



2024 Standard Individual (IL) Drug Formulary

QuartzBenefits.com

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



December 2, 2024

2024 Quartz Standard Individual (IL) Drug Formulary Information

This Formulary serves members with an employer-sponsored health plan (less than 50 employees) or an individual/family health plan based in Illinois whose pharmacy benefits have a deductible and/or coinsurance cost share structure. Some coinsurance plans may have a deductible that must be met before coinsurance cost shares apply.

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

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

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. Three copays will be charged for the 3-month supply. All additional restrictions apply. Drugs included in the Specialty Pharmaceuticals Program are not eligible for Choice90.

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

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

Oral Oncology Drug Cost Share: For drugs taken at home to treat cancer, the state of Illinois has determined the maximum cost share to be \$0 after any benefit deductible has been met. This maximum cost share amount applies regardless of what tier the drug is listed at on the formulary document.

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

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

Formulary Coverage Indicators

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

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

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

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

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

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

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

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

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

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

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

Where to find additional information when you have questions:

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

Standard Individual (IL)

Table of Contents

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

Metabolic Bone Disease Agents - Drugs for Osteoporosis.....	53
Metabolic Bone Disease Agents - Other.....	53
Miscellaneous Therapeutic Agents.....	54
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation.....	59
Ophthalmic Agents - Drugs for Glaucoma.....	60
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions.....	61
Otic Agents - Drugs for Ear Conditions.....	61
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold.....	62
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions.....	62
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis.....	64
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension.....	64
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm.....	64
Sleep Disorder Agents.....	65

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

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Drug Name	Drug Tier	Notes
<i>pentazocine-naloxone hcl</i>	T1	
TENCON	T2	
<i>tramadol hcl oral tablet 50 mg</i>	T1	AL (AGE MIN 12 YEARS)
<i>tramadol-acetaminophen</i>	T1	AL (AGE MIN 12 YEARS)
Analgesics - Drugs for Pain and Inflammation		
<i>celecoxib oral</i>	T1	QL (2 IN 1 DAYS)
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium gel 1 % external (rx)</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac-misoprostol</i>	T1	
<i>diflunisal oral</i>	T1	
<i>etodolac</i>	T1	
<i>etodolac er</i>	T1	
<i>fenoprofen calcium oral capsule 400 mg</i>	T1	
<i>fenoprofen calcium oral tablet</i>	T1	
<i>flurbiprofen oral tablet 100 mg</i>	T1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>indomethacin er</i>	T1	
<i>indomethacin oral</i>	T1	
<i>ketoprofen er</i>	T1	
<i>ketoprofen oral capsule 50 mg</i>	T1	
<i>ketorolac tromethamine oral</i>	T1	QL (20 IN 30 DAYS)
<i>meclofenamate sodium oral</i>	T1	
MELOXICAM ORAL SUSPENSION	T2	
<i>meloxicam oral tablet</i>	T1	
<i>nabumetone oral</i>	T1	
<i>naproxen oral suspension</i>	T1	AL (AGE MAX 12 YEARS)
<i>naproxen oral tablet</i>	T1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>oxaprozin oral tablet</i>	T1	
<i>piroxicam oral</i>	T1	
<i>sulindac oral</i>	T1	
Anesthetics		
<i>glydo</i>	T1	
<i>lidocaine external patch 5 %</i>	T1	QL (3 IN 1 DAYS)

Drug Name	Drug Tier	Notes
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine hcl urethral/mucosal</i>	T1	
<i>lidocaine ointment 5 % external</i>	T1	QL (120 GM IN 30 DAYS)
<i>lidocaine-prilocaine external cream</i>	T1	
Anti-Addiction / Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	T1	
<i>buprenorphine hcl sublingual</i>	T1	
<i>buprenorphine hcl-naloxone hcl</i>	T1	
<i>bupropion hcl er (smoking det)</i>	T1	\$0 for 180 days/year
COMMIT MOUTH/THROAT LOZENGE 2 MG, 4 MG	T2	\$0 for 180 days/year
<i>cvs nicotine</i>	T1	\$0 for 180 days/year
<i>cvs nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>disulfiram oral</i>	T1	
<i>eq nicotine</i>	T1	\$0 for 180 days/year
<i>eq nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>eq nicotine step 3</i>	T1	\$0 for 180 days/year
<i>folding paddle walker</i>	T1	\$0 for 180 days/year
<i>ft nicotine</i>	T1	\$0 for 180 days/year
<i>ft nicotine mini</i>	T1	\$0 for 180 days/year
<i>gnp nicotine</i>	T1	\$0 for 180 days/year
<i>gnp nicotine mini</i>	T1	\$0 for 180 days/year
<i>gnp nicotine polacrilex</i>	T1	\$0 for 180 days/year
<i>goodsense nicotine</i>	T1	\$0 for 180 days/year
<i>habitrol</i>	T1	\$0 for 180 days/year
<i>hm nicotine polacrilex</i>	T1	\$0 for 180 days/year
KLOXXADO	\$0	
<i>kls quit2</i>	T1	\$0 for 180 days/year
<i>kls quit4</i>	T1	\$0 for 180 days/year
<i>lofexidine hcl</i>	T1	
LUCEMYRA	T2	
<i>naloxone hcl injection</i>	\$0	
<i>naloxone hcl nasal</i>	\$0	
<i>naltrexone hcl oral</i>	T1	
NARCAN	\$0	
NICODERM CQ	T2	\$0 for 180 days/year
NICORETTE	T2	\$0 for 180 days/year
NICORETTE MINI	T2	\$0 for 180 days/year

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Drug Name	Drug Tier	Notes
NICORETTE STARTER KIT	T2	\$0 for 180 days/year
<i>nicotine</i>	T1	\$0 for 180 days/year
<i>nicotine mini</i>	T1	\$0 for 180 days/year
<i>nicotine polacrilex mini</i>	T1	\$0 for 180 days/year
<i>nicotine polacrilex mouth/throat</i>	T1	\$0 for 180 days/year
<i>nicotine step 1</i>	T1	\$0 for 180 days/year
<i>nicotine step 2</i>	T1	\$0 for 180 days/year
<i>nicotine step 3</i>	T1	\$0 for 180 days/year
NICOTROL	T2	\$0 for 180 days/year
NICOTROL NS	T2	\$0 for 180 days/year
OPVEE	\$0	
<i>qc nicotine transdermal system</i>	T1	\$0 for 180 days/year
<i>ra mini nicotine</i>	T1	\$0 for 180 days/year
<i>ra nicotine</i>	T1	\$0 for 180 days/year
<i>ra nicotine gum</i>	T1	\$0 for 180 days/year
<i>ra nicotine polacrilex</i>	T1	\$0 for 180 days/year
REXTOVY	\$0	
<i>sm nicotine</i>	T1	\$0 for 180 days/year
<i>sm nicotine polacrilex</i>	T1	\$0 for 180 days/year
SUBOXONE	T2	
THRIVE	T2	\$0 for 180 days/year
<i>varenicline tartrate</i>	T1	\$0 for 180 days/year
<i>varenicline tartrate (starter)</i>	T1	\$0 for 180 days/year
<i>varenicline tartrate(continue)</i>	T1	\$0 for 180 days/year
ZIMHI	\$0	
ZUBSOLV	T2	
Antibacterials		
<i>amoxicillin</i>	T1	
<i>amoxicillin-potassium clavulanate</i>	T1	
<i>amoxicillin-potassium clavulanate er</i>	T1	
<i>ampicillin</i>	T1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	T2	
<i>azithromycin oral</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

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Drug Name	Drug Tier	Notes
<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	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet</i>	T1	
E.E.S. 400	T2	
<i>erythromycin base oral</i>	T1	
<i>erythromycin ethylsuccinate oral</i>	T1	
<i>erythromycin oral</i>	T1	
<i>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	

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Drug Name	Drug Tier	Notes
<i>methenamine hippurate</i>	T1	
<i>metronidazole oral tablet</i>	T1	
<i>metronidazole vaginal</i>	T1	
<i>minocycline hcl oral capsule</i>	T1	
<i>mondoxyne nl</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>mupirocin cream</i>	T1	
<i>mupirocin ointment</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, 50 mg/10ml</i>	T1	
<i>penicillin v potassium</i>	T1	
<i>silver sulfadiazine external</i>	T1	
SIVEXTRO ORAL	T2	PA
ssd	T1	
<i>sulfadiazine oral</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	T1	
<i>sulfamethoxazole-trimethoprim suspension 200-40 mg/5ml oral</i>	T1	
<i>sulfatrim pediatric</i>	T1	
<i>trimethoprim oral</i>	T1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg</i>	T1	
<i>vancomycin hcl oral capsule</i>	T1	
<i>vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml</i>	T1	
<i>vancomycin hcl solution reconstituted 750 mg intravenous</i>	T1	
XIFAXAN ORAL TABLET 200 MG	T2	QL (6 IN 1 DAYS)
XIFAXAN ORAL TABLET 550 MG	T2	
Anticoagulants		
<i>bd heparin posiflush</i>	T1	
ELIQUIS	T2	
ELIQUIS DVT/PE STARTER PACK	T2	
<i>enoxaparin sodium</i>	T1	
FRAGMIN	T2	
<i>heparin na (pork) lock flush pf</i>	T1	

Drug Name	Drug Tier	Notes
<i>heparin sod (pork) lock flush solution 10 unit/ml intravenous</i>	T1	
<i>heparin sodium (porcine) injection solution 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	T1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	T1	
<i>heparin sodium (porcine) pf solution 5000 unit/0.5ml injection</i>	T1	
<i>jantoven</i>	T1	
<i>warfarin sodium oral</i>	T1	
XARELTO	T2	
XARELTO STARTER PACK	T2	
Anticonvulsants - Drugs for Seizures		
APTIOM ORAL TABLET 200 MG, 400 MG	T2	QL (1 IN 1 DAYS)
APTIOM ORAL TABLET 600 MG, 800 MG	T2	
<i>carbamazepine er</i>	T1	
<i>carbamazepine oral tablet</i>	T1	
<i>carbamazepine oral tablet chewable</i>	T1	
<i>carbamazepine suspension 100 mg/5ml oral</i>	T1	
DILANTIN	T2	
DILANTIN INFATABS	T2	
DILANTIN-125	T2	
<i>divalproex sodium er</i>	T1	
<i>divalproex sodium oral</i>	T1	
EPIDIOLEX	T2	
<i>epitol</i>	T1	
<i>ethosuximide oral</i>	T1	
<i>felbamate</i>	T1	
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
<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	

Effective 12/1/2024

Drug Name	Drug Tier	Notes
<i>phenytoin infatabs</i>	T1	
<i>phenytoin oral</i>	T1	
<i>phenytoin sodium extended</i>	T1	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1	
<i>subvenite</i>	T1	
TEGRETOL-XR	T2	
<i>topiramate oral</i>	T1	
<i>valproic acid oral capsule</i>	T1	
<i>valproic acid solution 250 mg/5ml oral</i>	T1	
<i>zonisamide oral</i>	T1	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>donepezil hcl oral tablet 23 mg</i>	T1	QL (1 IN 1 DAYS)
<i>donepezil hcl oral tablet dispersible</i>	T1	
<i>galantamine hydrobromide er</i>	T1	QL (1 IN 1 DAYS)
<i>galantamine hydrobromide oral solution</i>	T1	
<i>galantamine hydrobromide oral tablet 12 mg</i>	T1	
<i>galantamine hydrobromide oral tablet 4 mg, 8 mg</i>	T1	QL (2 IN 1 DAYS)
<i>memantine hcl</i>	T1	
<i>rivastigmine tartrate</i>	T1	
Antidepressants		
<i>amitriptyline hcl oral</i>	T1	
<i>amoxapine</i>	T1	
<i>bupropion hcl er (sr)</i>	T1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1	QL (1 IN 1 DAYS)
<i>bupropion hcl oral</i>	T1	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>citalopram hydrobromide oral solution</i>	T1	HDHP
<i>citalopram hydrobromide oral tablet</i>	T1	HDHP
<i>clomipramine hcl oral</i>	T1	PA
<i>desipramine hcl oral</i>	T1	
<i>doxepin hcl oral capsule</i>	T1	
<i>doxepin hcl oral concentrate</i>	T1	

Drug Name	Drug Tier	Notes
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T1	
<i>escitalopram oxalate oral</i>	T1	HDHP
<i>fluoxetine hcl oral capsule</i>	T1	HDHP
<i>fluoxetine hcl oral solution</i>	T1	HDHP
<i>fluvoxamine maleate oral tablet 100 mg</i>	T1	
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	T1	QL (3 IN 1 DAYS)
<i>imipramine hcl oral</i>	T1	
<i>mirtazapine oral</i>	T1	
<i>nefazodone hcl</i>	T1	
<i>nortriptyline hcl oral</i>	T1	
<i>paroxetine hcl oral suspension</i>	T1	
<i>paroxetine hcl oral tablet</i>	T1	HDHP
<i>perphenazine-amitriptyline</i>	T1	
<i>phenelzine sulfate oral</i>	T1	
<i>protriptyline hcl</i>	T1	
<i>sertraline hcl oral concentrate</i>	T1	HDHP
<i>sertraline hcl oral tablet</i>	T1	HDHP
<i>tranylcypromine sulfate</i>	T1	
<i>trazodone hcl oral</i>	T1	
<i>trimipramine maleate oral</i>	T1	
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	
Antiemetics - Drugs for Nausea and Vomiting		
<i>aprepitant oral</i>	T1	QL (6 IN 30 DAYS)
<i>aprepitant oral capsule 125 mg</i>	T1	QL (2 IN 30 DAYS)
<i>aprepitant oral capsule 40 mg</i>	T1	QL (1 IN 30 DAYS)
<i>aprepitant pak 80 & 125mg</i>	T1	QL (6 IN 30 DAYS)
<i>aprepitant oral capsule 80 mg</i>	T1	QL (4 IN 30 DAYS)
<i>compro</i>	T1	
EMEND ORAL SUSPENSION RECONSTITUTED	T2	QL (2 IN 30 DAYS)
<i>granisetron hcl oral</i>	T1	QL (30 IN 30 DAYS)
<i>meclizine hcl tablet 12.5 mg oral (rx)</i>	T1	
<i>meclizine hcl tablet 25 mg oral (rx)</i>	T1	
<i>metoclopramide hcl oral solution</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
<i>ondansetron hcl oral solution</i>	T1	

Effective 12/1/2024

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

Drug Name	Drug Tier	Notes
<i>oxiconazole nitrate</i>	T1	
OXISTAT	T2	
<i>posaconazole oral tablet delayed release</i>	T1	PA
SULCONAZOLE NITRATE	T2	
<i>terbinafine hcl oral</i>	T1	
<i>terconazole</i>	T1	
<i>voriconazole oral suspension reconstituted</i>	T1	PA
<i>voriconazole oral tablet 200 mg</i>	T1	PA
<i>voriconazole oral tablet 50 mg</i>	T1	PA; QL (3 IN 1 DAYS)
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>allopurinol oral tablet 200 mg</i>	T1	QL (1 IN 1 DAYS)
<i>colchicine oral tablet</i>	T1	
<i>colchicine-probenecid</i>	T1	
<i>febuxostat oral tablet 40 mg</i>	T1	ST; QL (1 IN 1 DAYS)
<i>febuxostat oral tablet 80 mg</i>	T1	ST
<i>probenecid</i>	T1	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	T2	PA; QL (1 ML IN 28 DAYS)
AIMOVIG	T2	PA; QL (1 ML IN 28 DAYS)
<i>dihydroergotamine mesylate nasal</i>	T1	QL (16 ML IN 30 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	T2	PA; QL (1 ML IN 28 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	PA; QL (3 ML IN 28 DAYS)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	T2	PA; QL (1 ML IN 28 DAYS)
<i>ergotamine-caffeine</i>	T1	
MIGERGOT	T2	
<i>naratriptan hcl</i>	T1	QL (18 IN 30 DAYS)
<i>rizatriptan benzoate</i>	T1	QL (18 IN 30 DAYS)
<i>sumatriptan nasal</i>	T1	QL (18 IN 30 DAYS)
<i>sumatriptan succinate oral</i>	T1	QL (18 IN 30 DAYS)
<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)

Drug Name	Drug Tier	Notes
Anticholinergic Agents		
<i>pyridostigmine bromide er</i>	T1	
<i>pyridostigmine bromide oral solution</i>	T1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
Antimycobacterials		
<i>dapsone oral</i>	T1	
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid oral</i>	T1	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T1	
<i>rifampin oral</i>	T1	
Antineoplastics - Drugs for Cancer		
<i>abiraterone acetate oral tablet 250 mg</i>	T1	PA; QL (4 IN 1 DAYS); SP-QTZ
<i>anastrozole oral</i>	T1	\$0 for breast cancer PX
<i>bicalutamide</i>	T1	
<i>capecitabine</i>	T1	SP-QTZ
<i>cyclophosphamide oral capsule</i>	T1	
CYCLOPHOSPHAMIDE ORAL TABLET	T2	
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>dasatinib oral tablet 20 mg</i>	T1	PA; QL (3 IN 1 DAYS); SP-QTZ
DROXIA	T2	
<i>erlotinib hcl</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>etoposide oral</i>	T1	
<i>exemestane</i>	T1	\$0 for breast cancer PX
GLEOSTINE	T2	
<i>hydroxyurea oral</i>	T1	
IBRANCE	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>imatinib mesylate tablet 100 mg oral</i>	T1	QL (7 IN 1 DAYS); SP-QTZ
<i>imatinib mesylate tablet 400 mg oral</i>	T1	QL (2 IN 1 DAYS); SP-QTZ
<i>lapatinib ditosylate</i>	T1	PA; SP-QTZ
<i>lenalidomide</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>letrozole oral</i>	T1	\$0 for breast cancer PX
<i>leucovorin calcium oral tablet 5 mg</i>	T1	
LEUKERAN	T2	
LYSODREN	T2	
MATULANE	T2	
<i>mercaptopurine oral</i>	T1	

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

Effective 12/1/2024

Drug Name	Drug Tier	Notes
<i>trihexyphenidyl hcl</i>	T1	
Antiplatelets		
BRILINTA	T2	
<i>cilostazol</i>	T1	
<i>clopidogrel bisulfate oral</i>	T1	
<i>dipyridamole oral</i>	T1	
<i>prasugrel hcl oral tablet 10 mg</i>	T1	
<i>prasugrel hcl oral tablet 5 mg</i>	T1	QL (1 IN 1 DAYS)
Antipsychotics - Drugs for Mood Disorders		
<i>aripiprazole oral solution</i>	T1	
<i>aripiprazole oral tablet 15 mg, 5 mg</i>	T1	QL (2 IN 1 DAYS)
<i>aripiprazole tablet 10 mg oral</i>	T1	QL (2 IN 1 DAYS)
<i>aripiprazole tablet 2 mg oral</i>	T1	QL (2 IN 1 DAYS)
<i>aripiprazole tablet 20 mg oral</i>	T1	QL (1 IN 1 DAYS)
<i>aripiprazole tablet 30 mg oral</i>	T1	QL (1 IN 1 DAYS)
<i>chlorpromazine hcl oral tablet</i>	T1	
<i>clozapine oral tablet</i>	T1	
<i>fluphenazine hcl oral</i>	T1	
<i>haloperidol lactate concentrate 2 mg/ml oral</i>	T1	
<i>haloperidol oral</i>	T1	
<i>loxapine succinate</i>	T1	
<i>molindone hcl</i>	T1	
<i>olanzapine oral tablet</i>	T1	
<i>pimozide oral tablet 2 mg</i>	T1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	T1	QL (1 IN 1 DAYS)
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	T1	QL (2 IN 1 DAYS)
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	T1	
<i>risperidone oral solution</i>	T1	
<i>risperidone oral tablet</i>	T1	
<i>thioridazine hcl oral</i>	T1	
<i>thiothixene</i>	T1	
<i>trifluoperazine hcl</i>	T1	
<i>ziprasidone hcl</i>	T1	
Antivirals		
<i>abacavir sulfate</i>	T1	SP-QTZ
<i>abacavir sulfate-lamivudine</i>	T1	SP-QTZ

Effective 12/1/2024

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

Effective 12/1/2024

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

Effective 12/1/2024

Drug Name	Drug Tier	Notes
TRIUMEQ PD	T2	SP-QTZ
TYBOST	T2	SP-QTZ
<i>valacyclovir hcl oral</i>	T1	
<i>valganciclovir hcl</i>	T1	
VIRACEPT	T2	SP-QTZ
VIREAD ORAL POWDER	T2	SP-QTZ
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	QL (1 IN 1 DAYS); SP-QTZ
VOSEVI	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
<i>zidovudine oral capsule</i>	T1	SP-QTZ
<i>zidovudine oral syrup</i>	T1	SP-QTZ
<i>zidovudine oral tablet</i>	T1	
Anxiolytics - Drugs for Anxiety		
<i>alprazolam intensol</i>	T1	
<i>alprazolam oral tablet</i>	T1	
<i>bupirone hcl oral</i>	T1	
<i>chlordiazepoxide hcl</i>	T1	
<i>clonazepam oral tablet</i>	T1	
<i>clorazepate dipotassium</i>	T1	
<i>diazepam oral solution</i>	T1	
<i>diazepam oral tablet</i>	T1	
<i>estazolam</i>	T1	
<i>hydroxyzine hcl oral</i>	T1	
<i>hydroxyzine pamoate oral</i>	T1	
<i>lorazepam intensol</i>	T1	
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet</i>	T1	
<i>meprobamate</i>	T1	
<i>midazolam hcl oral</i>	T1	
<i>oxazepam</i>	T1	
<i>triazolam oral tablet 0.125 mg</i>	T1	QL (1 IN 1 DAYS)
<i>triazolam oral tablet 0.25 mg</i>	T1	
Bipolar Agents - Drugs for Mood Disorders		
<i>lithium carbonate er</i>	T1	
<i>lithium carbonate oral</i>	T1	
Blood Products and Modifiers - Drugs for Blood Disorders		
<i>aminocaproic acid oral</i>	T1	
<i>anagrelide hcl</i>	T1	

Effective 12/1/2024

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

Effective 12/1/2024

Drug Name	Drug Tier	Notes
<i>clonidine hcl oral</i>	T1	
<i>colesevelam hcl</i>	T1	
<i>colestipol hcl</i>	T1	
<i>digoxin oral solution</i>	T1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	
<i>diltiazem hcl er beads</i>	T1	
<i>diltiazem hcl er coated beads</i>	T1	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	T1	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>disopyramide phosphate</i>	T1	
DIURIL	T2	
<i>doxazosin mesylate oral</i>	T1	
<i>enalapril maleate oral solution</i>	T1	
<i>enalapril maleate oral tablet</i>	T1	HDHP
<i>enalapril-hydrochlorothiazide</i>	T1	HDHP
ENTRESTO ORAL CAPSULE SPRINKLE	T2	QL (8 IN 1 DAYS)
ENTRESTO ORAL TABLET	T2	QL (2 IN 1 DAYS)
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	T1	
<i>epinephrine pf</i>	T1	
<i>eplerenone</i>	T1	
<i>ezetimibe</i>	T1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg</i>	T1	
<i>ezetimibe-simvastatin oral tablet 10-40 mg, 10-80 mg</i>	T1	QL (1 IN 1 DAYS)
<i>felodipine er</i>	T1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	T1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>flecainide acetate</i>	T1	
<i>fosinopril sodium</i>	T1	HDHP
<i>fosinopril sodium-hctz</i>	T1	HDHP
<i>furosemide oral solution 10 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1	
<i>gemfibrozil oral</i>	T1	

Effective 12/1/2024

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

Effective 12/1/2024

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

Drug Name	Drug Tier	Notes
<i>timolol maleate oral</i>	T1	
<i>torseamide</i>	T1	
<i>trandolapril</i>	T1	
<i>triamterene-hctz</i>	T1	
VALSARTAN ORAL SOLUTION	T2	AL (AGE MAX 12 YEARS)
<i>valsartan oral tablet</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
<i>verapamil hcl er</i>	T1	
<i>verapamil hcl oral</i>	T1	
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
<i>amphetamine-dextroamphetamine</i>	T1	
<i>amphetamine-dextroamphetamine er</i>	T1	
<i>atomoxetine hcl</i>	T1	
<i>dexmethylphenidate hcl</i>	T1	
<i>dexmethylphenidate hcl er</i>	T1	
<i>dextroamphetamine sulfate er</i>	T1	
<i>dextroamphetamine sulfate oral solution</i>	T1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	T1	
<i>guanfacine hcl er</i>	T1	
<i>lisdexamfetamine dimesylate</i>	T1	QL (1 IN 1 DAYS)
<i>methamphetamine hcl</i>	T1	
<i>methylphenidate hcl er</i>	T1	
<i>methylphenidate hcl er (cd)</i>	T1	
<i>methylphenidate hcl er (la)</i>	T1	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	T1	
<i>methylphenidate hcl oral</i>	T1	
VYVANSE	T2	QL (1 IN 1 DAYS)
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	T2	PA; SP-QTZ
AVONEX PREFILLED	T2	PA; SP-QTZ
<i>dimethyl fumarate oral</i>	T1	PA; QL (2 IN 1 DAYS); SP-QTZ
<i>dimethyl fumarate starter pack</i>	T1	PA; QL (2 IN 1 DAYS); SP-QTZ
EXTAVIA	T2	PA; SP-QTZ
<i>fingolimod hcl</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
GILENYA ORAL CAPSULE 0.25 MG	T2	PA; QL (1 IN 1 DAYS); SP-QTZ

Effective 12/1/2024

Drug Name	Drug Tier	Notes
<i>glatiramer acetate</i>	T1	PA; SP-QTZ
<i>glatopa</i>	T1	PA; SP-QTZ
PLEGRIDY	T2	PA; QL (1 ML IN 28 DAYS); SP-QTZ
PLEGRIDY STARTER PACK	T2	PA; QL (1 ML IN 28 DAYS); SP-QTZ
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML	T2	PA; QL (6 ML IN 28 DAYS); SP-QTZ
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 44 MCG/0.5ML	T2	PA; SP-QTZ
REBIF REBIDOSE TITRATION PACK	T2	PA; SP-QTZ
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML	T2	PA; QL (6 ML IN 28 DAYS); SP-QTZ
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML	T2	PA; SP-QTZ
REBIF TITRATION PACK	T2	PA; SP-QTZ
<i>teriflunomide</i>	T1	PA; QL (1 IN 1 DAYS); SP-QTZ
Central Nervous System Agents - Miscellaneous		
<i>pregabalin oral capsule</i>	T1	QL (3 IN 1 DAYS)
<i>pregabalin oral solution</i>	T1	
<i>riluzole</i>	T1	
SAVELLA	T2	ST; QL (2 IN 1 DAYS)
SAVELLA TITRATION PACK	T2	PA; QL (1 IN 1 DAYS)
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
<i>cevimeline hcl</i>	T1	
<i>chlorhexidine gluconate mouth/throat</i>	T1	
DENTA 5000 PLUS	T2	
DENTAGEL	T2	
EASYGEL	T2	
GEL-KAM	T2	
JUST FOR KIDS	T2	
<i>kourzeq</i>	T1	
<i>lidocaine viscous hcl</i>	T1	
<i>oralone</i>	T1	
<i>periogard</i>	T1	
<i>pilocarpine hcl oral</i>	T1	
<i>sf gel 1.1%</i>	T1	
<i>sf 5000 plus</i>	T1	

Drug Name	Drug Tier	Notes
<i>sod fluoride-potassium nitrate</i>	T1	
<i>sodium fluoride 5000 enamel</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	
<i>sodium fluoride 5000 ppm</i>	T1	
<i>sodium fluoride 5000 sensitive</i>	T1	
<i>sodium fluoride dental</i>	T1	
<i>triamcinolone acetonide mouth/throat</i>	T1	
Dermatological Agents - Drugs for Skin Conditions		
<i>accutane</i>	T1	
<i>adapalene external cream</i>	T1	PA
<i>adapalene external gel 0.3 %</i>	T1	PA
<i>adapalene gel 0.1 % external (otc)</i>	T1	AL (AGE MAX 35 YEARS)
<i>adapalene treatment</i>	T1	AL (AGE MAX 35 YEARS)
<i>alclometasone dipropionate</i>	T1	
<i>alcohol prep pads external 70 %</i>	T1	
ALTRENO	T2	AL (AGE MAX 35 YEARS)
<i>amnesteam</i>	T1	
<i>betamethasone dipropionate aug</i>	T1	
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external</i>	T1	
<i>calcipotriene external cream</i>	T1	
CALCIPOTRIENE EXTERNAL FOAM	T2	
<i>calcipotriene external ointment</i>	T1	
<i>calcipotriene external solution</i>	T1	
<i>calcitriol external</i>	T1	
<i>claravis</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1	
<i>clindamycin phosphate external gel</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>clobetasol propionate e</i>	T1	
<i>clobetasol propionate emulsion</i>	T1	
<i>clobetasol propionate external</i>	T1	
CORDRAN	T2	
<i>cvs adapalene</i>	T1	AL (AGE MAX 35 YEARS)
<i>dapsone external gel 5 %</i>	T1	ST

Effective 12/1/2024

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

Drug Name	Drug Tier	Notes
<i>podofilox external</i>	T1	
PRAMOSONE EXTERNAL CREAM	T2	
PRAMOSONE EXTERNAL LOTION	T2	
REGRANEX	T2	
SANTYL	T2	
<i>selenium sulfide external lotion</i>	T1	
SORILUX	T2	
<i>sulfacetamide sodium (acne)</i>	T1	
<i>tacrolimus external</i>	T1	
<i>tazarotene external cream</i>	T1	PA
TAZAROTENE EXTERNAL FOAM	T2	PA
<i>tazarotene external gel</i>	T1	PA
<i>tretinoin external</i>	T1	AL (AGE MAX 35 YEARS)
<i>triamcinolone acetonide external aerosol solution</i>	T1	PA
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment</i>	T1	
<i>triamcinolone in absorbbase</i>	T1	
<i>triderm</i>	T1	
<i>zenatane</i>	T1	
Diabetes - Antidiabetic Agents		
<i>acarbose oral</i>	T1	HDHP
BYDUREON BCISE AUTOINJECTOR	T2	PA; HDHP
BYETTA 10 MCG PEN	T2	PA; HDHP
BYETTA 5 MCG PEN	T2	PA; HDHP
FARXIGA TABLET 10 MG ORAL	T2	QL (1 IN 1 DAYS)
FARXIGA TABLET 10 MG ORAL	T2	QL (1 IN 1 DAYS); HDHP
FARXIGA TABLET 5 MG ORAL	T2	QL (1 IN 1 DAYS)
FARXIGA TABLET 5 MG ORAL	T2	QL (1 IN 1 DAYS); HDHP
<i>glimepiride</i>	T1	HDHP
<i>glipizide er</i>	T1	HDHP
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1	HDHP
<i>glipizide xl</i>	T1	HDHP
<i>glipizide-metformin hcl</i>	T1	HDHP
<i>glyburide micronized</i>	T1	HDHP
<i>glyburide oral</i>	T1	HDHP
<i>glyburide-metformin</i>	T1	HDHP

Drug Name	Drug Tier	Notes
JANUMET ORAL TABLET 50-1000 MG	T2	HDHP
JANUMET TABLET 50-500 MG ORAL	T2	QL (2 IN 1 DAYS); HDHP
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-500 MG	T2	QL (1 IN 1 DAYS); HDHP
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	T2	HDHP
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	T2	HDHP
JANUVIA	T2	QL (1 IN 1 DAYS); HDHP
LIRAGLUTIDE	T2	PA; HDHP
<i>metformin hcl er</i>	T1	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral solution</i>	T1	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1	HDHP; \$0 if age 35-70 and prediabetes DX
MOUNJARO	T2	PA; HDHP
<i>nateglinide</i>	T1	HDHP
<i>pioglitazone hcl</i>	T1	HDHP
<i>pioglitazone hcl-metformin hcl</i>	T1	
<i>repaglinide</i>	T1	HDHP
SEGLUROMET	T2	HDHP
STEGLATRO	T2	QL (1 IN 1 DAYS); HDHP
STEGLUJAN	T2	QL (1 IN 1 DAYS); HDHP
TRULICITY	T2	PA; HDHP
XIGDUO XR	T2	HDHP
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	T2	HDHP
ACCU-CHEK GUIDE CONTROL	T2	HDHP
ACCU-CHEK SMARTVIEW CONTROL	T2	HDHP
ACCUTREND GLUCOSE CONTROL	T2	HDHP
ADVANCE INTUITION CONTROL	T2	HDHP
ADVANCE MICRO-DRAW CONTROL	T2	HDHP
ADVANCE MICRO-DRAW NORMAL	T2	HDHP
ADVOCATE CONTROL SOLUTION	T2	HDHP
ADVOCATE REDI-CODE+ CONTROL	T2	HDHP
AGAMATRIX CONTROL	T2	HDHP
AGAMATRIX CONTROL LEVEL 2	T2	HDHP
AGAMATRIX CONTROL LEVEL 4	T2	HDHP
ASSURE 3 CONTROL	T2	HDHP

Effective 12/1/2024

Drug Name	Drug Tier	Notes
ASSURE 4 CONTROL LEVEL 1 & 2	T2	HDHP
ASSURE DOSE CONTROL	T2	HDHP
ASSURE DOSE NORM/HIGH CONTROL	T2	HDHP
ASSURE II CONTROL	T2	HDHP
ASSURE II CONTROL LEVEL 1 & 2	T2	HDHP
ASSURE PRISM CONTROL LEVEL 1	T2	HDHP
ASSURE PRO CONTROL LEVEL 1 & 2	T2	HDHP
BLULINK CONTROL HIGH & LOW	T2	HDHP
CARESENS CONTROL A	T2	HDHP
CARESENS CONTROL SOLUTION A/B	T2	HDHP
CARESENS LANCETS 30G	T1	HDHP
CARETOUCH CONTROL SOL LEVEL 2	T2	HDHP
CHEMSTRIP 10 MD	T2	
CHEMSTRIP 10/SG	T2	
CHEMSTRIP 2 GP	T2	
CHEMSTRIP 5 OB	T2	
CHEMSTRIP 7	T2	
CHEMSTRIP 9	T2	
CHEMSTRIP K	T2	
CHEMSTRIP UGK	T2	
CHOSEN LANCETS 30G	T1	HDHP
CHOSEN SAFETY LANCETS 28G	T1	HDHP
CLEVER CHOICE COMFORT EZ	T1	HDHP
CLEVER CHOICE GLUCOSE CONTROL	T2	HDHP
COMFORT TOUCH TWIST LANCET 30G	T1	HDHP
CONTOUR CONTROL SOLUTION	T2	HDHP
CONTOUR NEXT CONTROL SOLUTION	T2	HDHP
CONTROL	T2	HDHP
COOL CONTROL A	T2	HDHP
COOL CONTROL B	T2	HDHP
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

Effective 12/1/2024

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

Drug Name	Drug Tier	Notes
INFINITY CONTROL	T2	HDHP
INFINITY VOICE IN VITRO LIQUID	T2	HDHP
INPEN 100-BLUE-NOVOLOG-FIASP	T1	
INPEN 100-GREY-NOVOLOG-FIASP	T1	
INPEN 100-PINK-NOVOLOG-FIASP	T1	
KETO-DIASTIX	T2	
KETONE CARE	T2	
KETONE TEST	T2	
KETOSTIX	T2	
KROGER HEALTHPRO CONTROL HI/LO	T2	HDHP
LANCETS	T1	HDHP
LANCETS SUPER THIN	T1	HDHP
LIBERTY GLUCOSE CONTROL	T2	HDHP
LIBERTY GLUCOSE CONTROL MID	T2	HDHP
MEDISENSE GLUCOSE KETONE CONTR	T2	HDHP
MEDISENSE HI/MID/LOW CONTROL	T2	HDHP
MICRODOT CONTROL HIGH/LOW	T2	HDHP
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 BLUE TEST	T2	QL (200 IN 30 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 STRIPS	T2	QL (200 IN 30 DAYS)
ONETOUCH VERIO FLEX SYSTEM KIT	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
ONETOUCH VERIO IN VITRO LIQUID	T2	HDHP
ONETOUCH VERIO TEST STRIPS	T2	QL (200 IN 30 DAYS)
ONETOUCH VERIO REFLECT KIT W/DEVICE	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
PERFECT POINT SAFETY LANCETS	T1	HDHP
PIP GLUCOSE CONTROL SOLUTION	T2	HDHP

Effective 12/1/2024

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

Effective 12/1/2024

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

Drug Name	Drug Tier	Notes
NOVOLIN N VIAL	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R FLEXPEN	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R FLEXPEN RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R RELION	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLIN R VIAL	T2	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG 70/30 FLEXPEN RELION	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG FLEXPEN	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG FLEXPEN RELION	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 FLEXPEN	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 RELION	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG MIX 70/30 VIAL	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG PENFILL	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG RELION	T1	QL (45 ML IN 30 DAYS); HDHP
NOVOLOG U-100 VIAL	T1	QL (45 ML IN 30 DAYS); HDHP
SEMGLEE (YFGN)	T1	QL (45 ML IN 30 DAYS); HDHP
ULTICARE INSULIN SYR 1/2 UNIT	T1	HDHP
ULTIGUARD SAFEPACK SYR/NEEDLE	T1	HDHP
VERIFINE INSULIN SYRINGE	T1	HDHP
Electrolytes / Minerals / Metals / Vitamins		
ATABEX	\$0	
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)
<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)
<i>d3 kids</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)

Drug Name	Drug Tier	Notes
<i>d-400</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)
<i>delta d3</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)
DODEX	T2	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	T2	
<i>effe-r-k oral tablet effervescent 25 meq</i>	T1	
ELITE-OB	T2	
ENFAMIL EXPECTA	\$0	
<i>eql prenatal formula</i>	\$0	
<i>eql vitamin d3 oral capsule 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)
<i>ergocalciferol oral capsule</i>	T1	
<i>fa-8</i>	\$0	
<i>folate</i>	\$0	
<i>folic acid oral capsule 0.8 mg</i>	\$0	
<i>folic acid oral tablet 1 mg</i>	T1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	\$0	
<i>ft folic acid</i>	\$0	
<i>gnp folic acid</i>	\$0	
<i>gnp prenatal</i>	\$0	
<i>gnp vitamin d oral tablet chewable</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)
<i>gnp vitamin d3</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)
<i>gnp vitamin d-400 oral tablet 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)
HEALTHY MAMA BE WELL ROUNDED	\$0	
<i>klor-con m10</i>	T1	
<i>klor-con m15</i>	T1	
<i>klor-con m20</i>	T1	
<i>kp folic acid oral tablet 1 mg</i>	T1	
<i>kp folic acid oral tablet 800 mcg</i>	\$0	
<i>kp prenatal multivitamins</i>	\$0	
<i>kp vitamin d oral tablet chewable</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)
LEVOCARNITINE INJECTION	T2	
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	

Effective 12/1/2024

Drug Name	Drug Tier	Notes
<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 oral capsule extended release</i>	T1	
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	T1	
<i>potassium chloride oral solution</i>	T1	
<i>potassium citrate er</i>	T1	
PRENATABS FA	T2	
PRENATABS RX	T1	
<i>prenatal (w/iron & fa)</i>	\$0	
<i>prenatal 19 oral tablet</i>	T1	
<i>prenatal 19 oral tablet chewable</i>	T1	
<i>prenatal complete oral tablet</i>	\$0	
<i>prenatal formula</i>	\$0	
<i>prenatal forte</i>	\$0	
<i>prenatal gummies/dha & fa</i>	\$0	
<i>prenatal multi +dha</i>	\$0	
PRENATAL MULTIVITAMIN + DHA	\$0	
<i>prenatal multivitamin plus dha</i>	\$0	
<i>prenatal one daily</i>	\$0	
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	\$0	
<i>prenatal oral tablet 27-1 mg</i>	T1	

Effective 12/1/2024

Drug Name	Drug Tier	Notes
<i>prenatal plus vitamin/mineral</i>	T1	
<i>prenatal vitamin and mineral</i>	\$0	
<i>prenatal vitamins</i>	\$0	
<i>prenatal/folic acid+dha</i>	\$0	
<i>prenatal/iron oral tablet</i>	\$0	
PRENATAL-U	T2	
PROVIDA OB	T2	
<i>qc folic acid</i>	\$0	
<i>qc prenatal</i>	\$0	
<i>qc vitamin d3 oral tablet 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)
<i>ra folic acid</i>	\$0	
<i>ra prenatal</i>	\$0	
<i>ra prenatal formula</i>	\$0	
RELNATE DHA	T2	
SE-NATAL 19	T2	
SIMILAC PRENATAL EARLY SHIELD	\$0	
<i>sm folic acid</i>	\$0	
<i>sm one daily prenatal</i>	\$0	
<i>sm prenatal vitamins</i>	\$0	
<i>sm vitamin d</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)
<i>sodium bicarbonate solution 8.4 % intravenous</i>	T1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	T2	
<i>sodium chloride irrigation</i>	T1	
<i>sodium fluoride oral</i>	\$0	
<i>sodium polystyrene sulfonate</i>	T1	
STUART ONE	\$0	
THERANATAL CORE NUTRITION	T1	
THRIVITE RX	T1	
TRICARE	T1	
TRINATAL RX 1	T2	
TRINATE	T2	
TRUE FOLIC ACID ORAL TABLET 400 MCG	\$0	
VINATE CARE	T2	
<i>vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)

Drug Name	Drug Tier	Notes
<i>vitamin d (cholecalciferol) tablet 10 mcg (400 unit) oral</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)
<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)
<i>vitamin d oral tablet 400 unit</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)
<i>vitamin d2 oral tablet 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)
<i>vitamin d3 oral capsule 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)
<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i>	\$0	QL (2 IN 1 DAYS; AGE MIN 65 YEARS)
VIVA DHA	T2	
<i>wee care</i>	T1	AL (AGE MAX 1 YEAR)
WESNATAL DHA COMPLETE	T2	
WESTAB PLUS	T1	
<i>yl folic acid</i>	\$0	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
<i>cimetidine hcl</i>	T1	
<i>cimetidine oral</i>	T1	
<i>cvs lansoprazole</i>	T1	PA; QL (1 IN 1 DAYS; MAX AGE 12 YEARS)
<i>esomeprazole magnesium oral capsule delayed release</i>	T1	QL (1 IN 1 DAYS)
<i>famotidine oral suspension reconstituted</i>	T1	AL (AGE MAX 12 YEARS)
<i>famotidine oral tablet 40 mg</i>	T1	
<i>famotidine tablet 20 mg oral (rx)</i>	T1	
<i>goodsense lansoprazole oral tablet delayed release dispersible</i>	T1	PA; QL (1 IN 1 DAYS; MAX AGE 12 YEARS)
<i>lansoprazole capsule delayed release 15 mg oral (rx)</i>	T1	QL (1 IN 1 DAYS)
<i>lansoprazole oral capsule delayed release 30 mg</i>	T1	QL (2 IN 1 DAYS)
<i>lansoprazole oral tablet delayed release dispersible</i>	T1	PA; QL (1 IN 1 DAYS; MAX AGE 12 YEARS)
<i>misoprostol oral</i>	\$0	
<i>omeprazole oral capsule delayed release</i>	T1	QL (3 IN 1 DAYS)

Effective 12/1/2024

Drug Name	Drug Tier	Notes
<i>pantoprazole sodium oral</i>	T1	QL (2 IN 1 DAYS)
<i>rabeprazole sodium oral tablet delayed release</i>	T1	QL (2 IN 1 DAYS)
<i>sucralfate oral</i>	T1	
ZANTAC 360 MAX ST	T2	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
<i>atropine sulfate solution prefilled syringe 0.5 mg/5ml injection</i>	T1	
<i>atropine sulfate solution prefilled syringe 1 mg/10ml injection</i>	T1	
<i>chlordiazepoxide-clidinium</i>	T1	
<i>constulose</i>	T1	
<i>cromolyn sodium oral</i>	T1	
<i>cvs purelax oral packet</i>	T1	
<i>dicyclomine hcl oral</i>	T1	
<i>diphenoxylate-atropine</i>	T1	
<i>enulose</i>	T1	
<i>eq laxative</i>	T1	
<i>gavilyte-c</i>	T1	QL (2 FILLS IN 365 DAYS); \$0 for age 45-75 years for 2 fills per year
<i>gavilyte-g</i>	T1	QL (2 FILLS IN 365 DAYS); \$0 for age 45-75 years for 2 fills per year
<i>gavilyte-n with flavor pack</i>	T1	QL (2 FILLS IN 365 DAYS); \$0 for age 45-75 years for 2 fills per year
<i>generlac</i>	T1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
<i>gnp clearlax oral packet</i>	T1	
<i>healthylax</i>	T1	
<i>hyoscyamine sulfate er</i>	T1	
<i>hyoscyamine sulfate oral elixir</i>	T1	
<i>hyoscyamine sulfate oral tablet</i>	T1	
<i>hyoscyamine sulfate oral tablet dispersible</i>	T1	
<i>hyoscyamine sulfate sublingual</i>	T1	
<i>hyosyne oral elixir</i>	T1	
<i>lactulose encephalopathy</i>	T1	
<i>lactulose oral solution</i>	T1	
LINZESS	T2	PA; QL (1 IN 1 DAYS)

Drug Name	Drug Tier	Notes
<i>lubiprostone</i>	T1	QL (2 IN 1 DAYS)
MOVANTIK	T2	PA; QL (1 IN 1 DAYS)
OSCIMIN	T2	
<i>peg 3350 oral packet</i>	T1	
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	QL (2 FILLS IN 365 DAYS); \$0 for age 45-75 years for 2 fills per year
<i>peg-3350/electrolytes</i>	T1	QL (2 FILLS IN 365 DAYS); \$0 for age 45-75 years for 2 fills per year
<i>peg-3350/electrolytes/ascorbat</i>	T1	QL (1 IN 30 DAYS)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1	QL (1 IN 30 DAYS)
<i>polyethylene glycol 3350 oral packet</i>	T1	
SEROSTIM	T2	PA; SP-QTZ
<i>smooth lax oral packet</i>	T1	
<i>ursodiol oral capsule 300 mg</i>	T1	
<i>ursodiol oral tablet</i>	T1	
VOWST	T2	PA; QL (4 IN 1 DAYS)
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CREON	T2	
CYSTAGON	T2	
EVRYSDI	T2	PA; QL (4 ML IN 1 DAYS)
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
<i>acetic acid irrigation</i>	T1	
<i>bethanechol chloride oral</i>	T1	
<i>calcium acetate (phos binder)</i>	T1	
<i>calcium acetate oral tablet 667 mg</i>	T1	
<i>flavoxate hcl</i>	T1	
FOSRENOL ORAL PACKET	T2	
<i>lanthanum carbonate</i>	T1	
<i>mirabegron er</i>	T1	ST; QL (1 IN 1 DAYS)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	ST; QL (1 IN 1 DAYS)
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 5 mg</i>	T1	QL (1 IN 1 DAYS)
<i>oxybutynin chloride er oral tablet extended release 24 hour 15 mg</i>	T1	
<i>oxybutynin chloride oral solution</i>	T1	

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

Drug Name	Drug Tier	Notes
<i>prednisone intensol</i>	T1	
<i>prednisone oral</i>	T1	
SOLU-CORTEF	T2	
Hormonal Agents - Men's Health		
<i>danazol oral</i>	T1	
METHITEST	T2	
<i>testosterone cypionate intramuscular</i>	T1	PA; \$0 for gender identity-related dx
<i>testosterone enanthate intramuscular</i>	T1	PA; \$0 for gender identity-related dx
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	T1	PA; \$0 for gender identity-related dx
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	T1	PA; QL (2.5 GM IN 1 DAYS); \$0 for gender identity-related dx
Hormonal Agents - Pituitary		
<i>cabergoline</i>	T1	
<i>desmopressin ace spray refrig</i>	T1	
<i>desmopressin acetate oral</i>	T1	
<i>desmopressin acetate spray</i>	T1	
<i>octreotide acetate injection</i>	T1	
<i>octreotide acetate subcutaneous</i>	T1	
OMNITROPE	T2	PA; SP-QTZ
SYNAREL	T2	
Hormonal Agents - Prostaglandins		
<i>mifepristone oral tablet 200 mg</i>	\$0	
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
<i>raloxifene hcl</i>	T1	\$0 for breast cancer PX
Hormonal Agents - Sex Hormones and Birth Control		
<i>afirmelle</i>	\$0	
<i>aftera</i>	\$0	
AFTERPILL	\$0	
<i>altavera</i>	\$0	
<i>alyacen 1/35</i>	\$0	
<i>alyacen 7/7/7</i>	\$0	
<i>amethyst</i>	\$0	
ANNOVERA	\$0	

Drug Name	Drug Tier	Notes
<i>apri</i>	\$0	
<i>aranelle</i>	\$0	
<i>ashlyna</i>	\$0	QL (1 IN 1 DAYS)
<i>aubra eq</i>	\$0	
<i>aurovela 1.5/30</i>	\$0	
<i>aurovela 1/20</i>	\$0	
<i>aurovela 24 fe</i>	\$0	
<i>aurovela fe 1.5/30</i>	\$0	
<i>aurovela fe 1/20</i>	\$0	
<i>aviane</i>	\$0	
<i>ayuna</i>	\$0	
<i>azurette</i>	\$0	
<i>balziva</i>	\$0	
<i>blisovi 24 fe</i>	\$0	
<i>blisovi fe 1.5/30</i>	\$0	
<i>blisovi fe 1/20</i>	\$0	
<i>briellyn</i>	\$0	
<i>camila</i>	\$0	
<i>camrese</i>	\$0	QL (1 IN 1 DAYS)
<i>camrese lo</i>	\$0	QL (1 IN 1 DAYS)
<i>charlotte 24 fe</i>	\$0	
<i>chateal eq</i>	\$0	
COMBIPATCH	T2	QL (8 IN 28 DAYS)
<i>cryselle-28</i>	\$0	
<i>curae</i>	\$0	
<i>cyred eq</i>	\$0	
<i>dasetta 1/35</i>	\$0	
<i>dasetta 7/7/7</i>	\$0	
<i>daysee</i>	\$0	QL (1 IN 1 DAYS)
<i>deblitane</i>	\$0	
<i>delyla</i>	\$0	
DEPO-SUBQ PROVERA 104	\$0	QL (3 IN 365 DAYS)
<i>desogestrel-ethinyl estradiol</i>	\$0	
<i>dolishale</i>	\$0	
<i>dotti</i>	T1	QL (8 IN 28 DAYS)
<i>drospiren-eth estrad-levomefol</i>	\$0	
<i>drospirenone-ethinyl estradiol</i>	\$0	
DUAVEE	T2	

Effective 12/1/2024

Drug Name	Drug Tier	Notes
<i>econtra one-step</i>	\$0	
<i>elinest</i>	\$0	
ELLA	\$0	
<i>eluryng</i>	\$0	
<i>emzahh</i>	\$0	
<i>enilloring</i>	\$0	
<i>enpresse-28</i>	\$0	
<i>enskyce</i>	\$0	
<i>errin</i>	\$0	
<i>estarylla</i>	\$0	
<i>estradiol oral</i>	T1	
<i>estradiol transdermal patch twice weekly</i>	T1	QL (8 IN 28 DAYS)
<i>estradiol transdermal patch weekly</i>	T1	QL (4 IN 28 DAYS)
<i>estradiol vaginal</i>	T1	
<i>estradiol valerate intramuscular</i>	T1	\$0 for gender identity-related dx
ESTRING	T2	QL (1 IN 90 DAYS)
<i>ethynodiol diac-eth estradiol</i>	\$0	
<i>etonogestrel-ethinyl estradiol</i>	\$0	
<i>falmina</i>	\$0	
FEMLYV	\$0	
<i>finzala</i>	\$0	
<i>fyavolv</i>	T1	
<i>gallifrey</i>	T1	
<i>gemmily</i>	\$0	
<i>hailey 1.5/30</i>	\$0	
<i>hailey 24 fe</i>	\$0	
<i>hailey fe 1.5/30</i>	\$0	
<i>hailey fe 1/20</i>	\$0	
<i>haloette</i>	\$0	
<i>heather</i>	\$0	
<i>her style</i>	\$0	
<i>iclevia</i>	\$0	QL (1 IN 1 DAYS)
<i>incassia</i>	\$0	
<i>introvale</i>	\$0	QL (1 IN 1 DAYS)
<i>isibloom</i>	\$0	
<i>jaimiess</i>	\$0	QL (1 IN 1 DAYS)
<i>jasmiel</i>	\$0	
<i>jencycla</i>	\$0	

Effective 12/1/2024

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

Effective 12/1/2024

Drug Name	Drug Tier	Notes
<i>lyllana</i>	T1	QL (8 IN 28 DAYS)
<i>lyza</i>	\$0	
<i>marlissa</i>	\$0	
<i>medroxyprogesterone acetate intramuscular</i>	\$0	QL (3 IN 365 DAYS)
<i>medroxyprogesterone acetate oral</i>	T1	
<i>megestrol acetate oral</i>	T1	
MENEST	T2	
<i>merzee</i>	\$0	
<i>mibelas 24 fe</i>	\$0	
<i>microgestin 1.5/30</i>	\$0	
<i>microgestin 1/20</i>	\$0	
<i>microgestin fe 1.5/30</i>	\$0	
<i>microgestin fe 1/20</i>	\$0	
<i>mili</i>	\$0	
<i>mono-linyah</i>	\$0	
<i>my choice</i>	\$0	
<i>my way</i>	\$0	
MYFEMBREE	T2	PA; QL (1 IN 1 DAYS)
NATAZIA	\$0	
<i>necon 0.5/35 (28)</i>	\$0	
<i>new day</i>	\$0	
NEXTSTELLIS	\$0	
<i>nikki</i>	\$0	
<i>nora-be</i>	\$0	
<i>norelgestromin-eth estradiol</i>	\$0	
<i>norethin ace-eth estrad-fe</i>	\$0	
<i>norethindrone acetate oral</i>	T1	
<i>norethindrone acet-ethinyl est</i>	\$0	
<i>norethindrone oral</i>	\$0	
<i>norethindrone-eth estradiol</i>	T1	
<i>norethindron-ethinyl estrad-fe</i>	\$0	
<i>norethin-eth estradiol-fe</i>	\$0	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	\$0	
<i>norgestimate-ethinyl estradiol triphasic</i>	\$0	
<i>norlyroc</i>	\$0	
<i>nortrel 0.5/35 (28)</i>	\$0	
<i>nortrel 1/35 (21)</i>	\$0	

Drug Name	Drug Tier	Notes
<i>nortrel 1/35 (28)</i>	\$0	
<i>nortrel 7/7/7</i>	\$0	
<i>nylia 1/35</i>	\$0	
<i>nylia 7/7/7</i>	\$0	
<i>ocella</i>	\$0	
<i>opcicon one-step</i>	\$0	
<i>option 2</i>	\$0	
<i>philith</i>	\$0	
<i>pimtrea</i>	\$0	
<i>portia-28</i>	\$0	
PREMARIN ORAL	T2	
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)
SLYND	\$0	
<i>sprintec 28</i>	\$0	
<i>sronyx</i>	\$0	
<i>syeda</i>	\$0	
<i>take action</i>	\$0	
<i>tarina 24 fe</i>	\$0	
<i>tarina fe 1/20 eq</i>	\$0	
<i>taysofy</i>	\$0	
<i>tilia fe</i>	\$0	
<i>tri-estarylla</i>	\$0	
<i>tri-legest fe</i>	\$0	
<i>tri-linyah</i>	\$0	
<i>tri-lo-estarylla</i>	\$0	
<i>tri-lo-marzia</i>	\$0	
<i>tri-lo-milli</i>	\$0	
<i>tri-lo-sprintec</i>	\$0	

Effective 12/1/2024

Drug Name	Drug Tier	Notes
<i>tri-mili</i>	\$0	
<i>tri-sprintec</i>	\$0	
<i>trivora (28)</i>	\$0	
<i>tri-vylibra</i>	\$0	
<i>tri-vylibra lo</i>	\$0	
<i>turqoz</i>	\$0	
TWIRLA	\$0	QL (3 IN 28 DAYS)
<i>tydemy</i>	\$0	
<i>velivet</i>	\$0	
<i>vestura</i>	\$0	
<i>vienva</i>	\$0	
<i>viorele</i>	\$0	
<i>volnea</i>	\$0	
<i>vyfemla</i>	\$0	
<i>vylibra</i>	\$0	
<i>wera</i>	\$0	
<i>wymzya fe</i>	\$0	
<i>xulane</i>	\$0	
<i>yuvaferm</i>	T1	
<i>zafemy</i>	\$0	
<i>zovia 1/35 (28)</i>	\$0	
<i>zumandimine</i>	\$0	
Hormonal Agents - Thyroid		
ADTHYZA	T2	
ARMOUR THYROID	T2	
<i>euthyrox</i>	T1	
<i>levo-t</i>	T1	
<i>levothyroxine sodium oral tablet</i>	T1	
<i>levoxyl</i>	T1	
<i>liothyronine sodium oral</i>	T1	
<i>methimazole oral</i>	T1	
NIVA THYROID	T2	
<i>np thyroid</i>	T1	
<i>propylthiouracil oral</i>	T1	
SYNTHROID	T2	
<i>thyroid oral</i>	T1	
<i>unithroid</i>	T1	

Drug Name	Drug Tier	Notes
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTIMMUNE	T2	PA; SP-ORx
ADALIMUMAB-ADAZ	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
ADALIMUMAB-FKJP (2 PEN)	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
ADALIMUMAB-FKJP (2 SYRINGE)	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
<i>azathioprine oral tablet 50 mg</i>	T1	
CIMZIA	T2	PA; QL (1 in 28 days); SP-QTZ
CIMZIA (2 SYRINGE)	T2	PA; QL (1 in 28 days); SP-QTZ
CIMZIA-STARTER	T2	PA; QL (1 in 56 days); SP-QTZ
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral</i>	T1	
ENBREL	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENBREL MINI	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ
ENBREL SURECLICK	T2	PA; QL (4 ML IN 28 DAYS); SP-QTZ
<i>gengraf</i>	T1	
HADLIMA	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HADLIMA PUSHTOUCH	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA (2 PEN)	T2	PA; SP-QTZ
HUMIRA (2 SYRINGE)	T2	PA; QL (2 IN 28 DAYS); SP-QTZ
HUMIRA-CD/UC/HS STARTER	T2	PA; SP-QTZ
HUMIRA-PSORIASIS/UEVIT STARTER	T2	PA; 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-PLAQ PSOR/UEVIT START	T2	PA; QL (1 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	

Effective 12/1/2024

Drug Name	Drug Tier	Notes
<i>methotrexate sodium (pf)</i>	T1	
<i>mycophenolate mofetil oral</i>	T1	
<i>mycophenolate sodium</i>	T1	
<i>mycophenolic acid</i>	T1	
OTEZLA	T2	PA; QL (2 IN 1 DAYS); SP-QTZ
PROGRAF ORAL PACKET	T2	PA
RIDAURA	T2	
RINVOQ	T2	PA; QL (1 IN 1 DAYS); SP-QTZ
RINVOQ LQ	T2	PA; QL (12 ML IN ONE DAY); SP-QTZ
SANDIMMUNE INTRAVENOUS	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 AUTO-INJECTOR 100 MG/ML	T2	PA; QL (1 ML IN 56 DAYS); SP-QTZ
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	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

Drug Name	Drug Tier	Notes
Immunological Agents - Drugs for Vaccination		
ABRYSVO	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
ADACEL	\$0	AL (AGE MIN 18 YEARS)
AFLURIA	\$0	
AFLURIA PRESERVATIVE FREE	\$0	
AREXVY	\$0	AL (AGE GREATER THAN OR = TO 60 YEARS)
BOOSTRIX	\$0	AL (AGE MIN 18 YEARS)
COMIRNATY	\$0	QL (0.3 ML PER FILL; AGE MIN 12 YEARS)
ENGERIX-B	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
FLUAD	\$0	
FLUARIX	\$0	
FLUBLOK	\$0	
FLUCELVAX	\$0	
FLULAVAL	\$0	
FLUZONE	\$0	
FLUZONE HIGH-DOSE	\$0	
HEPLISAV-B	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
MODERNA COVID-19 VAC 6M-11Y	\$0	
NOVAVAX COVID-19 VACCINE	\$0	QL (0.5 ML PER FILL; AGE MIN 12 YEARS)
PFIZER COVID-19 VAC-TRIS 5-11Y	\$0	QL (0.3 ML PER FILL; AGE MIN 5 YEARS)
PFIZER COVID-19 VAC-TRIS 6M-4Y	\$0	QL (0.3 ML PER FILL; AGE MIN 6 MONTHS)
PNEUMOVAX 23	\$0	AL (AGE MIN 18 YEARS)
PREHEVBRIO	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
PREVNAR 20	\$0	AL (AGE MIN 18 YEARS)
RECOMBIVAX HB	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
SHINGRIX	\$0	AL (AGE MIN 50 YEARS)
SPIKEVAX	\$0	QL (0.5 ML PER FILL; AGE MIN 12 YEARS)
TDVAX	\$0	AL (AGE MIN 18 YEARS)
TENIVAC	\$0	AL (AGE MIN 18 YEARS)

Effective 12/1/2024

Drug Name	Drug Tier	Notes
TWINRIX	\$0	AL (AGE GREATER THAN OR = TO 18 YEARS)
VAXNEUVANCE	\$0	AL (AGE MIN 18 YEARS)
VIVOTIF	T2	QL (0.5 IN 1 DAYS; MAX 8 DAYS; 1 FILLS IN 999 DAYS)
Inflammatory Bowel Disease Agents		
ANALPRAM-HC EXTERNAL LOTION	T2	
<i>balsalazide disodium</i>	T1	
<i>budesonide er</i>	T1	QL (1 IN 1 DAYS)
<i>budesonide oral</i>	T1	QL (3 IN 1 DAYS)
DIPENTUM	T2	
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone rectal</i>	T1	
<i>mesalamine er oral capsule 500 mg</i>	T1	
<i>mesalamine oral tablet delayed release</i>	T1	
<i>mesalamine rectal</i>	T1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	T2	
PROCTOFOAM HC	T2	
<i>procto-med hc</i>	T1	
<i>proctosol hc</i>	T1	
<i>proctozone-hc</i>	T1	
<i>sulfasalazine oral</i>	T1	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
<i>alendronate sodium oral solution</i>	T1	QL (300 ML IN 28 DAYS); HDHP
<i>alendronate sodium oral tablet</i>	T1	HDHP
<i>calcitonin (salmon) nasal</i>	T1	HDHP
<i>ibandronate sodium oral</i>	T1	QL (1 IN 28 DAYS); HDHP
<i>risedronate sodium oral tablet 150 mg</i>	T1	QL (1 IN 28 DAYS); HDHP
<i>risedronate sodium oral tablet 30 mg</i>	T1	HDHP
<i>risedronate sodium oral tablet 35 mg</i>	T1	QL (4 IN 28 DAYS); HDHP
TYMLOS	T2	PA; QL (24 months of therapy per lifetime)
Metabolic Bone Disease Agents - Other		
<i>calcitriol oral</i>	T1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	T1	QL (2 IN 1 DAYS)
<i>cinacalcet hcl oral tablet 90 mg</i>	T1	

Drug Name	Drug Tier	Notes
Miscellaneous Therapeutic Agents		
ADVOCATE INSULIN PEN NEEDLE	T1	QL (200 in 30 days); HDHP
AEROCHAMBER HOLDING CHAMBER	T2	HDHP
AEROCHAMBER MINI CHAMBER	T2	HDHP
AEROCHAMBER MV	T2	HDHP
AEROCHAMBER PLS FLOVU MTHPIECE	T2	HDHP
AEROCHAMBER PLUS FLO-VU INTERM	T2	HDHP
AEROCHAMBER PLUS FLO-VU LARGE	T2	HDHP
AEROCHAMBER PLUS FLO-VU MEDIUM	T2	HDHP
AEROCHAMBER PLUS FLO-VU SMALL	T2	HDHP
AEROCHAMBER PLUS FLOW VU	T2	HDHP
AEROCHAMBER W/FLOWSIGNAL	T2	HDHP
AEROCHAMBER Z-STAT PLUS	T2	HDHP
AEROCHAMBER Z-STAT PLUS CHAMBR	T2	HDHP
AEROCHAMBER Z-STAT PLUS/LARGE	T2	HDHP
AEROCHAMBER Z-STAT PLUS/MEDIUM	T2	HDHP
AEROCHAMBER Z-STAT PLUS/SMALL	T2	HDHP
AEROGear ACTION ASTHMA KIT	T2	QL (1 IN 365 DAYS); HDHP
AEROVENT PLUS	T2	HDHP
AIMSCO LUBRICATED	\$0	
AIRZONE PEAK FLOW METER	T2	HDHP
ALCOHOL PREP PADS PAD , 70 %	T1	
AQINJECT PEN NEEDLE	T1	QL (200 in 30 days); HDHP
ASSESS PEAK FLOW METER	T2	HDHP
ASSURE ID DUO PRO PEN NEEDLES	T1	QL (200 in 30 days); HDHP
ASSURE ID PRO PEN NEEDLES	T1	QL (200 in 30 days); HDHP
AUM ALCOHOL PREP PADS	T1	
AUM INSULIN SAFETY PEN NEEDLE	T1	QL (200 in 30 days); HDHP
AUM MINI INSULIN PEN NEEDLE	T1	QL (200 in 30 days); HDHP
AUM PEN NEEDLE	T1	QL (200 in 30 days); HDHP
AUM READYGARD DUO PEN NEEDLE	T1	QL (200 in 30 days); HDHP
AUM SAFETY PEN NEEDLE	T1	QL (200 in 30 days); HDHP
BD AUTOSHIELD DUO PEN NEEDLES	T1	QL (200 in 30 days); HDHP
BD ULTRA-FINE PEN NEEDLES	T1	QL (200 in 30 days); HDHP
BREATHE COMFORT CHAMBER/ADULT	T2	HDHP
BREATHE COMFORT CHAMBER/CHILD	T2	HDHP
BREATHE EASE LARGE	T2	HDHP
BREATHE EASE MEDIUM	T2	HDHP

Effective 12/1/2024

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

Drug Name	Drug Tier	Notes
GNP ULTIGUARD SAFEPACK NEEDLE	T1	QL (200 in 30 days); HDHP
GRASTEK	T2	QL (1 IN 1 DAYS)
INCONTROL ULTICARE PEN NEEDLES	T1	QL (200 in 30 days); HDHP
INSPIREASE	T2	HDHP
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	T1	QL (200 in 30 days); HDHP
KAMELEON LUBRICATED	\$0	
KIMONO	\$0	
KIMONO COLORS	\$0	
KIMONO MAXX-LARGE FLARE	\$0	
KIMONO MICRO THIN	\$0	
KIMONO MICRO THIN PLUS	\$0	
KIMONO PLUS	\$0	
KIMONO PS	\$0	
KIMONO PS PLUS	\$0	
KIMONO SENSATION	\$0	
KIMONO SENSATION PLUS	\$0	
KIMONO SPECIAL	\$0	
LUNG PERFORM PEAK FLOW METER	T2	HDHP
MASK VORTEX	T2	HDHP
MASK VORTEX/CHILD/FROG	T2	HDHP
MASK VORTEX/TODDLER/LADYBUG	T2	HDHP
MAXX	\$0	
MAXX PLUS	\$0	
<i>methylergonovine maleate oral</i>	T1	
MICROCHAMBER	T2	HDHP
MICROLIFE DIGITAL PEAK FLOW	T2	HDHP
MICROSPACER	T2	HDHP
MINI WRIGHT PEAK FLOW METER	T2	HDHP
NOVOFINE PEN NEEDLE	T1	QL (200 in 30 days); HDHP
NOVOFINE PLUS PEN NEEDLE	T1	QL (200 in 30 days); HDHP
ODACTRA	T2	QL (1 IN 1 DAYS)
OMNIFLEX DIAPHRAGM	\$0	
OPTICHAMBER DIAMOND	T2	HDHP
OPTICHAMBER DIAMOND-LG MASK	T2	HDHP

Effective 12/1/2024

Drug Name	Drug Tier	Notes
OPTICHAMBER DIAMOND-MD MASK	T2	HDHP
OPTICHAMBER DIAMOND-SM MASK	T2	HDHP
OPTIONS GYNOL II CONTRACEPTIVE	\$0	
ORALAIR	T2	QL (1 IN 1 DAYS)
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	T2	PA
PALFORZIA ORAL PACKET 300 MG	T2	PA; QL (1 IN 1 DAYS)
PANDA MASK LARGE	T2	HDHP
PANDA MASK MEDIUM	T2	HDHP
PANDA MASK SMALL	T2	HDHP
PARI VORTEX ADULT MASK	T2	HDHP
PEAK A-I-R FLOW METER	T2	HDHP
PEAK AIR PEAK FLOW METER	T2	HDHP
PEAK FLOW METER UNIVERSAL RANG	T2	HDHP
PEDIATRIC PANDA MASK	T2	HDHP
PEDIATRIC SMALL MASK	T2	HDHP
PEN NEEDLE/5-BEVEL TIP	T1	QL (200 in 30 days); HDHP
PENTIPS GENERIC PEN NEEDLES	T1	QL (200 in 30 days); HDHP
PERSONAL BEST FULL RANGE	T2	HDHP
PHEXXI	\$0	
PIKO 1	T2	HDHP
PIP PEN NEEDLES 31G X 5MM	T1	QL (200 in 30 days); HDHP
PIP PEN NEEDLES 32G X 4MM	T1	QL (200 in 30 days); HDHP
POCKET CHAMBER	T2	HDHP
POCKET PEAK FLOW METER	T2	HDHP
POCKET SPACER	T2	HDHP
POCKETPEAK PEAK FLOW METER	T2	HDHP
PRECISION XTRA-GLUCOSE/KETONE	\$0	QL (1 IN 30 DAYS; 3 FILLS IN 365 DAYS)
PRO COMFORT SPACER ADULT	T2	HDHP
PRO COMFORT SPACER CHILD	T2	HDHP
PRO COMFORT SPACER INFANT	T2	HDHP
PROCARE SPACER/ADULT MASK	T2	HDHP
PROCARE SPACER/CHILD MASK	T2	HDHP
PROCHAMBER VHC	T2	HDHP
PURE COMFORT FLOW METER ADULT	T2	HDHP

Drug Name	Drug Tier	Notes
PURE COMFORT FLOW METER CHILD	T2	HDHP
PURE COMFORT SAFETY PEN NEEDLE	T1	QL (200 in 30 days); HDHP
PURE COMFORT SPACER CHAMBER	T2	HDHP
RAGWITEK	T2	QL (1 IN 1 DAYS)
RAYA SURE PEN NEEDLE	T1	QL (200 in 30 days); HDHP
REALITY LATEX CONDOMS	\$0	
REALITY LATEX/ULTRA TEXTURED	\$0	
REALITY LATEX/ULTRA THIN	\$0	
RITEFLO	T2	HDHP
SAFETY PEN NEEDLES	T1	QL (200 in 30 days); HDHP
STRIVE DUAL ZONE PEAK FLOW MTR	T2	HDHP
TABLET CUTTER/DELUXE SAFETY	\$0	QL (1 IN 365 DAYS)
TABLET CUTTER/SAFETY SHIELD	\$0	QL (1 IN 365 DAYS)
TECHLITE PLUS PEN NEEDLES	T1	QL (200 in 30 days); HDHP
TODAY SPONGE	\$0	
TROJAN ENZ	\$0	
TROJAN MAGNUM	\$0	
TROJAN ULTRA RIBBED LUBRICATED	\$0	
TROJAN ULTRA THIN	\$0	
TROJAN ULTRA THIN/SPERMICIDAL	\$0	
TROJAN-ENZ LUBRICATED	\$0	
TROJAN-ENZ/SPERMICIDAL	\$0	
TRUE COVER	\$0	
TRUSTEX COLOR CONDOMS + LUBE	\$0	
TRUSTEX LUB/RIBBED/STUDDERED	\$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

Effective 12/1/2024

Drug Name	Drug Tier	Notes
UNIFINE PROTECT PEN NEEDLE	T1	QL (200 in 30 days); HDHP
VCF VAGINAL CONTRACEPTIVE	\$0	
VERIFINE INSULIN PEN NEEDLE	T1	QL (200 in 30 days); HDHP
VERIFINE PLUS PEN NEEDLE	T1	QL (200 in 30 days); HDHP
VORTEX HOLD CHMBR/MASK/CHILD	T2	HDHP
VORTEX HOLD CHMBR/MASK/TODDLER	T2	HDHP
VORTEX VALVED HOLDING CHAMBER	T2	HDHP
WIDE-SEAL DIAPHRAGM 60	\$0	
WIDE-SEAL DIAPHRAGM 65	\$0	
WIDE-SEAL DIAPHRAGM 70	\$0	
WIDE-SEAL DIAPHRAGM 75	\$0	
WIDE-SEAL DIAPHRAGM 80	\$0	
WIDE-SEAL DIAPHRAGM 85	\$0	
WIDE-SEAL DIAPHRAGM 90	\$0	
WIDE-SEAL DIAPHRAGM 95	\$0	
ZOKINVY	T2	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOMIDE	T2	
<i>azelastine hcl ophthalmic</i>	T1	
<i>bacitracin ophthalmic</i>	T1	
CILOXAN	T2	
<i>ciprofloxacin hcl ophthalmic</i>	T1	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cvs olopatadine hcl</i>	T1	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
<i>diclofenac sodium ophthalmic</i>	T1	
<i>eq olopatadine hcl</i>	T1	
<i>erythromycin ophthalmic</i>	T1	
<i>eye allergy itch relief</i>	T1	
<i>eye allergy itch/redness rel</i>	T1	
<i>fluorometholone</i>	T1	
<i>flurbiprofen sodium</i>	T1	
<i>ft eye allergy itch & redness</i>	T1	
<i>ft eye allergy itch relief</i>	T1	
<i>gatifloxacin ophthalmic</i>	T1	
<i>gentamicin sulfate ophthalmic</i>	T1	
<i>gnp olopatadine hcl</i>	T1	

Drug Name	Drug Tier	Notes
<i>hm eye allergy itch relief</i>	T1	
<i>hm eye allergy itch/red relief</i>	T1	
ILEVRO	T2	
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	T1	
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	T1	QL (10 ML IN 30 DAYS)
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1	
<i>neomycin-polymyxin-hc ophthalmic</i>	T1	
NEVANAC	T2	
<i>ofloxacin ophthalmic</i>	T1	
<i>olopatadine hcl ophthalmic</i>	T1	
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 %	T2	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>qc olopatadine hcl</i>	T1	
<i>sm olopatadine hcl</i>	T1	
<i>sulfacetamide sodium ophthalmic</i>	T1	
TOBRADEX	T2	
<i>tobramycin ophthalmic</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	
TOBEX	T2	
<i>trifluridine</i>	T1	
Ophthalmic Agents - Drugs for Glaucoma		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>betaxolol hcl ophthalmic</i>	T1	
BETOPTIC-S	T2	
<i>brimonidine tartrate ophthalmic</i>	T1	
<i>brimonidine tartrate-timolol</i>	T1	
<i>brinzolamide</i>	T1	
<i>carteolol hcl</i>	T1	
<i>dorzolamide hcl ophthalmic</i>	T1	

Drug Name	Drug Tier	Notes
<i>dorzolamide hcl-timolol mal</i>	T1	
IOPIDINE	T2	
<i>latanoprost ophthalmic</i>	T1	
<i>levobunolol hcl</i>	T1	
<i>methazolamide oral</i>	T1	
PHOSPHOLINE IODIDE	T2	
<i>pilocarpine hcl ophthalmic</i>	T1	
SIMBRINZA	T2	
<i>timolol maleate (once-daily)</i>	T1	
<i>timolol maleate ocudose</i>	T1	
<i>timolol maleate ophthalmic</i>	T1	
<i>timolol maleate pf</i>	T1	
<i>travoprost (bak free)</i>	T1	
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
ALTACAINE	T2	
<i>atropine sulfate ophthalmic ointment</i>	T1	
<i>atropine sulfate solution 1 % ophthalmic</i>	T1	
<i>bacitracin-polymyxin b</i>	T1	
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
CYCLOMYDRIL	T2	
<i>cyclopentolate hcl ophthalmic</i>	T1	
<i>cyclosporine ophthalmic</i>	T1	
<i>neomycin-bacitracin zn-polymyx</i>	T1	
<i>neomycin-polymyxin-gramicidin</i>	T1	
<i>neo-polycin</i>	T1	
<i>neo-polycin hc</i>	T1	
<i>phenylephrine hcl ophthalmic solution 10 %</i>	T1	
<i>phenylephrine hcl ophthalmic solution 2.5 %</i>	T1	QL (30 ML IN 30 DAYS)
<i>polycin</i>	T1	
<i>polymyxin b-trimethoprim</i>	T1	
<i>proparacaine hcl ophthalmic</i>	T1	
<i>sulfacetamide-prednisolone</i>	T1	
<i>tetracaine hcl ophthalmic</i>	T1	
<i>tropicamide ophthalmic</i>	T1	
Otic Agents - Drugs for Ear Conditions		
<i>acetic acid otic</i>	T1	
CIPRO HC	T2	QL (40 IN 30 DAYS)

Drug Name	Drug Tier	Notes
<i>ciprofloxacin hcl otic</i>	T1	
<i>ciprofloxacin-dexamethasone</i>	T1	
<i>hydrocortisone-acetic acid</i>	T1	
<i>neomycin-polymyxin-hc otic</i>	T1	
<i>ofloxacin otic</i>	T1	QL (20 ML IN 30 DAYS)
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
<i>azelastine hcl nasal</i>	T1	
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1	
CAPCOF	T2	QL (240 ML IN 30 DAYS)
<i>clemastine fumarate oral tablet</i>	T1	
<i>cyproheptadine hcl oral</i>	T1	
<i>fluticasone propionate nasal</i>	T1	
<i>g tussin ac</i>	T1	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
<i>guaifenesin-codeine</i>	T1	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
<i>hydrocod poli-chlorophe poli er</i>	T1	
<i>hydrocodone bit-homatrop mbr</i>	T1	
<i>hydromet</i>	T1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %	T2	
<i>ipratropium bromide nasal</i>	T1	
<i>maxi-tuss ac</i>	T1	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	T2	
NINJACOF-XG	T2	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
<i>promethazine-codeine oral solution</i>	T1	AL (AGE MIN 12 YEARS)
RYDEX	T2	QL (240 ML IN 30 DAYS; AGE MIN 12 YEARS)
<i>sodium chloride inhalation</i>	T1	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ADVAIR DISKUS	T1	HDHP
ADVAIR HFA	T2	HDHP
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	T1	

Drug Name	Drug Tier	Notes
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	T2	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	QL (300 ML IN 30 DAYS)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	T1	QL (120 ML IN 30 DAYS)
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	T1	QL (120 ML IN 30 DAYS)
<i>albuterol sulfate oral</i>	T1	
ANORO ELLIPTA	T2	
ARNUITY ELLIPTA	T2	HDHP
ATROVENT HFA	T2	
BREO ELLIPTA	T2	HDHP
BREZTRI AEROSPHERE	T2	
<i>budesonide inhalation</i>	T1	QL (120 ML IN 30 DAYS); HDHP
COMBIVENT RESPIMAT	T2	
<i>cromolyn sodium inhalation</i>	T1	QL (480 ML IN 30 DAYS)
<i>elixophyllin</i>	T1	
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml</i>	T1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	T1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	T1	QL (4 IN 30 DAYS)
FASENRA PEN	T2	PA; QL (1 ML IN 56 DAYS); SP-QTZ
FLUTICASONE PROPIONATE HFA	T2	HDHP
<i>formoterol fumarate inhalation</i>	T1	
INCRUSE ELLIPTA	T2	
<i>ipratropium bromide inhalation</i>	T1	QL (300 ML IN 30 DAYS)
<i>ipratropium-albuterol</i>	T1	QL (360 ML IN 30 DAYS)
<i>montelukast sodium oral</i>	T1	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (1 ML IN 28 DAYS); SP-QTZ
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	PA; QL (1 ML IN 28 DAYS); SP-QTZ
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T2	PA; QL (0.4 ML IN 28 DAYS); SP-QTZ
OFEV	T2	PA; QL (2 IN 1 DAYS); SP-QTZ
<i>pirfenidone oral capsule</i>	T1	PA; QL (9 IN 1 DAYS); SP-QTZ

Effective 12/1/2024

Drug Name	Drug Tier	Notes
<i>pirfenidone oral tablet 267 mg</i>	T1	PA; QL (9 IN 1 DAYS); SP-QTZ
<i>pirfenidone oral tablet 801 mg</i>	T1	PA; QL (3 IN 1 DAYS); SP-QTZ
SEREVENT DISKUS	T2	
SPIRIVA RESPIMAT	T2	
SYMBICORT	T2	HDHP
<i>terbutaline sulfate oral</i>	T1	
THEO-24	T2	
<i>theophylline er</i>	T1	
<i>tiotropium bromide monohydrate</i>	T1	
TRELEGY ELLIPTA	T2	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; SP-QTZ
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T2	PA; SP-QTZ
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
CAYSTON	T2	PA; QL (3 ML IN 1 DAYS)
PULMOZYME	T2	QL (2.5 ML IN 1 DAYS; MAX 30 DAYS)
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	T1	PA; QL (10 ML IN 1 DAYS)
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	T2	PA; QL (3 IN 1 DAYS)
<i>alyq</i>	T1	PA
<i>ambrisentan</i>	T1	PA; QL (1 IN 1 DAYS)
<i>bosentan</i>	T1	PA; QL (2 IN 1 DAYS)
OPSUMIT	T2	PA
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA
<i>tadalafil (pah)</i>	T1	PA
TRACLEER 32 MG	T2	PA; QL (4 IN 1 DAYS); SP-ORx
TYVASO	T2	
TYVASO REFILL KIT	T2	
TYVASO STARTER KIT	T2	
UPTRAVI ORAL	T2	PA; QL (2 IN 1 DAYS)
UPTRAVI TITRATION	T2	PA; QL (2 IN 1 DAYS)
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T1	

Effective 12/1/2024

Drug Name	Drug Tier	Notes
<i>carisoprodol oral</i>	T1	
<i>chlorzoxazone oral tablet 500 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>metaxalone</i>	T1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1	
NORGESIC FORTE	T2	
<i>orphenadrine citrate er</i>	T1	
ORPHENGESIC FORTE	T2	
<i>tizanidine hcl oral tablet</i>	T1	
Sleep Disorder Agents		
<i>armodafinil</i>	T1	QL (1 IN 1 DAYS)
<i>eszopiclone</i>	T1	QL (1 IN 1 DAYS)
<i>flurazepam hcl</i>	T1	
<i>modafinil oral tablet 100 mg</i>	T1	QL (1 IN 1 DAYS)
<i>modafinil oral tablet 200 mg</i>	T1	QL (2 IN 1 DAYS)
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	
<i>temazepam oral capsule 7.5 mg</i>	T1	QL (1 IN 1 DAYS)
<i>zaleplon</i>	T1	
<i>zolpidem tartrate oral tablet</i>	T1	QL (1.5 IN 1 DAYS)

Index of Drugs

<i>abacavir sulfate</i>	16	AEROCHAMBER PLUS FLO- VU INTERM.....	54	<i>alprazolam intensol</i>	19
<i>abacavir sulfate-lamivudine</i>	16	AEROCHAMBER PLUS FLO- VU LARGE.....	54	ALTACAINE.....	61
<i>abiraterone acetate</i>	14	AEROCHAMBER PLUS FLO- VU MEDIUM.....	54	<i>altavera</i>	43
ABRYSVO.....	52	AEROCHAMBER PLUS FLO- VU SMALL.....	54	ALTRENO.....	26
<i>acamprosate calcium</i>	5	AEROCHAMBER PLUS FLOW VU.....	54	<i>alyacen 1/35</i>	43
<i>acarbose</i>	28	AEROCHAMBER PLUS W/FLOWSIGNAL.....	54	<i>alyacen 7/7/7</i>	43
ACCU-CHEK AVIVA DEVICE...29		AEROCHAMBER Z-STAT PLUS.....	54	<i>alyq</i>	64
ACCU-CHEK GUIDE CONTROL.....	29	AEROCHAMBER Z-STAT PLUS CHAMBR.....	54	<i>amantadine hcl</i>	15
ACCU-CHEK SMARTVIEW CONTROL.....	29	AEROCHAMBER Z-STAT PLUS/LARGE.....	54	<i>ambrisentan</i>	64
<i>accutane</i>	26	AEROCHAMBER Z-STAT PLUS/MEDIUM.....	54	<i>amethyst</i>	43
ACCUTREND GLUCOSE CONTROL.....	29	AEROCHAMBER Z-STAT PLUS/SMALL.....	54	<i>amiloride hcl</i>	20
<i>acebutolol hcl</i>	20	AEROGEAR ACTION ASTHMA KIT.....	54	<i>amiloride-hydrochlorothiazide</i> ...20	
<i>acetaminophen-codeine</i>	3	AEROVENT PLUS.....	54	<i>aminocaproic acid</i>	19
<i>acetazolamide</i>	60	<i>afirmelle</i>	43	<i>amiodarone hcl</i>	20
<i>acetazolamide er</i>	60	AFLURIA.....	52	<i>amitriptyline hcl</i>	10
<i>acetic acid</i>	41, 61	AFLURIA PRESERVATIVE FREE.....	52	<i>amlodipine besylate</i>	20
ACTIMMUNE.....	50	<i>aftera</i>	43	<i>amlodipine besylate-benzapril hcl</i>	20
<i>acyclovir</i>	17	AFTERPILL.....	43	<i>amnesteam</i>	26
ADACEL.....	52	AGAMATRIX CONTROL.....	29	<i>amoxapine</i>	10
ADALIMUMAB-ADAZ.....	50	AGAMATRIX CONTROL LEVEL 2.....	29	<i>amoxicillin</i>	6
ADALIMUMAB-FKJP (2 PEN)..50		AGAMATRIX CONTROL LEVEL 4.....	29	<i>amoxicillin-potassium clavulanate</i>	6
ADALIMUMAB-FKJP (2 SYRINGE).....	50	AIMOVIQ.....	13	<i>amoxicillin-potassium clavulanate er</i>	6
<i>adapalene</i>	26	AIMSCO LUBRICATED.....	54	<i>amphetamine- dextroamphetamine</i>	24
<i>adapalene treatment</i>	26	AIRZONE PEAK FLOW METER.....	54	<i>amphetamine- dextroamphetamine er</i>	24
<i>adefovir dipivoxil</i>	17	<i>albendazole</i>	15	<i>amphotericin b</i>	12
ADEMPAS.....	64	<i>albuterol sulfate</i>	63	<i>ampicillin</i>	6
ADTHYZA.....	49	<i>albuterol sulfate hfa</i>	62	<i>anagrelide hcl</i>	19
ADVAIR DISKUS.....	62	ALBUTEROL SULFATE HFA...63		ANALPRAM-HC.....	53
ADVAIR HFA.....	62	<i>alclometasone dipropionate</i>26		<i>anastrozole</i>	14
ADVANCE INTUITION CONTROL.....	29	<i>alcohol prep pads</i>	26	ANNOVERA.....	43
ADVANCE MICRO-DRAW CONTROL.....	29	ALCOHOL PREP PADS.....	54	ANORO ELLIPTA.....	63
ADVANCE MICRO-DRAW NORMAL.....	29	<i>alendronate sodium</i>	53	<i>aprepitant</i>	11
ADVOCATE CONTROL SOLUTION.....	29	<i>alfuzosin hcl er</i>	42	<i>apri</i>	44
ADVOCATE INSULIN PEN NEEDLE.....	54	<i>allopurinol</i>	13	APTIOM.....	9
ADVOCATE REDI-CODE+ CONTROL.....	29	ALOMIDE.....	59	AQ INSULIN SYRINGE.....	34
AEROCHAMBER HOLDING CHAMBER.....	54	<i>alprazolam</i>	19	AQINJECT PEN NEEDLE.....	54
AEROCHAMBER MINI CHAMBER.....	54			<i>aranelle</i>	44
AEROCHAMBER MV.....	54			ARANESP (ALBUMIN FREE)...20	
AEROCHAMBER PLS FLOVU MTHPIECE.....	54			AREXVY.....	52

ASSURE 3 CONTROL.....	29	<i>bacitracin-polymyxin b</i>	61	<i>brimonidine tartrate</i>	60
ASSURE 4 CONTROL LEVEL		<i>bacitra-neomycin-polymyxin-hc</i>	61	<i>brimonidine tartrate-timolol</i>	60
1 & 2.....	30	<i>baclofen</i>	64	<i>brinzolamide</i>	60
ASSURE DOSE CONTROL.....	30	<i>balsalazide disodium</i>	53	<i>bromocriptine mesylate</i>	15
ASSURE DOSE NORM/HIGH		<i>balziva</i>	44	<i>budesonide</i>	53, 63
CONTROL.....	30	BAQSIMI ONE PACK.....	33	<i>budesonide er</i>	53
ASSURE ID DUO PRO PEN		BAQSIMI TWO PACK.....	33	<i>bumetanide</i>	20
NEEDLES.....	54	BARACLUDGE.....	17	<i>buprenorphine</i>	3
ASSURE ID PRO PEN		BD AUTOSHIELD DUO PEN		<i>buprenorphine hcl</i>	5
NEEDLES.....	54	NEEDLES.....	54	<i>buprenorphine hcl-naloxone</i>	
ASSURE II CONTROL.....	30	<i>bd heparin posiflush</i>	8	<i>hcl</i>	5
ASSURE II CONTROL LEVEL		BD ULTRA-FINE INSULIN		<i>bupropion hcl</i>	10
1 & 2.....	30	SYRINGES.....	34	<i>bupropion hcl er (smoking det)</i> ...	5
ASSURE PRISM CONTROL		BD ULTRA-FINE PEN		<i>bupropion hcl er (sr)</i>	10
LEVEL 1.....	30	NEEDLES.....	54	<i>bupropion hcl er (xl)</i>	10
ASSURE PRO CONTROL		<i>benazepril hcl</i>	20	<i>bupirone hcl</i>	19
LEVEL 1 & 2.....	30	<i>benazepril-hydrochlorothiazide</i> ..	20	<i>butalbital-acetaminophen</i>	3
ATABEX.....	35	BENZNIDAZOLE.....	15	<i>butalbital-apap-caff-cod</i>	3
<i>atazanavir sulfate</i>	17	<i>benzonatate</i>	62	<i>butalbital-apap-caffeine</i>	3
<i>atenolol</i>	20	<i>benztropine mesylate</i>	15	<i>butalbital-asa-caff-codeine</i>	3
<i>atenolol-chlorthalidone</i>	20	<i>betamethasone dipropionate</i>	26	<i>butalbital-aspirin-caffeine</i>	3
<i>atomoxetine hcl</i>	24	<i>betamethasone dipropionate</i>		<i>butorphanol tartrate</i>	3
<i>atorvastatin calcium</i>	20	<i>aug</i>	26	BYDUREON BCISE	
<i>atovaquone</i>	15	<i>betamethasone valerate</i>	26	AUTOINJECTOR.....	28
<i>atovaquone-proguanil hcl</i>	15	<i>betaxolol hcl</i>	60	BYETTA 10 MCG PEN.....	28
<i>atropine sulfate</i>	40, 61	<i>bethanechol chloride</i>	41	BYETTA 5 MCG PEN.....	28
ATROVENT HFA.....	63	BETOPTIC-S.....	60	<i>cabergoline</i>	43
<i>aubra eq</i>	44	<i>bicalutamide</i>	14	CADEAU DHA.....	35
AUGMENTIN.....	6	BIKTARVY.....	17	<i>calcipotriene</i>	26
AUM ALCOHOL PREP PADS..	54	<i>bisoprolol fumarate</i>	20	CALCIPOTRIENE.....	26
AUM INSULIN SAFETY PEN		<i>bisoprolol-hydrochlorothiazide</i> ..	20	<i>calcitonin (salmon)</i>	53
NEEDLE.....	54	<i>blisovi 24 fe</i>	44	<i>calcitriol</i>	26, 53
AUM MINI INSULIN PEN		<i>blisovi fe 1.5/30</i>	44	<i>calcium acetate</i>	41
NEEDLE.....	54	<i>blisovi fe 1/20</i>	44	<i>calcium acetate (phos binder)</i> ...	41
AUM PEN NEEDLE.....	54	BLULINK CONTROL HIGH &		<i>camila</i>	44
AUM READYGARD DUO PEN		LOW.....	30	<i>camrese</i>	44
NEEDLE.....	54	BOOSTRIX.....	52	<i>camrese lo</i>	44
AUM SAFETY PEN NEEDLE... 54		<i>bosentan</i>	64	<i>candesartan cilexetil</i>	20
<i>aurovela 1.5/30</i>	44	BREATHE COMFORT		<i>candesartan cilexetil-hctz</i>	20
<i>aurovela 1/20</i>	44	CHAMBER/ADULT.....	54	CAPCOF.....	62
<i>aurovela 24 fe</i>	44	BREATHE COMFORT		<i>capecitabine</i>	14
<i>aurovela fe 1.5/30</i>	44	CHAMBER/CHILD.....	54	<i>captopril</i>	20
<i>aurovela fe 1/20</i>	44	BREATHE EASE LARGE.....	54	<i>captopril-hydrochlorothiazide</i> ... 20	
<i>aviane</i>	44	BREATHE EASE MEDIUM.....	54	<i>carbamazepine</i>	9
AVONEX PEN.....	24	BREATHE EASE PEAK FLOW		<i>carbamazepine er</i>	9
AVONEX PREFILLED.....	24	METER.....	55	<i>carbidopa</i>	15
<i>ayuna</i>	44	BREATHE EASE SMALL.....	55	<i>carbidopa-levodopa</i>	15
<i>azathioprine</i>	50	BREATHERITE VALVED MDI		<i>carbidopa-levodopa er</i>	15
<i>azelastine hcl</i>	59, 62	CHAMBER.....	55	CARESENS CONTROL A.....	30
<i>azithromycin</i>	6	BREO ELLIPTA.....	63	CARESENS CONTROL	
<i>azurette</i>	44	BREZTRI AEROSPHERE.....	63	SOLUTION A/B.....	30
<i>bac</i>	3	<i>briellyn</i>	44	CARESENS LANCETS 30G.....	30
<i>bacitracin</i>	59	BRILINTA.....	16		

CARETOUCH CONTROL SOL			
LEVEL 2.....	30		
<i>carisoprodol</i>	65		
<i>carteolol hcl</i>	60		
<i>cartia xt</i>	20		
<i>carvedilol</i>	20		
CAYA.....	55		
CAYSTON.....	64		
<i>cefaclor</i>	6		
<i>cefaclor er</i>	6		
<i>cefadroxil</i>	6		
<i>cefazolin sodium</i>	6, 7		
<i>cefdinir</i>	7		
<i>cefepodoxime proxetil</i>	7		
<i>cefprozil</i>	7		
<i>cefuroxime axetil</i>	7		
<i>celecoxib</i>	4		
CENTRUM SPECIALIST			
PRENATAL.....	35		
<i>cephalexin</i>	7		
<i>cevimeline hcl</i>	25		
<i>charlotte 24 fe</i>	44		
<i>chateal eq</i>	44		
CHEMSTRIP 10 MD.....	30		
CHEMSTRIP 10/SG.....	30		
CHEMSTRIP 2 GP.....	30		
CHEMSTRIP 5 OB.....	30		
CHEMSTRIP 7.....	30		
CHEMSTRIP 9.....	30		
CHEMSTRIP K.....	30		
CHEMSTRIP UGK.....	30		
<i>chlordiazepoxide hcl</i>	19		
<i>chlordiazepoxide-amitriptyline</i> ...	10		
<i>chlordiazepoxide-clidinium</i>	40		
<i>chlorhexidine gluconate</i>	25		
<i>chloroquine phosphate</i>	15		
<i>chlorpromazine hcl</i>	16		
<i>chlorthalidone</i>	20		
<i>chlorzoxazone</i>	65		
<i>cholestyramine</i>	20		
<i>cholestyramine light</i>	20		
CHOSEN LANCETS 30G.....	30		
CHOSEN SAFETY LANCETS			
28G.....	30		
<i>ciclopirox</i>	12		
<i>ciclopirox olamine</i>	12		
<i>cilostazol</i>	16		
CILOXAN.....	59		
CIMDUO.....	17		
<i>cimetidine</i>	39		
<i>cimetidine hcl</i>	39		
CIMZIA.....	50		
CIMZIA (2 SYRINGE).....	50		
CIMZIA-STARTER.....	50		
<i>cinacalcet hcl</i>	53		
CIPRO.....	7		
CIPRO HC.....	61		
<i>ciprofloxacin hcl</i>	7, 59, 62		
<i>ciprofloxacin-dexamethasone</i> ...	62		
<i>citalopram hydrobromide</i>	10		
<i>claravis</i>	26		
<i>clarithromycin</i>	7		
<i>clarithromycin er</i>	7		
<i>classic prenatal</i>	35		
<i>clemastine fumarate</i>	62		
CLEOCIN.....	7		
CLEVER CHOICE COMFORT			
EZ.....	30, 55		
CLEVER CHOICE GLUCOSE			
CONTROL.....	30		
CLEVER CHOICE HOLDING			
CHAMBER.....	55		
CLEVER CHOICE PEAK			
FLOW METER.....	55		
<i>clindamycin hcl</i>	7		
<i>clindamycin palmitate hcl</i>	7		
<i>clindamycin phosphate</i>	7, 26		
<i>clindamycin phosphate-</i>			
<i>benzoyl peroxide</i>	26		
CLINDESSE.....	7		
<i>clobetasol propionate</i>	26		
<i>clobetasol propionate e</i>	26		
<i>clobetasol propionate emulsion</i>	26		
<i>clomipramine hcl</i>	10		
<i>clonazepam</i>	19		
<i>clonidine</i>	20		
<i>clonidine hcl</i>	21		
<i>clopidogrel bisulfate</i>	16		
<i>clorazepate dipotassium</i>	19		
<i>clotrimazole</i>	12		
<i>clotrimazole-betamethasone</i>	12		
<i>clozapine</i>	16		
C-NATE DHA.....	35		
<i>codeine sulfate</i>	3		
<i>colchicine</i>	13		
<i>colchicine-probenecid</i>	13		
<i>colesevelam hcl</i>	21		
<i>colestipol hcl</i>	21		
<i>colistimethate sodium (cba)</i>	7		
COMBIPATCH.....	44		
COMBIVENT RESPIMAT.....	63		
COMFORT EZ PRO PEN			
NEEDLES.....	55		
COMFORT TOUCH TWIST			
LANCET 30G.....	30		
COMIRNATY.....	52		
COMMIT.....	5		
COMPACT SPACE			
CHAMBER.....	55		
COMPACT SPACE			
CHAMBER/LG MASK.....	55		
COMPACT SPACE			
CHAMBER/MED MASK.....	55		
COMPACT SPACE			
CHAMBER/SM MASK.....	55		
COMPLERA.....	17		
COMPLETE NATAL DHA.....	35		
COMPLETENATE.....	35		
<i>compro</i>	11		
CONDOMS.....	55		
<i>constulose</i>	40		
CONTOUR CONTROL			
SOLUTION.....	30		
CONTOUR NEXT CONTROL			
SOLUTION.....	30		
CONTROL.....	30		
COOL CONTROL A.....	30		
COOL CONTROL B.....	30		
CORDRAN.....	26		
CORTISONE ACETATE.....	42		
CREON.....	41		
CRESEMBA.....	12		
<i>cromolyn sodium</i>	40, 59, 63		
CROTAN.....	15		
<i>cryselle-28</i>	44		
<i>curae</i>	44		
<i>cvs adapalene</i>	26		
<i>cvs d3</i>	35		
<i>cvs folic acid</i>	35		
<i>cvs lansoprazole</i>	39		
<i>cvs nicotine</i>	5		
<i>cvs nicotine polacrilex</i>	5		
<i>cvs olopatadine hcl</i>	59		
<i>cvs prenatal</i>	35		
<i>cvs prenatal gummy</i>	35		
<i>cvs prenatal multi+dha</i>	35		
<i>cvs purelax</i>	40		
<i>cyanocobalamin</i>	35		
<i>cyclobenzaprine hcl</i>	65		
CYCLOMYDRIL.....	61		
<i>cyclopentolate hcl</i>	61		
<i>cyclophosphamide</i>	14		
CYCLOPHOSPHAMIDE.....	14		
<i>cyclosporine</i>	50, 61		
<i>cyclosporine modified</i>	50		
<i>cyproheptadine hcl</i>	62		
<i>cyred eq</i>	44		
CYSTAGON.....	41		
<i>d3 high potency</i>	35		

<i>d3 kids</i>	35	<i>dihydroergotamine mesylate</i>	13	EASY PLUS II CONTROL.....	31
<i>d-400</i>	36	DILANTIN.....	9	EASY STEP CONTROL.....	31
<i>danazol</i>	43	DILANTIN INFATABS.....	9	EASY TALK CONTROL.....	31
<i>dapsone</i>	14, 26	DILANTIN-125.....	9	EASY TALK PLUS II CONTROL.....	31
<i>darunavir</i>	17	<i>diltiazem hcl</i>	21	EASY TOUCH CONTROL HIGH & LOW.....	31
<i>dasatinib</i>	14	<i>diltiazem hcl er</i>	21	EASY TRAK CONTROL.....	31
<i>dasetta 1/35</i>	44	<i>diltiazem hcl er beads</i>	21	EASY TRAK II CONTROL.....	31
<i>dasetta 7/7/7</i>	44	<i>diltiazem hcl er coated beads</i> ...	21	EASYGEL.....	25
<i>daysee</i>	44	<i>dilt-xr</i>	21	EASYMAX 15 LEVEL 2 CONTROL.....	31
<i>deblitane</i>	44	<i>dimethyl fumarate</i>	24	EASYMAX 15 LEVEL 2-3 CONTROL.....	31
<i>delta d3</i>	36	<i>dimethyl fumarate starter pack</i> ..	24	EASYMAX CONTROL.....	31
<i>delyla</i>	44	DIPENTUM.....	53	<i>econazole nitrate</i>	12
DENTA 5000 PLUS.....	25	<i>diphenoxylate-atropine</i>	40	<i>econtra one-step</i>	45
DENTAGEL.....	25	<i>dipyridamole</i>	16	EDURANT.....	17
DEPO-SUBQ PROVERA 104...	44	<i>disopyramide phosphate</i>	21	<i>efavirenz</i>	17
DESCOVY.....	17	<i>disulfiram</i>	5	<i>efavirenz-emtricitab-tenofo df</i> ..	17
<i>desipramine hcl</i>	10	DIURIL.....	21	<i>efavirenz-lamivudine-tenofovir</i> ..	17
<i>desmopressin ace spray refrig</i> ..	43	<i>divalproex sodium</i>	9	EFFER-K.....	36
<i>desmopressin acetate</i>	43	<i>divalproex sodium er</i>	9	<i>effer-k</i>	36
<i>desmopressin acetate spray</i>	43	DODEX.....	36	ELEMENT COMPACT CONTROL 2.....	31
<i>desogestrel-ethinyl estradiol</i>	44	<i>dolishale</i>	44	ELEMENT COMPACT CONTROL 3.....	31
<i>desoximetasone</i>	27	<i>donepezil hcl</i>	10	ELEMENT CONTROL.....	31
<i>dexamethasone</i>	42	<i>dorzolamide hcl</i>	60	<i>elinest</i>	45
<i>dexamethasone intensol</i>	42	<i>dorzolamide hcl-timolol mal</i>	61	ELIQUIS.....	8
<i>dexamethasone sod phos +rfid</i> ..	42	<i>dotti</i>	44	ELIQUIS DVT/PE STARTER PACK.....	8
<i>dexamethasone sod phosphate pf</i>	42	DOVATO.....	17	ELITE-OB.....	36
<i>dexamethasone sodium phosphate</i>	42, 59	<i>doxazosin mesylate</i>	21	<i>elixophyllin</i>	63
DEXCOM G6 RECEIVER.....	30	<i>doxepin hcl</i>	10	ELLA.....	45
DEXCOM G6 SENSOR.....	30	<i>doxycycline hyclate</i>	7	<i>eluryng</i>	45
DEXCOM G6 TRANSMITTER..	30	<i>doxycycline monohydrate</i>	7	EMBRACE CONTROL.....	31
DEXCOM G7 RECEIVER.....	30	DROPLET MICRON.....	55	EMBRACE EVO CONTROL LEVEL 1.....	31
DEXCOM G7 SENSOR.....	30	DROPSAFE ALCOHOL PREP.	55	EMBRACE GLUCOSE CONTROL.....	31
<i>dexmethylphenidate hcl</i>	24	DROPSAFE SAFETY SYRINGE/NEEDLE.....	34	EMBRACE PEN NEEDLES.....	55
<i>dexmethylphenidate hcl er</i>	24	<i>drospiren-eth estrad-levomefol</i> ..	44	EMBRACE PRO GLUCOSE CONTROL.....	31
<i>dextroamphetamine sulfate</i>	24	<i>drospirenone-ethinyl estradiol</i> ...	44	EMBRACE TALK GLUCOSE CONTROL.....	31
<i>dextroamphetamine sulfate er</i> ..	24	DROXIA.....	14	EMEND.....	11
DIASTIX.....	30	DRYSOL.....	27	EMGALITY.....	13
DIASTIX REAGENT.....	30	DUAVEE.....	44	<i>emtricitabine</i>	17
DIATHRIVE GLUCOSE CONTROL SOLN.....	30	<i>duloxetine hcl</i>	11	<i>emtricitabine-tenofovir df</i>	17
<i>diazepam</i>	19	DUO-CARE CONTROL SOLUTION.....	31	EMTRIVA.....	17
<i>diclofenac potassium</i>	4	DUPIXENT.....	27	EMVERM.....	15
<i>diclofenac sodium</i>	4, 59	DUREX EXTRA SENSITIVE THIN.....	55	<i>emzahh</i>	45
<i>diclofenac sodium er</i>	4	DUREX REALFEEL.....	55		
<i>diclofenac-misoprostol</i>	4	DUREX TROPICAL.....	55		
<i>dicloxacillin sodium</i>	7	<i>dutasteride</i>	42		
<i>dicyclomine hcl</i>	40	E.E.S. 400.....	7		
DIFFERIN.....	27	EASIVENT.....	55		
DIFICID.....	7	EASIVENT MASK LARGE.....	55		
<i>diflunisal</i>	4	EASIVENT MASK MEDIUM.....	55		
<i>digoxin</i>	21	EASIVENT MASK SMALL.....	55		

<i>enalapril maleate</i>	21	<i>eszopiclone</i>	65	FLUAD.....	52
<i>enalapril-hydrochlorothiazide</i>	21	<i>ethambutol hcl</i>	14	FLUARIX.....	52
ENBREL.....	50	<i>ethosuximide</i>	9	FLUBLOK.....	52
ENBREL MINI.....	50	<i>ethynodiol diac-eth estradiol</i>	45	FLUCELVAX.....	52
ENBREL SURECLICK.....	50	<i>etodolac</i>	4	<i>fluconazole</i>	12
ENCARE.....	55	<i>etodolac er</i>	4	<i>fludrocortisone acetate</i>	42
<i>endocet</i>	3	<i>etonogestrel-ethinyl estradiol</i>	45	FLULAVAL.....	52
ENFAMIL EXPECTA.....	36	<i>etoposide</i>	14	<i>fluocinolone acetonide</i>	27
ENGERIX-B.....	52	<i>etravirine</i>	17	<i>fluocinolone acetonide body</i>	27
<i>enilloring</i>	45	<i>euthyrox</i>	49	<i>fluocinolone acetonide scalp</i>	27
<i>enoxaparin sodium</i>	8	EVOLUTION CONTROL.....	31	<i>fluocinonide</i>	27
<i>enpresse-28</i>	45	EVOTAZ.....	17	<i>fluocinonide emulsified base</i>	27
<i>enskyce</i>	45	EVRYSDI.....	41	<i>fluorometholone</i>	59
<i>entecavir</i>	17	EXELDERM.....	12	<i>fluorouracil</i>	27
ENTRESTO.....	21	<i>exemestane</i>	14	<i>fluoxetine hcl</i>	11
<i>enulose</i>	40	EXTAVIA.....	24	<i>fluphenazine hcl</i>	16
EPCLUSA.....	17	<i>eye allergy itch relief</i>	59	<i>flurazepam hcl</i>	65
EPIDIOLEX.....	9	<i>eye allergy itch/redness rel</i>	59	<i>flurbiprofen</i>	4
<i>epinephrine</i>	21, 63	<i>ezetimibe</i>	21	<i>flurbiprofen sodium</i>	59
<i>epinephrine (anaphylaxis)</i>	63	<i>ezetimibe-simvastatin</i>	21	<i>fluticasone propionate</i>	27, 62
<i>epinephrine pf</i>	21	EZY DOSE PILL CUTTER		FLUTICASONE PROPIONATE	
<i>epitol</i>	9	ORIGINAL.....	55	HFA.....	63
<i>eplerenone</i>	21	<i>fa-8</i>	36	<i>fluvoxamine maleate</i>	11
<i>eq laxative</i>	40	FABIOR.....	27	FLUZONE.....	52
<i>eq nicotine</i>	5	<i>falmina</i>	45	FLUZONE HIGH-DOSE.....	52
<i>eq nicotine polacrilex</i>	5	<i>famotidine</i>	39	<i>folate</i>	36
<i>eq nicotine step 3</i>	5	FANTASY LUBRICATED.....	55	<i>folding paddle walker</i>	5
<i>eq olopatadine hcl</i>	59	FANTASY		<i>folic acid</i>	36
EQ SPACE CHAMBER ANTI-STATIC.....	55	LUBRICATED/SPERMICIDE....	55	FORA CONTROL.....	31
EQ SPACE CHAMBER ANTI-STATIC L.....	55	FARXIGA.....	28	FORA GTEL BLOOD KETONE TEST.....	31
EQ SPACE CHAMBER ANTI-STATIC M.....	55	FASENRA PEN.....	63	FORA TEST N'GO ADV-VOICE-6 CON.....	31
EQ SPACE CHAMBER ANTI-STATIC S.....	55	FC2 FEMALE CONDOM.....	55	FORACARE GDH CONTROL..	31
<i>eq prenatal formula</i>	36	<i>febuxostat</i>	13	<i>formoterol fumarate</i>	63
<i>eq vitamin d3</i>	36	<i>felbamate</i>	9	<i>fosamprenavir calcium</i>	17
<i>ergocalciferol</i>	36	<i>felodipine er</i>	21	<i>fosinopril sodium</i>	21
<i>ergotamine-caffeine</i>	13	FEMCAP.....	55	<i>fosinopril sodium-hctz</i>	21
<i>erlotinib hcl</i>	14	FEMLYV.....	45	FOSRENOL.....	41
<i>errin</i>	45	<i>fenofibrate</i>	21	FRAGMIN.....	8
<i>ery pad 2%</i>	27	<i>fenofibrate micronized</i>	21	FREESTYLE CONTROL SOLUTION.....	31
<i>erythromycin</i>	7, 27, 59	<i>fenopropfen calcium</i>	4	<i>ft eye allergy itch & redness</i>	59
<i>erythromycin base</i>	7	<i>fentanyl</i>	3	<i>ft eye allergy itch relief</i>	59
<i>erythromycin ethylsuccinate</i>	7	<i>finasteride</i>	42	<i>ft folic acid</i>	36
<i>escitalopram oxalate</i>	11	<i>finzala</i>	45	<i>ft nicotine</i>	5
<i>esomeprazole magnesium</i>	39	<i>flavoxate hcl</i>	41	<i>ft nicotine mini</i>	5
<i>estarylla</i>	45	<i>flecainide acetate</i>	21	FULPHILA.....	20
<i>estazolam</i>	19	FLEXICHAMBER.....	55	<i>furosemide</i>	21
<i>estradiol</i>	45	FLEXICHAMBER ADULT		FUZEON.....	17
<i>estradiol valerate</i>	45	MASK/SMALL.....	55	<i>fyavolv</i>	45
ESTRING.....	45	FLEXICHAMBER CHILD		FYLNETRA.....	20
		MASK/LARGE.....	55	<i>g tussin ac</i>	62
		FLEXICHAMBER CHILD			
		MASK/SMALL.....	55		

<i>gabapentin</i>	9	<i>gnp vitamin d</i>	36	HUMULIN R U-500 VIAL.....	34
<i>galantamine hydrobromide</i>	10	<i>gnp vitamin d3</i>	36	<i>hydralazine hcl</i>	22
<i>galantamine hydrobromide er</i> ...	10	<i>gnp vitamin d-400</i>	36	<i>hydrochlorothiazide</i>	22
<i>gallifrey</i>	45	GOJJI BLOOD KETONE TEST	31	<i>hydrocod poli-chlorphe poli er</i> ...	62
<i>gatifloxacin</i>	59	GOJJI CONTROL.....	31	<i>hydrocodone bit-homatrop mbr</i> .62	
<i>gavilyte-c</i>	40	<i>goodsense lansoprazole</i>	39	<i>hydrocodone-acetaminophen</i>	3
<i>gavilyte-g</i>	40	<i>goodsense nicotine</i>	5	<i>hydrocortisone</i>	27, 42, 53
<i>gavilyte-n with flavor pack</i>	40	<i>granisetron hcl</i>	11	<i>hydrocortisone (perianal)</i>	53
GE100 CONTROL.....	31	GRANIX.....	20	<i>hydrocortisone-acetic acid</i>	62
GEL-KAM.....	25	GRASTEK.....	56	<i>hydromet</i>	62
<i>gemfibrozil</i>	21	<i>griseofulvin microsize</i>	12	<i>hydromorphone hcl</i>	3
<i>gemmily</i>	45	<i>griseofulvin ultramicrosized</i>	12	<i>hydroxychloroquine sulfate</i>	15
<i>generlac</i>	40	<i>guaifenesin-codeine</i>	62	<i>hydroxyurea</i>	14
<i>gengraf</i>	50	<i>guanfacine hcl</i>	22	<i>hydroxyzine hcl</i>	19
<i>gentamicin sulfate</i>	7, 59	<i>guanfacine hcl er</i>	24	<i>hydroxyzine pamoate</i>	19
GENVOYA.....	17	GVOKE HYPOPEN 1-PACK.....	33	<i>hyoscyamine sulfate</i>	40
GILENYA.....	24	GVOKE HYPOPEN 2-PACK		<i>hyoscyamine sulfate er</i>	40
<i>glatiramer acetate</i>	25	33, 34	<i>hyosyne</i>	40
<i>glatopa</i>	25	GVOKE KIT.....	34	HYPERSAL.....	62
GLEOSTINE.....	14	GVOKE PFS.....	34	HYRIMOZ.....	50
<i>glimepiride</i>	28	GYNAZOLE-1.....	12	HYRIMOZ-CROHNS/UC	
<i>glipizide er</i>	28	<i>habitrol</i>	5	STARTER.....	50
<i>glipizide ir</i>	28	HADLIMA.....	50	HYRIMOZ-PED<40KG	
<i>glipizide xl</i>	28	HADLIMA PUSH TOUCH.....	50	CROHN STARTER.....	50
<i>glipizide-metformin hcl</i>	28	<i>hailey 1.5/30</i>	45	HYRIMOZ-PED>=40KG	
<i>glucagon emergency kit</i>	33	<i>hailey 24 fe</i>	45	CROHN START.....	50
GLUCOCARD 01 CONTROL...	31	<i>hailey fe 1.5/30</i>	45	HYRIMOZ-PLAQ	
GLUCOCARD EXPRESSION		<i>hailey fe 1/20</i>	45	PSOR/UEVIT START.....	50
CONTROL.....	31	<i>halobetasol propionate</i>	27	HYRIMOZ-PLAQUE	
GLUCOCARD SHINE		<i>haloette</i>	45	PSORIASIS START.....	50
CONTROL.....	31	<i>haloperidol</i>	16	<i>ibandronate sodium</i>	53
GLUCOCARD X-SENSOR		<i>haloperidol lactate</i>	16	IBRANCE.....	14
CONTROL.....	31	HARVONI.....	17	<i>ibuprofen</i>	4
GLUCOCOM CONTROL.....	31	HEALTHY MAMA BE WELL		<i>iclevia</i>	45
GLUCOSE CONTROL.....	31	ROUNDED.....	36	IHEALTH CONTROL	
GLUCOSE CONTROL		<i>healthylax</i>	40	SOLUTION.....	31
SOLUTIONS.....	31	<i>heather</i>	45	ILEVRO.....	60
<i>glyburide</i>	28	<i>heparin na (pork) lock flush pf</i>	8	<i>imatinib mesylate</i>	14
<i>glyburide micronized</i>	28	<i>heparin sod (pork) lock flush</i>	9	<i>imipramine hcl</i>	11
<i>glyburide-metformin</i>	28	<i>heparin sodium (porcine)</i>	9	<i>imiquimod</i>	27
<i>glycopyrrolate</i>	40	<i>heparin sodium (porcine) pf</i>	9	IN TOUCH GLUCOSE	
<i>glydo</i>	4	HEPLISAV-B.....	52	CONTROL.....	31
<i>gnp clearlax</i>	40	<i>her style</i>	45	<i>incassia</i>	45
GNP EASY TOUCH CONT		<i>hm eye allergy itch relief</i>	60	INCONTROL ULTICARE PEN	
HIGH/LOW.....	31	<i>hm eye allergy itch/red relief</i>	60	NEEDLES.....	56
<i>gnp folic acid</i>	36	<i>hm nicotine polacrilex</i>	5	INCRUSE ELLIPTA.....	63
<i>gnp nicotine</i>	5	HUMIRA (2 PEN).....	50	<i>indapamide</i>	22
<i>gnp nicotine mini</i>	5	HUMIRA (2 SYRINGE).....	50	<i>indomethacin</i>	4
<i>gnp nicotine polacrilex</i>	5	HUMIRA-CD/UC/HS		<i>indomethacin er</i>	4
<i>gnp olopatadine hcl</i>	59	STARTER.....	50	INFINITY CONTROL.....	32
<i>gnp prenatal</i>	36	HUMIRA-PSORIASIS/UEVIT		INFINITY VOICE.....	32
GNP ULTIGUARD SAFEPACK		STARTER.....	50	INPEN 100-BLUE-NOVOLOG-	
NEEDLE.....	56	HUMULIN R U-500 KWIKPEN..	34	FIASP.....	32

INPEN 100-GREY-NOVOLOG-FIASP.....	32	<i>ketoconazole</i>	12	<i>leena</i>	46
INPEN 100-PINK-NOVOLOG-FIASP.....	32	KETO-DIASTIX.....	32	<i>leflunomide</i>	50
INSPIREASE.....	56	KETONE CARE.....	32	<i>lenalidomide</i>	14
INSULIN DEGLUDEC.....	34	KETONE TEST.....	32	<i>lessina</i>	46
INSULIN DEGLUDEC FLEXTOUCH.....	34	<i>ketoprofen</i>	4	<i>letrozole</i>	14
INSULIN PEN NEEDLES.....	56	<i>ketoprofen er</i>	4	<i>leucovorin calcium</i>	14
INSULIN SYRINGES.....	34	<i>ketorolac tromethamine</i>	4, 60	LEUKERAN.....	14
INTELENCE.....	17	KETOSTIX.....	32	<i>levetiracetam</i>	9
<i>introvale</i>	45	KIMONO.....	56	<i>levetiracetam er</i>	9
IOPIDINE.....	61	KIMONO COLORS.....	56	<i>levobunolol hcl</i>	61
<i>ipratropium bromide</i>	62, 63	KIMONO MAXX-LARGE FLARE.....	56	LEVOCARNITINE.....	36
<i>ipratropium-albuterol</i>	63	KIMONO MICRO THIN.....	56	<i>levocarnitine</i>	36
<i>irbesartan</i>	22	KIMONO MICRO THIN PLUS.....	56	<i>levocarnitine sf</i>	37
<i>irbesartan-hydrochlorothiazide</i>	22	KIMONO PLUS.....	56	<i>levofloxacin</i>	7
ISENTRESS.....	17	KIMONO PS.....	56	<i>levonest</i>	46
ISENTRESS HD.....	17	KIMONO PS PLUS.....	56	<i>levonorgest-eth est & eth est</i>	46
<i>isibloom</i>	45	KIMONO PS PLUS.....	56	<i>levonorgest-eth estrad 91-day</i> ..	46
<i>isoniazid</i>	14	KIMONO SENSATION.....	56	<i>levonorgest-eth estradiol-iron</i> ...	46
<i>isopropyl alcohol</i>	27	KIMONO SENSATION PLUS...	56	<i>levonorgestrel</i>	46
<i>isosorbide dinitrate</i>	22	KIMONO SPECIAL.....	56	<i>levonorgestrel-ethinyl estrad</i>	46
<i>isosorbide mononitrate</i>	22	<i>klayesta</i>	12	<i>levonorg-eth estrad triphasic</i>	46
<i>isosorbide mononitrate er</i>	22	<i>klor-con m10</i>	36	<i>levora 0.15/30 (28)</i>	46
<i>isotretinoin</i>	27	<i>klor-con m15</i>	36	<i>levo-t</i>	49
<i>itraconazole</i>	12	<i>klor-con m20</i>	36	<i>levothyroxine sodium</i>	49
IV PREP WIPES.....	7	KLOXXADO.....	5	<i>levoxyl</i>	49
<i>ivermectin</i>	15	<i>kls quit2</i>	5	LIBERTY GLUCOSE CONTROL.....	32
<i>jaimiess</i>	45	<i>kls quit4</i>	5	LIBERTY GLUCOSE CONTROL MID.....	32
<i>jantoven</i>	9	<i>kourzeq</i>	25	<i>lidocaine</i>	4, 5
JANUMET.....	29	<i>kp folic acid</i>	36	<i>lidocaine hcl</i>	5
JANUMET XR.....	29	<i>kp prenatal multivitamins</i>	36	<i>lidocaine hcl urethral/mucosal</i>	5
JANUVIA.....	29	<i>kp vitamin d</i>	36	<i>lidocaine viscous hcl</i>	25
<i>jasmiel</i>	45	KROGER HEALTHPRO CONTROL HI/LO.....	32	<i>lidocaine-prilocaine</i>	5
<i>jencycla</i>	45	<i>kurvelo</i>	46	<i>linezolid</i>	7
<i>jinteli</i>	46	<i>labetalol hcl</i>	22	LINZESS.....	40
<i>jolessa</i>	46	<i>lactulose</i>	40	<i>liothyronine sodium</i>	49
<i>joyeaux</i>	46	<i>lactulose encephalopathy</i>	40	LIRAGLUTIDE.....	29
<i>juleber</i>	46	LAGEVRIO.....	17	<i>lisdexamfetamine dimesylate</i>	24
<i>junel 1.5/30</i>	46	<i>lamivudine</i>	17	<i>lisinopril</i>	22
<i>junel 1/20</i>	46	<i>lamivudine-zidovudine</i>	17	<i>lisinopril-hydrochlorothiazide</i>	22
<i>junel fe 1.5/30</i>	46	<i>lamotrigine</i>	9	<i>lithium carbonate</i>	19
<i>junel fe 1/20</i>	46	LANCETS.....	32	<i>lithium carbonate er</i>	19
<i>junel fe 24</i>	46	LANCETS SUPER THIN.....	32	LO LOESTRIN FE.....	46
JUST FOR KIDS.....	25	<i>lansoprazole</i>	39	<i>lofexidine hcl</i>	5
<i>kaitlib fe</i>	46	<i>lanthanum carbonate</i>	41	<i>lojaimiess</i>	46
<i>kalliga</i>	46	<i>lapatinib ditosylate</i>	14	<i>lopinavir-ritonavir</i>	18
KAMELEON LUBRICATED.....	56	<i>larin 1.5/30</i>	46	<i>lorazepam</i>	19
<i>kariva</i>	46	<i>larin 1/20</i>	46	<i>lorazepam intensol</i>	19
KATERZIA.....	22	<i>larin 24 fe</i>	46	<i>loryna</i>	46
<i>kelnor 1/35</i>	46	<i>larin fe 1.5/30</i>	46	<i>losartan potassium</i>	22
<i>kelnor 1/50</i>	46	<i>larin fe 1/20</i>	46	<i>losartan potassium-hctz</i>	22
		<i>latanoprost</i>	61	<i>lovastatin</i>	22
		<i>layolis fe</i>	46		

<i>low-ogestrel</i>	46	<i>methamphetamine hcl</i>	24	<i>molindone hcl</i>	16
<i>loxapine succinate</i>	16	<i>methazolamide</i>	61	<i>mometasone furoate</i>	27
<i>lo-zumandimine</i>	46	<i>methenamine hippurate</i>	8	<i>mondoxyne nl</i>	8
<i>lubiprostone</i>	41	<i>methimazole</i>	49	<i>mono-lynyah</i>	47
LUCEMYRA.....	5	METHITEST.....	43	<i>montelukast sodium</i>	63
LUNG PERFORM PEAK FLOW METER.....	56	<i>methocarbamol</i>	65	<i>morphine sulfate</i>	3
<i>lutera</i>	46	<i>methotrexate sodium</i>	50	<i>morphine sulfate (concentrate)</i> ...	3
<i>lyleq</i>	46	<i>methotrexate sodium (pf)</i>	51	<i>morphine sulfate er</i>	3
<i>lyllana</i>	47	<i>methoxsalen rapid</i>	27	MOUNJARO.....	29
LYSODREN.....	14	<i>methsuximide</i>	9	MOVANTIK.....	41
<i>lyza</i>	47	METHYLDOPA.....	22	<i>moxifloxacin hcl</i>	8, 60
<i>marlissa</i>	47	<i>methylergonovine maleate</i>	56	<i>moxifloxacin hcl (2x day)</i>	60
MASK VORTEX.....	56	<i>methylphenidate hcl</i>	24	<i>multi prenatal</i>	37
MASK VORTEX/CHILD/FROG.....	56	<i>methylphenidate hcl er</i>	24	MULTISTIX 10 SG.....	32
MASK VORTEX/TODDLER/LADYBU G.....	56	<i>methylphenidate hcl er (cd)</i>	24	<i>mupirocin</i>	8
MASONATAL.....	37	<i>methylphenidate hcl er (la)</i>	24	<i>mupirocin cream</i>	8
MATULANE.....	14	<i>methylphenidate hcl er (osm)</i> ...	24	<i>my choice</i>	47
MAVYRET.....	18	<i>methylprednisolone</i>	42	<i>my way</i>	47
<i>maxi-tuss ac</i>	62	<i>metoclopramide hcl</i>	11	<i>mycophenolate mofetil</i>	51
MAXX.....	56	<i>metolazone</i>	22	<i>mycophenolate sodium</i>	51
MAXX PLUS.....	56	<i>metoprolol succinate er</i>	22	<i>mycophenolic acid</i>	51
<i>meclizine hcl</i>	11	<i>metoprolol tartrate</i>	22	MYFEMBREE.....	47
<i>meclofenamate sodium</i>	4	<i>metoprolol-hydrochlorothiazide</i> ..	22	MYGLUCOHEALTH CONTROL.....	32
MEDISENSE GLUCOSE KETONE CONTR.....	32	<i>metronidazole</i>	8, 27	MYLERAN.....	15
MEDISENSE HI/MID/LOW CONTROL.....	32	<i>mexiletine hcl</i>	22	MYRBETRIQ.....	41
MEDROL.....	42	<i>mibelas 24 fe</i>	47	<i>nabumetone</i>	4
<i>medroxyprogesterone acetate</i> ..	47	<i>miconazole 3</i>	12	<i>nadolol</i>	22
<i>mefloquine hcl</i>	15	MICROCHAMBER.....	56	<i>naloxone hcl</i>	5
<i>megestrol acetate</i>	47	MICRODOT CONTROL HIGH/LOW.....	32	<i>naltrexone hcl</i>	5
MELOXICAM.....	4	<i>microgestin 1.5/30</i>	47	<i>naproxen</i>	4
<i>meloxicam</i>	4	<i>microgestin 1/20</i>	47	<i>naproxen sodium</i>	4
<i>memantine hcl</i>	10	<i>microgestin fe 1.5/30</i>	47	<i>naratriptan hcl</i>	13
MENEST.....	47	<i>microgestin fe 1/20</i>	47	NARCAN.....	5
<i>meperidine hcl</i>	3	MICROLIFE DIGITAL PEAK FLOW.....	56	NATAZIA.....	47
<i>meprobamate</i>	19	MICROSPACER.....	56	<i>nateglinide</i>	29
<i>mercaptopurine</i>	14	<i>midazolam hcl</i>	19	NEBUSAL.....	62
<i>merzee</i>	47	<i>midodrine hcl</i>	22	<i>necon 0.5/35 (28)</i>	47
<i>mesalamine</i>	53	<i>mifepristone</i>	43	<i>nefazodone hcl</i>	11
<i>mesalamine er</i>	53	MIGERGOT.....	13	<i>neomycin sulfate</i>	8
MESNEX.....	15	<i>mili</i>	47	<i>neomycin-bacitracin zn-</i> <i>polymyx</i>	61
<i>metaxalone</i>	65	MINI WRIGHT PEAK FLOW METER.....	56	<i>neomycin-polymyxin-dexameth</i> 60	60
<i>metformin hcl er</i>	29	<i>minocycline hcl</i>	8	<i>neomycin-polymyxin-</i> <i>gramicidin</i>	61
<i>metformin hcl ir</i>	29	<i>mirabegron er</i>	41	<i>neomycin-polymyxin-hc</i>	60, 62
<i>methadone hcl</i>	3	MIRCERA.....	20	NEONATAL PLUS.....	37
<i>methadone hcl intensol</i>	3	<i>mirtazapine</i>	11	NEONATAL PRENATAL.....	37
METHADOSE.....	3	<i>misoprostol</i>	39	NEONATAL VITAMIN.....	37
<i>methadose</i>	3	M-NATAL PLUS.....	37	<i>neo-polycin</i>	61
METHADOSE SUGAR-FREE.....	3	<i>modafinil</i>	65	<i>neo-polycin hc</i>	61
		MODERNA COVID-19 VAC 6M-11Y.....	52	<i>neuac</i>	27
				NEUTEK 2TEK CONTROL.....	32

NEVANAC.....	60	<i>nortrel 1/35 (28)</i>	48	OBTREX DHA.....	37
<i>nevirapine</i>	18	<i>nortrel 7/7/7</i>	48	<i>ocella</i>	48
<i>nevirapine er</i>	18	<i>nortriptyline hcl</i>	11	<i>octreotide acetate</i>	43
<i>new day</i>	47	NORVIR.....	18	ODACTRA.....	56
NEXTSTELLIS.....	47	NOVA MAX PLUS GLU/KET		ODEFSEY.....	18
<i>niacin er (antihyperlipidemic)</i>	22	CONTROL.....	32	OFEV.....	63
NICODERM CQ.....	5	NOVA MAX PLUS KETONE		<i>ofloxacin</i>	60, 62
NICORETTE.....	5	TEST.....	32	<i>olanzapine</i>	16
NICORETTE MINI.....	5	NOVAVAX COVID-19		<i>olmesartan medoxomil</i>	23
NICORETTE STARTER KIT.....	6	VACCINE.....	52	<i>olmesartan medoxomil-hctz</i>	23
<i>nicotine</i>	6	NOVOFINE PEN NEEDLE.....	56	<i>olopatadine hcl</i>	60
<i>nicotine mini</i>	6	NOVOFINE PLUS PEN		<i>omega-3-acid ethyl esters</i>	23
<i>nicotine polacrilex</i>	6	NEEDLE.....	56	<i>omeprazole</i>	39
<i>nicotine polacrilex mini</i>	6	NOVOLIN 70/30 FLEXPEN.....	34	OMNIFLEX DIAPHRAGM.....	56
<i>nicotine step 1</i>	6	NOVOLIN 70/30 FLEXPEN		OMNITROPE.....	43
<i>nicotine step 2</i>	6	RELION.....	34	<i>ondansetron hcl</i>	11, 12
<i>nicotine step 3</i>	6	NOVOLIN 70/30 RELION.....	34	<i>ondansetron odt</i>	12
NICOTROL.....	6	NOVOLIN 70/30 VIAL.....	34	ONE VITE WOMENS.....	37
NICOTROL NS.....	6	NOVOLIN N FLEXPEN.....	34	ONE VITE WOMENS PLUS.....	37
<i>nifedipine</i>	22	NOVOLIN N FLEXPEN		ONE-A-DAY WOMENS	
<i>nifedipine er</i>	22	RELION.....	34	PRENATAL.....	37
<i>nifedipine er osmotic release</i>	22	NOVOLIN N RELION.....	34	ONE-A-DAY WOMENS	
<i>nikki</i>	47	NOVOLIN N VIAL.....	35	PRENATAL 1.....	37
<i>nilutamide</i>	15	NOVOLIN R FLEXPEN.....	35	ONETOUCH DELICA SAFETY	
<i>nimodipine</i>	22	NOVOLIN R FLEXPEN		LANCING.....	32
NINJACOF-XG.....	62	RELION.....	35	ONETOUCH ULTRA 2 KIT	
NITRO-BID.....	22	NOVOLIN R RELION.....	35	W/DEVICE.....	32
NITRO-DUR.....	22	NOVOLIN R VIAL.....	35	ONETOUCH ULTRA BLUE	
<i>nitrofurantoin</i>	8	NOVOLOG 70/30 FLEXPEN		TEST.....	32
<i>nitrofurantoin macrocrystal</i>	8	RELION.....	35	ONETOUCH ULTRA	
<i>nitrofurantoin monohydrate</i>		NOVOLOG FLEXPEN.....	35	CONTROL.....	32
<i>macrocrystals</i>	8	NOVOLOG FLEXPEN		ONETOUCH ULTRA TEST	
<i>nitroglycerin</i>	22	RELION.....	35	STRIPS.....	32
NIVA THYROID.....	49	NOVOLOG MIX 70/30		ONETOUCH VERIO FLEX	
NIVA-PLUS.....	37	FLEXPEN.....	35	SYSTEM.....	32
<i>nora-be</i>	47	NOVOLOG MIX 70/30		ONETOUCH VERIO KIT	
<i>norelgestromin-eth estradiol</i>	47	RELION.....	35	W/DEVICE.....	32
<i>norethin ace-eth estrad-fe</i>	47	NOVOLOG MIX 70/30 VIAL.....	35	ONETOUCH VERIO	
<i>norethindrone</i>	47	NOVOLOG PENFILL.....	35	REFLECT KIT W/DEVICE.....	32
<i>norethindrone acetate</i>	47	NOVOLOG RELION.....	35	<i>opcicon one-step</i>	48
<i>norethindrone acet-ethinyl est</i> ...47		NOVOLOG U-100 VIAL.....	35	OPSUMIT.....	64
<i>norethindrone-eth estradiol</i>	47	NOVOPEN ECHO.....	32	OPTICHAMBER DIAMOND.....	56
<i>norethindron-ethinyl estrad-fe</i> ...47		<i>np thyroid</i>	49	OPTICHAMBER DIAMOND-	
<i>norethin-eth estradiol-fe</i>	47	NUCALA.....	63	LG MASK.....	56
NORGESIC FORTE.....	65	<i>nyamyc</i>	12	OPTICHAMBER DIAMOND-	
<i>norgestimate-eth estradiol</i>	47	<i>nylia 1/35</i>	48	MD MASK.....	57
<i>norgestimate-ethinyl estradiol</i>		<i>nylia 7/7/7</i>	48	OPTICHAMBER DIAMOND-	
<i>triphasic</i>	47	NYMALIZE.....	23	SM MASK.....	57
NORLIQVA.....	23	<i>nystatin</i>	12	<i>option 2</i>	48
<i>norlyroc</i>	47	<i>nystatin-triamcinolone</i>	12	OPTIONS GYNOL II	
NORPACE CR.....	23	<i>nystop</i>	12	CONTRACEPTIVE.....	57
<i>nortrel 0.5/35 (28)</i>	47	NYVEPRIA.....	20	OPVEE.....	6
<i>nortrel 1/35 (21)</i>	47	OBSTETRIX DHA.....	37	ORALAIR.....	57

<i>oralone</i>	25	<i>perphenazine-amitriptyline</i>	11	<i>posaconazole</i>	13
<i>orphenadrine citrate er</i>	65	PERSONAL BEST FULL		<i>potassium chloride</i>	37
ORPHENGESIC FORTE.....	65	RANGE.....	57	<i>potassium chloride crys er</i>	37
OSCIMIN.....	41	PFIZER COVID-19 VAC-TRIS		<i>potassium chloride er</i>	37
<i>oseltamivir phosphate</i>	18	5-11Y.....	52	<i>potassium citrate er</i>	37
OTEZLA.....	51	PFIZER COVID-19 VAC-TRIS		<i>pramipexole dihydrochloride</i>	15
<i>oxaprozin</i>	4	6M-4Y.....	52	PRAMOSONE.....	28
<i>oxazepam</i>	19	<i>phenazo</i>	42	<i>prasugrel hcl</i>	16
<i>oxcarbazepine</i>	9	<i>phenazopyridine hcl</i>	42	<i>pravastatin sodium</i>	23
<i>oxiconazole nitrate</i>	13	<i>phenelzine sulfate</i>	11	<i>praziquantel</i>	15
OXISTAT.....	13	<i>phenobarbital</i>	9	<i>prazosin hcl</i>	23
<i>oxybutynin chloride</i>	41, 42	<i>phenylephrine hcl</i>	61	PRECISION GLUCOSE	
<i>oxybutynin chloride er</i>	41	<i>phenytek</i>	9	KETONE CONTR.....	33
<i>oxycodone hcl</i>	3	<i>phenytoin</i>	10	PRECISION XTRA KETONE...	33
<i>oxycodone-acetaminophen</i>	3	<i>phenytoin infatabs</i>	10	PRECISION XTRA-	
PALFORZIA.....	57	<i>phenytoin sodium extended</i>	10	GLUCOSE/KETONE.....	57
PANDA MASK LARGE.....	57	PHEXXI.....	57	<i>prednisolone</i>	42
PANDA MASK MEDIUM.....	57	<i>philith</i>	48	<i>prednisolone acetate</i>	60
PANDA MASK SMALL.....	57	PHOSPHOLINE IODIDE.....	61	<i>prednisolone sodium</i>	
PANRETIN.....	15	<i>phytonadione</i>	37	<i>phosphate</i>	42, 60
<i>pantoprazole sodium</i>	40	PIKO 1.....	57	<i>prednisone</i>	43
PARI VORTEX ADULT MASK..	57	<i>pilocarpine hcl</i>	25, 61	<i>prednisone intensol</i>	43
<i>paroxetine hcl</i>	11	<i>pimecrolimus</i>	27	<i>pregabalin</i>	25
PATADAY.....	60	<i>pimozide</i>	16	PREHEVBRIO.....	52
PAXLOVID (150/100).....	18	<i>pimtrea</i>	48	PREMARIN.....	48
PAXLOVID (300/100).....	18	<i>pindolol</i>	23	PREMPHASE.....	48
PEAK A-I-R FLOW METER.....	57	<i>pioglitazone hcl</i>	29	PREMPRO.....	48
PEAK AIR PEAK FLOW		<i>pioglitazone hcl-metformin hcl</i> ..	29	PRENATABS FA.....	37
METER.....	57	PIP GLUCOSE CONTROL		PRENATABS RX.....	37
PEAK FLOW METER		SOLUTION.....	32	<i>prenatal</i>	37
UNIVERSAL RANG.....	57	PIP PEN NEEDLES 31G X		<i>prenatal (w/iron & fa)</i>	37
PEDIATRIC PANDA MASK.....	57	5MM.....	57	<i>prenatal 19</i>	37
PEDIATRIC SMALL MASK.....	57	PIP PEN NEEDLES 32G X		<i>prenatal complete</i>	37
<i>peg 3350</i>	41	4MM.....	57	<i>prenatal formula</i>	37
<i>peg 3350-kcl-na bicarb-nacl</i>	41	<i>pirfenidone</i>	63, 64	<i>prenatal forte</i>	37
<i>peg-3350/electrolytes</i>	41	<i>piroxicam</i>	4	<i>prenatal gummies/dha & fa</i>	37
<i>peg-3350/electrolytes/ascorbat</i> ..	41	PLEGRIDY.....	25	<i>prenatal multi +dha</i>	37
PEGASYS.....	18	PLEGRIDY STARTER PACK...	25	PRENATAL MULTIVITAMIN +	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	41	PNEUMOVAX 23.....	52	DHA.....	37
PEN NEEDLE/5-BEVEL TIP.....	57	<i>pnv prenatal plus multivit+dha</i> ..	37	<i>prenatal multivitamin plus dha</i> ..	37
<i>penicillin v potassium</i>	8	<i>pnv-select</i>	37	<i>prenatal one daily</i>	37
<i>pentamidine isethionate</i>	15	POCKET CHAMBER.....	57	<i>prenatal plus vitamin/mineral</i>	38
PENTASA.....	53	POCKET PEAK FLOW		<i>prenatal vitamin and mineral</i>	38
<i>pentazocine-naloxone hcl</i>	4	METER.....	57	<i>prenatal vitamins</i>	38
PENTIPS GENERIC PEN		POCKET SPACER.....	57	<i>prenatal/folic acid+dha</i>	38
NEEDLES.....	57	POCKETCHEM EZ CONTROL	33	<i>prenatal/iron</i>	38
<i>pentoxifylline er</i>	23	POCKETPEAK PEAK FLOW		PRENATAL-U.....	38
PERFECT POINT SAFETY		METER.....	57	<i>prevalite</i>	23
LANCETS.....	32	<i>podofilox</i>	28	PREVNAR 20.....	52
<i>perindopril erbumine</i>	23	<i>polycin</i>	61	PREVYMIS.....	18
<i>periogard</i>	25	<i>polyethylene glycol 3350</i>	41	PREZCOBIX.....	18
<i>permethrin</i>	15	<i>polymyxin b-trimethoprim</i>	61	PREZISTA.....	18
<i>perphenazine</i>	12	<i>portia-28</i>	48	<i>primidone</i>	10

PRO COMFORT SPACER ADULT.....	57	<i>quinapril hcl</i>	23	<i>rimantadine hcl</i>	18
PRO COMFORT SPACER CHILD.....	57	<i>quinapril-hydrochlorothiazide</i>	23	RINVOQ.....	51
PRO COMFORT SPACER INFANT.....	57	<i>quinidine gluconate er</i>	23	RINVOQ LQ.....	51
<i>probenecid</i>	13	<i>quinidine sulfate</i>	23	<i>risedronate sodium</i>	53
PROCARE SPACER/ADULT MASK.....	57	QUINTET CONTROL HIGH/NORMAL.....	33	<i>risperidone</i>	16
PROCARE SPACER/CHILD MASK.....	57	<i>ra folic acid</i>	38	RITEFLO.....	58
PROCHAMBER VHC.....	57	<i>ra mini nicotine</i>	6	<i>ritonavir</i>	18
<i>prochlorperazine</i>	12	<i>ra nicotine</i>	6	<i>rivastigmine tartrate</i>	10
<i>prochlorperazine maleate</i>	12	<i>ra nicotine gum</i>	6	<i>rivelsa</i>	48
PROCTOFOAM HC.....	53	<i>ra nicotine polacrilex</i>	6	<i>rizatriptan benzoate</i>	13
<i>procto-med hc</i>	53	<i>ra prenatal</i>	38	<i>ropinirole hcl</i>	15
<i>proctosol hc</i>	53	<i>ra prenatal formula</i>	38	<i>rosuvastatin calcium</i>	23
<i>proctozone-hc</i>	53	<i>rabeprazole sodium</i>	40	RUKOBIA.....	18
PRODIGY CONTROL SOLUTION.....	33	RAGWITEK.....	58	RYDEX.....	62
<i>progesterone</i>	48	<i>raloxifene hcl</i>	43	SAFETY PEN NEEDLES.....	58
PROGRAF.....	51	<i>ramipril</i>	23	SANDIMMUNE.....	51
<i>promethazine hcl</i>	12	<i>ranolazine er</i>	23	SANTYL.....	28
<i>promethazine-codeine</i>	62	<i>rasagiline mesylate</i>	15	SAVELLA.....	25
<i>promethegan</i>	12	RAYA SURE PEN NEEDLE.....	58	SAVELLA TITRATION PACK...	25
<i>propafenone hcl</i>	23	<i>react</i>	48	<i>scopolamine</i>	12
<i>proparacaine hcl</i>	61	REALITY LATEX CONDOMS...	58	SEGLUROMET.....	29
<i>propranolol hcl</i>	23	REALITY LATEX/ULTRA TEXTURED.....	58	<i>selegiline hcl</i>	15
<i>propranolol hcl er</i>	23	REALITY LATEX/ULTRA THIN	58	<i>selenium sulfide</i>	28
<i>propylthiouracil</i>	49	REBIF.....	25	SEMGLEE (YFGN).....	35
<i>protriptyline hcl</i>	11	REBIF REBIDOSE.....	25	SE-NATAL 19.....	38
PROVIDA OB.....	38	REBIF REBIDOSE TITRATION PACK.....	25	SEREVENT DISKUS.....	64
PULMOZYME.....	64	REBIF TITRATION PACK.....	25	SEROSTIM.....	41
PURE COMFORT FLOW METER ADULT.....	57	<i>reclipsen</i>	48	<i>sertraline hcl</i>	11
PURE COMFORT FLOW METER CHILD.....	58	RECOMBIVAX HB.....	52	<i>setlakin</i>	48
PURE COMFORT SAFETY PEN NEEDLE.....	58	RECTIV.....	23	<i>sevelamer carbonate</i>	42
PURE COMFORT SPACER CHAMBER.....	58	REFUAH PLUS GLUCOSE CONTROL.....	33	<i>sevelamer hcl</i>	42
<i>pyrazinamide</i>	14	REGRANEX.....	28	<i>sf 5000 plus</i>	25
<i>pyridostigmine bromide</i>	14	RELENZA DISKHALER.....	18	<i>sf gel 1.1%</i>	25
<i>pyridostigmine bromide er</i>	14	RELION KETONE TEST.....	33	<i>sharobel</i>	48
<i>qc folic acid</i>	38	RELNATE DHA.....	38	SHINGRIX.....	52
<i>qc nicotine transdermal system</i> ..	6	<i>repaglinide</i>	29	<i>sildenafil citrate</i>	64
<i>qc olopatadine hcl</i>	60	REPATHA.....	23	<i>silver sulfadiazine</i>	8
<i>qc prenatal</i>	38	REPATHA PUSHTRONEX SYSTEM.....	23	SIMBRINZA.....	61
<i>qc vitamin d3</i>	38	REPATHA SURECLICK.....	23	SIMILAC PRENATAL EARLY SHIELD.....	38
<i>quetiapine fumarate</i>	16	RETACRIT.....	20	<i>simliya</i>	48
<i>quetiapine fumarate er</i>	16	REXTOVY.....	6	<i>simpesse</i>	48
QUICKTEK CONTROL SOLUTION.....	33	REYATAZ.....	18	SIMPONI.....	51
		<i>ribavirin</i>	18	<i>simvastatin</i>	23
		RIDAURA.....	51	<i>sirolimus</i>	51
		<i>rifabutin</i>	14	SIVEXTRO.....	8
		<i>rifampin</i>	14	SKYRIZI.....	51
		RIGHTEST GC300 CONTROL	33	SKYRIZI PEN.....	51
		<i>riluzole</i>	25	SLYND.....	48
				<i>sm folic acid</i>	38
				<i>sm nicotine</i>	6
				<i>sm nicotine polacrilex</i>	6
				<i>sm olopatadine hcl</i>	60

<i>sm one daily prenatal</i>	38	<i>sumatriptan succinate refill</i>		<i>thioridazine hcl</i>	16
<i>sm prenatal vitamins</i>	38	<i>subcutaneous solution</i>		<i>thiothixene</i>	16
<i>sm vitamin d</i>	38	<i>cartridge</i>	13	THRIVE.....	6
SMARTEST CONTROL		<i>sunitinib malate</i>	15	THRIVITE RX.....	38
MEDIUM.....	33	SUNLENCA.....	18	<i>thyroid</i>	49
<i>smooth lax</i>	41	SUPREME II HIGH/LOW		<i>tiadylt er</i>	23
<i>sod fluoride-potassium nitrate</i> ...	26	CONTROL.....	33	<i>tilia fe</i>	48
<i>sodium bicarbonate</i>	38	<i>syeda</i>	48	<i>timolol maleate</i>	24, 61
SODIUM BICARBONATE.....	38	SYMBICORT.....	64	<i>timolol maleate (once-daily)</i>	61
<i>sodium chloride</i>	38, 62	SYMTUZA.....	18	<i>timolol maleate ocudose</i>	61
<i>sodium fluoride</i>	26, 38	SYNAREL.....	43	<i>timolol maleate pf</i>	61
<i>sodium fluoride 5000 enamel</i>	26	SYNTHROID.....	49	<i>tiotropium bromide</i>	
<i>sodium fluoride 5000 plus</i>	26	TABLET CUTTER/DELUXE		<i>monohydrate</i>	64
<i>sodium fluoride 5000 ppm</i>	26	SAFETY.....	58	TIVICAY.....	18
<i>sodium fluoride 5000 sensitive</i> ..	26	TABLET CUTTER/SAFETY		TIVICAY PD.....	18
<i>sodium polystyrene sulfonate</i> ...	38	SHIELD.....	58	<i>tizanidine hcl</i>	65
<i>solifenacin succinate</i>	42	TABLOID.....	15	TOBRADEX.....	60
SOLTAMOX.....	15	<i>tacrolimus</i>	28, 51	<i>tobramycin</i>	60, 64
SOLU-CORTEF.....	43	<i>tadalafil (pah)</i>	64	<i>tobramycin-dexamethasone</i>	60
SOLUS V2 CONTROL.....	33	TAI DOC CONTROL.....	33	TOBREX.....	60
<i>sorafenib tosylate</i>	15	<i>take action</i>	48	TODAY SPONGE.....	58
SORILUX.....	28	<i>tamoxifen citrate</i>	15	<i>tolterodine tartrate</i>	42
<i>sotalol hcl</i>	23	<i>tamsulosin hcl</i>	42	<i>tolterodine tartrate er</i>	42
<i>sotalol hcl (af)</i>	23	<i>tarina 24 fe</i>	48	<i>topiramate</i>	10
SPIKEVAX.....	52	<i>tarina fe 1/20 eq</i>	48	<i>toremifene citrate</i>	15
SPIRIVA RESPIMAT.....	64	<i>taysofy</i>	48	<i>torsemide</i>	24
<i>spironolactone</i>	23	<i>tazarotene</i>	28	TPOXX.....	18
<i>spironolactone-hctz</i>	23	TAZAROTENE.....	28	TRACLEER.....	64
<i>sprintec 28</i>	48	TDVAX.....	52	<i>tramadol hcl ir</i>	4
<i>sronyx</i>	48	TECHLITE LANCETS 26G.....	33	<i>tramadol-acetaminophen</i>	4
<i>ssd</i>	8	TECHLITE PLUS PEN		<i>trandolapril</i>	24
STEGLATRO.....	29	NEEDLES.....	58	<i>tranexamic acid</i>	20
STEGLUJAN.....	29	TEGRETOL-XR.....	10	<i>tranylcypramine sulfate</i>	11
STELARA.....	51	<i>telmisartan</i>	23	<i>travoprost (bak free)</i>	61
STRIBILD.....	18	<i>temazepam</i>	65	<i>trazodone hcl</i>	11
STRIVE DUAL ZONE PEAK		TEMBEXA.....	18	TRELEGY ELLIPTA.....	64
FLOW MTR.....	58	<i>temozolomide</i>	15	TREMFYA.....	51
STUART ONE.....	38	TENCON.....	4	<i>tretinoin</i>	28
SUBOXONE.....	6	TENIVAC.....	52	<i>triamcinolone acetonide</i>	26, 28
<i>subvenite</i>	10	<i>tenofovir disoproxil fumarate</i>	18	<i>triamcinolone in absorbbase</i>	28
<i>sucralfate</i>	40	<i>terazosin hcl</i>	42	<i>triamterene-hctz</i>	24
SULCONAZOLE NITRATE.....	13	<i>terbinafine hcl</i>	13	<i>triazolam</i>	19
<i>sulfacetamide sodium</i>	60	<i>terbutaline sulfate</i>	64	TRICARE.....	38
<i>sulfacetamide sodium (acne)</i>	28	<i>terconazole</i>	13	<i>triderm</i>	28
<i>sulfacetamide-prednisolone</i>	61	<i>teriflunomide</i>	25	<i>tri-estarylla</i>	48
<i>sulfadiazine</i>	8	<i>testosterone</i>	43	<i>trifluoperazine hcl</i>	16
<i>sulfamethoxazole-trimethoprim</i> ...	8	<i>testosterone cypionate</i>	43	<i>trifluridine</i>	60
<i>sulfasalazine</i>	53	<i>testosterone enanthate</i>	43	<i>trihexyphenidyl hcl</i>	16
<i>sulfatrim pediatric</i>	8	<i>tetracaine hcl</i>	61	<i>tri-legest fe</i>	48
<i>sulindac</i>	4	THEO-24.....	64	<i>tri-linyah</i>	48
<i>sumatriptan</i>	13	<i>theophylline er</i>	64	<i>tri-lo-estarylla</i>	48
<i>sumatriptan succinate</i>	13	THERANATAL CORE		<i>tri-lo-marzia</i>	48
		NUTRITION.....	38	<i>tri-lo-mili</i>	48

<i>tri-lo-sprintec</i>	48	TRUSTEX RIA	VERIFINE INSULIN SYRINGE .	35
<i>trimethobenzamide hcl</i>	12	LUB/SPERMICIDE.....	VERIFINE PLUS PEN	
<i>trimethoprim</i>	8	TRUSTEX RIA LUBRICATED ..	NEEDLE.....	59
<i>tri-mili</i>	49	TRUSTEX RIA NON-	VERIFINE SAFE LANCET	
<i>trimipramine maleate</i>	11	LUBRICATED.....	MINI 21G.....	33
TGINATAL RX 1.....	38	TRUSTEX-NONOXYNOL-	VERIFINE SAFE LANCET	
TRINATE.....	38	9/RIB/STUD.....	MINI 23G.....	33
<i>tri-sprintec</i>	49	TRUZONE PEAK FLOW	VERIFINE SAFE LANCET	
TRIUMEQ.....	18	METER.....	MINI 28G.....	33
TRIUMEQ PD.....	19	<i>turqoz</i>	VERIFINE SAFE LANCET	
<i>trivora (28)</i>	49	TWINRIX.....	MINI 30G.....	33
<i>tri-vylibra</i>	49	TWIRLA.....	<i>vestura</i>	49
<i>tri-vylibra lo</i>	49	TYBOST.....	<i>vienna</i>	49
TROJAN ENZ.....	58	<i>tydemy</i>	VINATE CARE.....	38
TROJAN MAGNUM.....	58	TYMLOS.....	<i>viorele</i>	49
TROJAN ULTRA RIBBED		TYVASO.....	VIRACEPT.....	19
LUBRICATED.....	58	TYVASO REFILL KIT.....	VIREAD.....	19
TROJAN ULTRA THIN.....	58	TYVASO STARTER KIT.....	<i>vitamin d</i>	39
TROJAN ULTRA		UDENYCA.....	<i>vitamin d (cholecalciferol)</i> ...	38, 39
THIN/SPERMICIDAL.....	58	ULTICARE INSULIN SYR 1/2	<i>vitamin d (ergocalciferol)</i>	39
TROJAN-ENZ LUBRICATED...	58	UNIT.....	<i>vitamin d2</i>	39
TROJAN-ENZ/SPERMICIDAL..	58	ULTIGUARD SAFEPACK	<i>vitamin d3</i>	39
<i>tropicamide</i>	61	SYR/NEEDLE.....	VIVA DHA.....	39
<i>tropium chloride</i>	42	UNIFINE PROTECT PEN	VIVAGUARD INO CONTROL	
<i>tropium chloride er</i>	42	NEEDLE.....	SOLUTION.....	33
TRUE COVER.....	58	UNISTIK NORMAL.....	VIVAGUARD LANCETS 30G...	33
TRUE FOLIC ACID.....	38	UNISTRIP CONTROL.....	VIVAGUARD SAFETY	
TRUE METRIX LEVEL 1.....	33	<i>unithroid</i>	LANCETS 28G.....	33
TRUE METRIX LEVEL 2.....	33	UPTRAVI.....	VIVOTIF.....	53
TRUE METRIX LEVEL 3.....	33	UPTRAVI TITRATION.....	<i>volnea</i>	49
TRUECONTROL GLUCOSE		<i>ursodiol</i>	<i>voriconazole</i>	13
CONT LEV 0.....	33	<i>valacyclovir hcl</i>	VORTEX HOLD	
TRUECONTROL GLUCOSE		<i>valganciclovir hcl</i>	CHMBR/MASK/CHILD.....	59
CONT LEV 1.....	33	<i>valproic acid</i>	VORTEX HOLD	
TRULICITY.....	29	VALSARTAN.....	CHMBR/MASK/TODDLER.....	59
TRUSTEX COLOR		<i>valsartan</i>	VORTEX VALVED HOLDING	
CONDOMS + LUBE.....	58	<i>valsartan-hydrochlorothiazide</i> ...	CHAMBER.....	59
TRUSTEX		<i>vancomycin hcl</i>	VOSEVI.....	19
LUB/RIBBED/STUDDED.....	58	<i>varenicline tartrate</i>	VOWST.....	41
TRUSTEX LUB/SPERMICIDE		<i>varenicline tartrate (starter)</i>	<i>vyfemla</i>	49
EX ST.....	58	<i>varenicline tartrate(continue)</i>	<i>vylibra</i>	49
TRUSTEX LUB/SPERMICIDE		VAXNEUVANCE.....	VYVANSE.....	24
XL.....	58	VCF VAGINAL	<i>warfarin sodium</i>	9
TRUSTEX LUBRICATED.....	58	CONTRACEPTIVE.....	<i>wee care</i>	39
TRUSTEX LUBRICATED EX		<i>velivet</i>	<i>wera</i>	49
LARGE.....	58	<i>venlafaxine hcl</i>	WESNATAL DHA COMPLETE..	39
TRUSTEX LUBRICATED		<i>venlafaxine hcl er</i>	WESTAB PLUS.....	39
EXTRA ST.....	58	<i>verapamil hcl</i>	WIDE-SEAL DIAPHRAGM 60..	59
TRUSTEX		<i>verapamil hcl er</i>	WIDE-SEAL DIAPHRAGM 65..	59
LUBRICATED/SPERMICIDE...	58	VERASENS GLUCOSE	WIDE-SEAL DIAPHRAGM 70..	59
TRUSTEX NATURAL		CONTROL.....	WIDE-SEAL DIAPHRAGM 75..	59
CONDOMS + LUBE.....	58	VERIFINE INSULIN PEN	WIDE-SEAL DIAPHRAGM 80..	59
TRUSTEX NON-LUBRICATED	58	NEEDLE.....	WIDE-SEAL DIAPHRAGM 85..	59

WIDE-SEAL DIAPHRAGM 90..	59
WIDE-SEAL DIAPHRAGM 95..	59
<i>wymzya fe</i>	49
XARELTO.....	9
XARELTO STARTER PACK.....	9
XELJANZ.....	51
XELJANZ XR.....	51
XIFAXAN.....	8
XIGDUO XR.....	29
XOLAIR.....	64
XTANDI.....	15
<i>xulane</i>	49
<i>yl folic acid</i>	39
<i>yuvafem</i>	49
<i>zafemy</i>	49
<i>zaleplon</i>	65
ZANTAC 360 MAX ST.....	40
<i>zenatane</i>	28
<i>zidovudine</i>	19
ZIEXTENZO.....	20
ZIMHI.....	6
<i>ziprasidone hcl</i>	16
ZOKINVY.....	59
ZOLINZA.....	15
<i>zolmitriptan</i>	13
<i>zolpidem tartrate</i>	65
<i>zonisamide</i>	10
<i>zovia 1/35 (28)</i>	49
ZUBSOLV.....	6
<i>zumandimine</i>	49