/30	\$0	
hailey fe 1/20	\$0	
haloette	\$0	
heather	\$0	
her style	\$0	
iclevia	\$0	QL (1 IN 1 DAYS)
incassia	\$0	
introvale	\$0	QL (1 IN 1 DAYS)
isibloom	\$0	
jaimiess	\$0	QL (1 IN 1 DAYS)
jasmiel	\$0	
jencycla	\$0	
jinteli	T1	
jolessa	\$0	QL (1 IN 1 DAYS)
joyeaux	\$0	
juleber	\$0	
junel 1.5/30	\$0	
junel 1/20	\$0	
junel fe 1.5/30	\$0	
junel fe 1/20	\$0	
junel fe 24	\$0	
kaitlib fe	\$0	

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

Drug Name	Drug Tier	Notes
<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	
<b>MYFEMBREE</b>	T2	PA; QL (1 IN 1 DAYS)
<b>NATAZIA</b>	\$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-ethynyl est</i>	\$0	
<i>norethindrone oral</i>	\$0	
<i>norethindrone-eth estradiol</i>	T1	
<i>norethindron-ethynyl estrad-fe</i>	\$0	
<i>norethin-eth estradiol-fe</i>	\$0	
<i>norgestimate-eth estradiol</i>	\$0	
<i>norgestimate-ethynyl 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	
<b>PREMARIN ORAL</b>	T2	

Drug Name	Drug Tier	Notes
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-estarrylla</i>	\$0	
<i>tri-legest fe</i>	\$0	
<i>tri-linyah</i>	\$0	
<i>tri-lo-estarrylla</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	

Drug Name	Drug Tier	Notes
volnea	\$0	
vyfemla	\$0	
vylibra	\$0	
wera	\$0	
wymzya fe	\$0	
xulane	\$0	
yuvafem	T1	
zafemy	\$0	
zovia 1/35 (28)	\$0	
zumandimine	\$0	
<b>Hormonal Agents - Thyroid</b>		
ADTHYZA	T2	
ARMOUR THYROID	T2	
euthyrox	T1	
levo-t	T1	
levothyroxine sodium oral tablet	T1	
levoxyl	T1	
liothyronine sodium oral	T1	
methimazole oral	T1	
NIVA THYROID	T2	
np thyroid	T1	
propylthiouracil oral	T1	
SYNTHROID	T2	
thyroid oral	T1	
unithroid	T1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
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
ALFERON N	T2	PA
azathioprine oral tablet 50 mg	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
cyclosporine modified	T1	
cyclosporine oral	T1	
ENBREL	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ

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Drug Name	Drug Tier	Notes
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 PUSHTOUCH	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) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML	T2	PA; QL (6 IN 28 DAYS); SP-QTZ
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML	T2	PA; QL (4 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/UVEIT 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
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	

Drug Name	Drug Tier	Notes
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
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
<b>Immunological Agents - Drugs for Vaccination</b>		
ABRYSVO	T2	AL (AGE GREATER THAN OR = TO 18 YEARS)
ADACEL	\$0	AL (AGE MIN 18 YEARS)
AFLURIA QUADRIVALENT	\$0	QL (0.5 ML IN 180 DAYS)
AREXVY	T2	AL (AGE GREATER THAN OR = TO 60 YEARS)
BOOSTRIX	\$0	AL (AGE MIN 18 YEARS)

Drug Name	Drug Tier	Notes
COMIRNATY	\$0	QL (0.3 ML PER FILL; AGE MIN 12 YEARS)
ENGERIX-B	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
FLUAD 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)
PNEUMOVAX 23	\$0	AL (AGE MIN 18 YEARS)
PREHEVBRIOS	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
PREVNAR 20	\$0	AL (AGE MIN 18 YEARS)
RECOMBIVAX HB	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
SHINGRIX	\$0	AL (AGE MIN 50 YEARS)
SPIKEVAX	\$0	QL (0.5 ML PER FILL; AGE MIN 12 YEARS)
TDVAX	\$0	AL (AGE MIN 18 YEARS)
TENIVAC	\$0	AL (AGE MIN 18 YEARS)
TWINRIX	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
VAXNEUVANCE	\$0	AL (AGE MIN 18 YEARS)
VIVOTIF	T2	QL (0.5 IN 1 DAYS; MAX 8 DAYS; 1 FILLS IN 999 DAYS)
<b>Inflammatory Bowel Disease Agents</b>		
ANALPRAM-HC EXTERNAL LOTION	T2	
<i>balsalazide disodium</i>	T1	

Drug Name	Drug Tier	Notes
budesonide er	T1	QL (1 IN 1 DAYS)
budesonide oral	T1	QL (3 IN 1 DAYS)
DIPENTUM	T2	
hydrocortisone (perianal)	T1	
hydrocortisone rectal	T1	
mesalamine er oral capsule 500 mg	T1	
mesalamine oral tablet delayed release	T1	
mesalamine rectal	T1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	T2	
PROCTOFOAM HC	T2	
procto-med hc	T1	
proctosol hc	T1	
proctozone-hc	T1	
sulfasalazine oral	T1	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
alendronate sodium oral solution	T1	QL (300 ML IN 28 DAYS); HDHP
alendronate sodium oral tablet	T1	HDHP
calcitonin (salmon) nasal	T1	HDHP
ibandronate sodium oral	T1	QL (1 IN 28 DAYS); HDHP
risedronate sodium oral tablet 150 mg	T1	QL (1 IN 28 DAYS); HDHP
risedronate sodium oral tablet 30 mg	T1	HDHP
risedronate sodium oral tablet 35 mg	T1	QL (4 IN 28 DAYS); HDHP
TYMLOS	T2	PA; QL (24 months of therapy per lifetime)
<b>Metabolic Bone Disease Agents - Other</b>		
calcitriol oral	T1	
cinacalcet hcl oral tablet 30 mg, 60 mg	T1	QL (2 IN 1 DAYS)
cinacalcet hcl oral tablet 90 mg	T1	
<b>Miscellaneous Therapeutic Agents</b>		
ADVOCATE INSULIN PEN NEEDLE	T1	QL (200 PER FILL); 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

Drug Name	Drug Tier	Notes
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 PER FILL); HDHP
ASSESS PEAK FLOW METER	T2	HDHP
ASSURE ID DUO PRO PEN NEEDLES	T1	QL (200 PER FILL); HDHP
ASSURE ID PRO PEN NEEDLES	T1	QL (200 PER FILL); HDHP
AUM INSULIN SAFETY PEN NEEDLE	T1	QL (200 PER FILL); HDHP
AUM MINI INSULIN PEN NEEDLE	T1	QL (200 PER FILL); HDHP
AUM PEN NEEDLE	T1	QL (200 PER FILL); HDHP
AUM READYGARD DUO PEN NEEDLE	T1	QL (200 PER FILL); HDHP
AUM SAFETY PEN NEEDLE	T1	QL (200 PER FILL); HDHP
BD AUTOSHIELD DUO PEN NEEDLES	T1	QL (200 PER FILL); HDHP
BD ULTRA-FINE PEN NEEDLES	T1	QL (200 PER FILL); 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 PER FILL); HDHP
CLEVER CHOICE HOLDING CHAMBER	T2	HDHP
CLEVER CHOICE PEAK FLOW METER	T2	HDHP
COMFORT EZ PRO PEN NEEDLES	T1	QL (200 PER FILL); HDHP
COMPACT SPACE CHAMBER	T2	HDHP

Drug Name	Drug Tier	Notes
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 PER FILL); HDHP
DROPSAFE ALCOHOL PREP	T1	
DUREX EXTRA SENSITIVE THIN	\$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 PER FILL); 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)
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 PER FILL); HDHP
GRASTEK	T2	QL (1 IN 1 DAYS)
INCONTROL ULTICARE PEN NEEDLES	T1	QL (200 PER FILL); 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 PER FILL); HDHP
KAMELEON LUBRICATED	\$0	
KIMONO	\$0	

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Drug Name	Drug Tier	Notes
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
MICROSPACER	T2	HDHP
MINI WRIGHT PEAK FLOW METER	T2	HDHP
NOVOFINE AUTOCOVER PEN NEEDLE	T1	QL (200 PER FILL); HDHP
NOVOFINE PEN NEEDLE	T1	QL (200 PER FILL); HDHP
NOVOFINE PLUS PEN NEEDLE	T1	QL (200 PER FILL); 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

Drug Name	Drug Tier	Notes
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	\$0 for MN plans
PIKO 1	T2	HDHP
PIP PEN NEEDLES 31G X 5MM	T1	QL (200 PER FILL); HDHP
PIP PEN NEEDLES 32G X 4MM	T1	QL (200 PER FILL); 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
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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 PER FILL); HDHP
PURE COMFORT SPACER CHAMBER	T2	HDHP
RAGWITEK	T2	QL (1 IN 1 DAYS)
RAYA SURE PEN NEEDLE	T1	QL (200 PER FILL); HDHP
REALITY LATEX CONDOMS	\$0	
REALITY LATEX/ULTRA TEXTURED	\$0	
REALITY LATEX/ULTRA THIN	\$0	
RITEFLO	T2	HDHP
SAFETY PEN NEEDLES	T1	QL (200 PER FILL); 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 PER FILL); HDHP

Drug Name	Drug Tier	Notes
TODAY SPONGE	\$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 PER FILL); HDHP
VCF VAGINAL CONTRACEPTIVE	\$0	
VERIFINE INSULIN PEN NEEDLE	T1	QL (200 PER FILL); HDHP
VERIFINE PLUS PEN NEEDLE	T1	QL (200 PER FILL); 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	
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ACUVAIL	T2	
ALOMIDE	T2	
azelastine hcl ophthalmic	T1	
bacitracin ophthalmic	T1	

Drug Name	Drug Tier	Notes
CILOXAN	T2	
ciprofloxacin hcl ophthalmic	T1	
cromolyn sodium ophthalmic	T1	
cvs olopatadine hcl	T1	
dexamethasone sodium phosphate ophthalmic	T1	
diclofenac sodium ophthalmic	T1	
erythromycin ophthalmic	T1	
eye allergy itch relief	T1	
eye allergy itch/redness rel	T1	
fluorometholone	T1	
flurbiprofen sodium	T1	
ft eye allergy itch & redness	T1	
ft eye allergy itch relief	T1	
gatifloxacin ophthalmic	T1	
gentamicin sulfate ophthalmic	T1	
gnp olopatadine hcl	T1	
hm eye allergy itch relief	T1	
hm eye allergy itch/red relief	T1	
ILEVRO	T2	
ketorolac tromethamine ophthalmic solution 0.4 %	T1	
ketorolac tromethamine ophthalmic solution 0.5 %	T1	QL (10 ML IN 30 DAYS)
moxifloxacin hcl (2x day)	T1	
moxifloxacin hcl ophthalmic	T1	
neomycin-polymyxin-dexameth ophthalmic ointment	T1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	T1	
neomycin-polymyxin-hc ophthalmic	T1	
NEVANAC	T2	
ofloxacin ophthalmic	T1	
olopatadine hcl ophthalmic	T1	
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 %	T2	
prednisolone acetate ophthalmic	T1	
prednisolone sodium phosphate ophthalmic	T1	
qc olopatadine hcl	T1	
sm olopatadine hcl	T1	

Drug Name	Drug Tier	Notes
sulfacetamide sodium ophthalmic	T1	
TOBRADEX	T2	
tobramycin ophthalmic	T1	
tobramycin-dexamethasone	T1	
TOBREX	T2	
trifluridine	T1	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
acetazolamide er	T1	
acetazolamide oral	T1	
betaxolol hcl ophthalmic	T1	
BETOPTIC-S	T2	
brimonidine tartrate ophthalmic	T1	
brimonidine tartrate-timolol	T1	
brinzolamide	T1	
carteolol hcl	T1	
dorzolamide hcl ophthalmic	T1	
dorzolamide hcl-timolol mal	T1	
IOPIDINE	T2	
latanoprost ophthalmic	T1	
levobunolol hcl	T1	
methazolamide oral	T1	
PHOSPHOLINE IODIDE	T2	
pilocarpine hcl ophthalmic	T1	
SIMBRINZA	T2	
timolol maleate (once-daily)	T1	
timolol maleate ocudose	T1	
timolol maleate ophthalmic	T1	
timolol maleate pf	T1	
travoprost (bak free)	T1	
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
ALTACAINE	T2	
atropine sulfate ophthalmic ointment	T1	
atropine sulfate solution 1 % ophthalmic	T1	
bacitracin-polymyxin b	T1	
bacitra-neomycin-polymyxin-hc	T1	
CYCLOMYDRIL	T2	
cyclopentolate hcl ophthalmic	T1	

Drug Name	Drug Tier	Notes
cyclosporine ophthalmic	T1	
neomycin-bacitracin zn-polymyx	T1	
neomycin-polymyxin-gramicidin	T1	
neo-polycin	T1	
neo-polycin hc	T1	
phenylephrine hcl ophthalmic solution 10 %	T1	
phenylephrine hcl ophthalmic solution 2.5 %	T1	QL (30 ML IN 30 DAYS)
polycin	T1	
polymyxin b-trimethoprim	T1	
proparacaine hcl ophthalmic	T1	
sulfacetamide-prednisolone	T1	
tetracaine hcl ophthalmic	T1	
tropicamide ophthalmic	T1	
<b>Otic Agents - Drugs for Ear Conditions</b>		
acetic acid otic	T1	
CIPRO HC	T2	QL (40 IN 30 DAYS)
ciprofloxacin hcl otic	T1	
ciprofloxacin-dexamethasone	T1	
hydrocortisone-acetic acid	T1	
neomycin-polymyxin-hc otic	T1	
ofloxacin otic	T1	QL (20 ML IN 30 DAYS)
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
azelastine hcl nasal	T1	
benzonatate oral capsule 100 mg, 200 mg	T1	
CAPCOF	T2	QL (240 ML IN 30 DAYS)
clemastine fumarate oral tablet	T1	
cyproheptadine hcl oral	T1	
fluticasone propionate nasal	T1	
g tussin ac	T1	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
guaifenesin-codeine	T1	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
hydrocod poli-chlorphe poli er	T1	
hydrocodone bit-homatrop mbr	T1	
hydromet	T1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	T2	
ipratropium bromide nasal	T1	

Drug Name	Drug Tier	Notes
maxi-tuss ac	T1	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	T2	
NINJACOF-XG	T2	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
promethazine vc/codeine	T1	AL (AGE MIN 12 YEARS)
promethazine-codeine oral solution	T1	AL (AGE MIN 12 YEARS)
RYDEX	T2	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
sodium chloride inhalation	T1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ADVAIR DISKUS	T1	HDHP
ADVAIR HFA	T2	HDHP
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	T1	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	T2	
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	T1	QL (300 ML IN 30 DAYS)
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	T1	QL (120 ML IN 30 DAYS)
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	T1	QL (120 ML IN 30 DAYS)
albuterol sulfate oral	T1	
ANORO ELLIPTA	T2	
ARNUITY ELLIPTA	T2	HDHP
ATROVENT HFA	T2	
BREO ELLIPTA	T2	HDHP
BREZTRI AEROSPHERE	T2	
budesonide inhalation	T1	QL (120 ML IN 30 DAYS); HDHP
COMBIVENT RESPIMAT	T2	
cromolyn sodium inhalation	T1	QL (480 ML IN 30 DAYS)
elizophyllin	T1	
epinephrine (anaphylaxis) injection solution 1 mg/ml	T1	
epinephrine injection solution auto-injector 0.15 mg/0.15ml	T1	

Drug Name	Drug Tier	Notes
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	T1	QL (4 IN 30 DAYS)
FASENRA PEN	T2	PA; QL (1 ML IN 56 DAYS); SP-QTZ
FLUTICASONE PROPIONATE HFA	T2	HDHP
formoterol fumarate inhalation	T1	
INCRUSE ELLIPTA	T2	
ipratropium bromide inhalation	T1	QL (300 ML IN 30 DAYS)
ipratropium-albuterol	T1	QL (360 ML IN 30 DAYS)
montelukast sodium oral	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
pirfenidone oral capsule	T1	PA; QL (9 IN 1 DAYS); SP-QTZ
pirfenidone oral tablet 267 mg	T1	PA; QL (9 IN 1 DAYS); SP-QTZ
pirfenidone oral tablet 801 mg	T1	PA; QL (3 IN 1 DAYS); SP-QTZ
SEREVENT DISKUS	T2	
SPIRIVA RESPIMAT	T2	
SYMBICORT	T2	HDHP
terbutaline sulfate oral	T1	
THEO-24	T2	
theophylline er	T1	
tiotropium bromide monohydrate	T1	
TRELEGY ELLIPTA	T2	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-Injector	T2	PA; SP-QTZ
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; SP-QTZ
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
CAYSTON	T2	PA; QL (3 ML IN 1 DAYS)
PULMOZYME	T2	QL (2.5 ML IN 1 DAYS; MAX 30 DAYS)
tobramycin nebulization solution 300 mg/5ml inhalation	T1	PA; QL (10 ML IN 1 DAYS)

Drug Name	Drug Tier	Notes
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	T2	PA; QL (3 IN 1 DAYS)
alyq	T1	PA
ambrisentan	T1	PA; QL (1 IN 1 DAYS)
bosentan	T1	PA; QL (2 IN 1 DAYS)
OPSUMIT	T2	PA
sildenafil citrate oral suspension reconstituted	T1	PA
sildenafil citrate oral tablet 20 mg	T1	PA
tadalafil (pah)	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)
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
baclofen oral tablet 10 mg, 20 mg	T1	
carisoprodol oral	T1	
chlorzoxazone oral tablet 500 mg	T1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	T1	
metaxalone	T1	
methocarbamol oral	T1	
NORGESIC FORTE	T2	
orphenadrine citrate er	T1	
ORPHENGESIC FORTE	T2	
tizanidine hcl oral tablet	T1	
<b>Sleep Disorder Agents</b>		
armodafinil	T1	QL (1 IN 1 DAYS)
eszopiclone	T1	QL (1 IN 1 DAYS)
flurazepam hcl	T1	
modafinil oral tablet 100 mg	T1	QL (1 IN 1 DAYS)
modafinil oral tablet 200 mg	T1	QL (2 IN 1 DAYS)
temazepam oral capsule 15 mg, 30 mg	T1	
temazepam oral capsule 7.5 mg	T1	QL (1 IN 1 DAYS)
zaleplon	T1	
zolpidem tartrate oral tablet	T1	QL (1.5 IN 1 DAYS)

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