



2025 Large Group Premium 4-Tier Drug Formulary (IL)

QuartzBenefits.com

This formulary applies to large group (50 employees or more) commercial plans sold in the state of Illinois. People with Quartz drug coverage based in another state should see the non-Illinois formulary documents found at <https://quartzbenefits.com/members/pharmacy-program/covered-drugs/>

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2025 Quartz Large Group Premium 4-Tier Drug Formulary (IL) Information

This Formulary serves members with a Quartz Large Group Commercial (50 employees or more) employer-sponsored health plan based in the state of Illinois whose prescription drug benefit plan has four cost shares. Some of these benefits may include an additional value tier cost share.

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. For a detailed explanation of the pharmacy benefit, refer to the [Pharmacy Frequently Asked Questions](#) page 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 Illinois large group commercial policies. Certain drugs on the formulary may not be covered by your specific plan.

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

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

This means that even though a drug is listed on this formulary, it may not be covered by your specific benefit plan. Please see your Quartz Prescription Drug Benefit Rider or contact Member Services at (800) 496-7509 to verify your coverage.

For information about drug coverage on the medical benefit, please go to the [Medication Prior Authorization – clinically administered prior authorization list](#) 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, Hadlima, etc.), are also listed in capitalized text.

The **Drug Tier** column identifies which plan cost share applies to the drug and **Notes** contains indicators that may limit coverage of specific drugs or other coverage information.

Large Group Premium 4-Tier Formulary Tier Key: how formulary tiers match up to plan cost shares.*

Tier Abbreviation	Tier Description
\$0	Zero-dollar cost share – covered at \$0
T1/Value	Preferred Generic drugs – covered at the Value tier cost share if your benefit plan includes this benefit.** Covered at the tier 1 cost share for benefits without the value tier.
T1	Preferred Generic drugs – covered at the tier 1 cost share
T2	Preferred Brand drugs – covered at the tier 2 cost share
T3	Non-Preferred drugs – includes brand formulations and high-cost generics – covered at the tier 3 cost share
T4	Specialty drugs – covered at the tier 4 cost share

***Persons with deductible plans and plans with coinsurance cost shares pay based on the full cost of the drug regardless of formulary tier until plan deductible and/or maximum out-of-pocket values are met (except for drugs covered at \$0).**

**** Please refer to the plan Summary of Benefits documents or contact Member Services at (800) 496-7509 to check to see if your plan has this benefit.**

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 90-day supplies.

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 encourages the use of generic medications and biosimilars when they are available to help lower health care costs. 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 laws that affect cost share. The maximum cost share that can be applied to these medications is \$0 per 30-day fill 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.

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. A list of covered preventative drugs and the qualifications for coverage is included at the end of this formulary. Some drugs may have coverage indicators in the **Notes** column that will describe what uses are included.

Formulary Notes – 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.

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 *Prior Authorization* request form can be obtained through Member Services or via the Quartz website at www.QuartzBenefits.com. Please note: *The Medication Prior Authorization* 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 listed with an SP-QTZ or SP-ORX in the formulary **Notes** column 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 the [Optum website](#).

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 Prior Authorization request form for consideration of coverage.

Value Tier (Value): Some drugs have been shown to improve the overall health of people with health problems like high blood pressure, high blood sugars (diabetes mellitus), and breathing difficulties (asthma) when taken daily. For members whose plan includes the Value Tier/RX Outcomes benefit, the preferred brand drugs noted as Value in the **Notes** section will process with the value tier copay. This only applies to plans with the value tier benefit. Please refer to the plan Summary of Benefits documents or contact Member Services at (800) 496-7509 to check to see if your plan has this benefit.

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 refer to the plan Summary of Benefits documents or 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

Preventive care medications for Large Group Commercial

To help keep you healthy, Quartz covers certain preventive care drugs at \$0 cost-share – without charging a copay, coinsurance, or deductible. We will even cover the preventive care drugs on this list at \$0 cost-share even if they are not listed on the drug formulary (covered drug list) or are listed on a cost-sharing tier on the formulary. For these medications to be covered, they must be:

- Prescribed by a health care professional (unless not required by your specific state)
- Age or condition-specific as recommended by the U.S. Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices (ACIP), etc.
- Filled at a network pharmacy

To find a network pharmacy near you, use our Find A Pharmacy tool at QuartzBenefits.com/FindAPharmacy.

Please keep in mind:

- Based on your health plan and state, utilization management (i.e., prior authorization, step therapy, and quantity limits) may apply to the drugs listed below
- If you get these drugs at an out-of-network pharmacy, they will not be covered, and you may have to pay the full cost for them
- Certain dosage forms or strengths of a drug may not be \$0 cost-share even though the drug name appears on this list
- If you do not meet the recommendations for preventive use of the drug, you may have to pay the benefit cost-share or may not be covered at all
- Generic or brand status of drugs is subject to change due to updates in the market
- This list is subject to change without prior notice

USPSTF A & B recommended drugs and supplements

Drug/Supplement name	Reason and covered population
Aspirin 81 mg (OTC)	<ul style="list-style-type: none"> • To prevent preeclampsia (very high blood pressure) during pregnancy • Covered at \$0 cost-share for persons aged 54 years and younger
<ul style="list-style-type: none"> • Folic acid 400 and 800 mcg (OTC) • Prenatal vitamins with 400-800 mcg of folic acid (Various – OTC) 	To prevent birth defects during pregnancy
<ul style="list-style-type: none"> • Bisacodyl 5 mg (OTC) • Magnesium citrate solution (OTC) • Polyethylene glycol (PEG) 3350 (generic Miralax products – OTC) • PEG 3350/electrolytes (Gavilyte-C) • PEG 3350/electrolytes (generic Golytely, Gavilyte-G) • PEG 3350/NaCl/NaBicarbonate/KCL (generic Nulytely) 	<ul style="list-style-type: none"> • Bowel preparation for colonoscopy for preventive colon cancer screening • Covered at \$0 cost-share for two fills per year for persons aged 45-75 years

Drug/Supplement name	Reason and covered population
Fluoride 0.25 mg, 0.5 mg, 1 mg, and 0.125 mg drops (does NOT include dental pastes or rinses)	To prevent dental cavities when water sources do not contain fluoride
Metformin 500 mg, 850 mg, 1000 mg, 500 mg ER, 750 mg ER	<ul style="list-style-type: none"> To prevent the conversion of prediabetes to diabetes Covered at \$0 cost-share for persons aged 35-70 years when the pharmacy submits a submission clarification code indicating a diagnosis of prediabetes

Tobacco cessation drugs

For help quitting smoking or using other tobacco products, these preventive drugs are available at \$0 cost-share for up to 180 days per calendar year. After 180 days of treatment, your plan's cost-share will apply to the covered drugs listed on the formulary. Utilization management may apply based on product and state.

Drug name
<ul style="list-style-type: none"> Nicotine gum (OTC) Nicotine lozenges (OTC) Nicotine patches (OTC) Bupropion 150 mg sustained release tab Nicotine inhaler Nicotine nasal spray Varenicline

Human Immunodeficiency Virus (HIV) preventive drugs

For members who are at high risk for becoming infected with HIV but are not yet infected, these drugs are available at a \$0 cost-share. When used for the treatment of HIV infection, we will process these claims with the normal plan cost-share.

Drug name	Covered population
<ul style="list-style-type: none"> Descovy Emtricitabine-tenofovir 200/300 mg (generic Truvada) Tenofovir (generic Viread) 	Claims will process at \$0 cost share if there are no other antivirals used to treat HIV in the drug claim history

Breast cancer prevention drugs

For members at a higher risk for breast cancer, these medications are available at a \$0 cost-share. If members use these drugs for other reasons, they will process with a normal plan cost-share unless a copay waiver request is submitted and approved.

Drug name	Covered population
<ul style="list-style-type: none"> Anastrozole Exemestane Raloxifene Tamoxifen 	<ul style="list-style-type: none"> Covered for persons aged 35 or older at increased risk for the first occurrence of breast cancer A copay waiver must be submitted for a \$0 cost-share to apply

Statin preventive drugs

The USPSTF recommends the use of a statin drug to prevent cardiovascular events such as a heart attack or stroke in persons who have one or more risk factors for cardiovascular disease (high cholesterol, diabetes, high blood pressure, smoking, etc.) and have an elevated risk for a cardiovascular event. Outside the covered population, we will process claims for these drugs for members with a normal plan cost-share.

Drug name	Covered population
<ul style="list-style-type: none"> Atorvastatin 10 mg and 20 mg Lovastatin – all strengths Pravastatin – all strengths Rosuvastatin – all strengths Simvastatin – all strengths 	Covered at \$0 cost-share for persons aged 40-75 years

Birth control products for women's health

These drugs and other products are available at \$0 cost-share for members who would like to consider family planning options. Utilization management may apply based on product and state.

Contraception type	Covered generic drug name	Equivalent brand drug name*
Birth control caps and diaphragms		Caya Femcap Omniflex Wide-Seal
		Natazia
Combination birth control pills	Afimelle, Aubra, Aviane, Delyla, Falmina, Lessina, Levorgestrel/ethinyl estradiol, Lutera, Orsythia, Sronyx, Tyblume, Vienna	Alesse
	Drospirenone/ethinyl estradiol	Beyaz

*Only the generic formulation is covered by the plan if available

Contraception type	Covered generic drug name	Equivalent brand drug name*
Combination birth control pills (continued)	Necon 0.5/35, Nortrel 0.5/35, Wera 0.5/35	Brevicon 0.5/35
	Velivet Pak	Cyclessa Pak
	Ethinyl estradiol/ethynodiol 1/35, Keknor 1/35, Zovia 1/35	Demulen 1/35
	Ethinyl estradiol/ethynodiol 1/50, Kelnor 1/50	Demulen 1/50
	Apri, Cyred, Desogestrel/ethinyl estradiol, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen, Solia	Desogen-28, Ortho-Cept
	Norethindrone/ethinyl estradiol FE, Tilia FE, Tri-Legest FE	Estrostep FE
	Norethindrone/ethinyl estradiol FE chew, Wymzya FE	Generess FE
	Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Tarina 24 FE	Loestrin 24 FE
	Aurovela 1/20, Junel 1/20, Larin 1/20, Microgestin 1/20, Norethindrone/ethinyl estradiol 1/20	Loestrin 1/20
	Aurovela 1.5/30, Hailey 1.5/30, Junel 1.5/30, Larin 1.5/30, Microgestin 1.5/30, Norethindrone/ethinyl estradiol 1.5/30	Loestrin 1.5/30
	Aurovela FE 1/20, Blisovi FE 1/20, Hailey FE 1/20, Junel FE 1/20, Larin FE 1/20, Microgestin FE 1/20, Norethindrone/ethinyl estradiol FE 1/20, Tarina FE 1/20	Loestrin FE 1/20
	Aurovela FE 1.5/30, Blisovi FE 1.5/30, Hailey FE 1.5/30, Junel FE 1.5/30, Larin FE 1.5/30, Microgestin FE 1.5/30, Norethindrone/ethinyl estradiol FE 1.5./30	Loestrin FE 1.5/30
	Cryselle-28, Elinest, Low-Ogestrel	Lo/Ovral-28
	Camrese Lo, Levonorgestrel/ethinyl estradiol, Lojaimiess	LoSeasonique
	Amethyst, Dolishale, levonorgestrel/ethinyl estradiol 90-20 mcg	Lybrel
	Charlotte 24 FE, Finzala FE, norethindrone/ethinyl estradiol FE	Minastrin 24 FE
	Azurette, desogestrel/ethinyl estradiol, Kariva, Pimtrea, Simliya, Viorele, Volnea	Mircette 28 day
	Altavera, Ayuna, Chateal, Kurvelo, Levonorgestrel/ethinyl estradiol, Levora-28, Marlissa, Portia-28	Nordette-28
	Estarylla, Mili, Mono-Linyah, norgestimate/ethinyl estradiol, Sprintec-28, Vylibra	Ortho-Cyclen
	Alyacen 1/35, Dasetta 1/35, Necon 1/35, Nortrel 1/35, Nylia 1/35	Ortho-Novum 1/35

*Only the generic formulation is covered by the plan if available

Contraception type	Covered generic drug name	Equivalent brand drug name*
Combination birth control pills (continued)	Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7	Ortho-Novum 7/7/7
	Norgestimate/ethinyl estradiol, Tri-Estarylla, Tri-Femynor, Tri-Linyah, Tri-Mili, Tri-Nymyo, Tri-Sprintec, Tri-Vylibra, Trinessa	Ortho Tri-Cyclen
	Norgestimate/ethinyl estradiol, Tri Lo-Estarylla, Tri Lo-Marzia, Tri Lo-Mili, Tri Lo-Sprintec, Tri-Vylibra Lo	Ortho Tri-Cyclen Lo
	Balziva, Briellyn, Philith, Vyfemla	Ovcon-35
	Levonorgestrel/ethinyl estradiol, Rivelsa	Quartette
	Drospirenone/ethinyl estradiol, Tydemy	Safyral
	Iclevia, Introvale, Jolessa, levonorgestrel/ethinyl estradiol, Setlakin	Seasonale
	Ashlyna, Camrese, Daysee, Jaimiess, levonorgestrel/ethinyl estradiol, Simpresse	Seasonique
	Gemmily, Merzee, norethindrone/ethinyl estradiol, Taysofy	Taytulla
	Aranelle, Leena	Tri-Norinyl
	Enpresse-28, Levonest, levonorgestrel/ethinyl estradiol, Trivora-28	Triphasil
	Drospirenon/ethinyl estradiol, Ocella, Syeda, Zumandimine	Yasmin 28
Drospirenone/ethinyl estradiol, Jasmiel, Lo-Zumandimine, Loryna, Nikki, Vestura	Yaz	
Progestin only birth control pills	Camila, Debiltane, Errin, Heather, Incassia, Jencycla, Lyleq, Lyza, Nora-BE, norethindrone, Norlyda, Norlyroc, Sharobel	Micronor, Nor-QD
Birth control rings	Annovera, EluRyng, etonogestrel/ethinyl estradiol, Haloette	NuvaRing
Birth control patches	Xulane, Zafemy	Ortho Evra
Birth control shots	Medroxyprogesterone 150	Depo-Provera
Emergency birth control		Ella
	Aftera, EContra OS, levonorgestrel, My Choice, My Way, New Day, Opcon, Option 2, React, Take Action (OTC)	Plan B
Contraceptive films		VCF vaginal (OTC)

*Only the generic formulation is covered by the plan if available
OTC = available over-the-counter

Contraception type	Covered generic drug name	Equivalent brand drug name*
Contraceptive foams		VCF vaginal (OTC)
Contraceptive gels		Gynol II, VCF vaginal (OTC)
Condoms		Durex, Kimono, Trustex, FC2 Female (OTC)
Sponges		Today (OTC)
Intrauterine devices (IUDs) and implants		Kyleena
		Liletta
		Mirena
		Nexplannon
		Paragard
		Skyla

Vaccinations

Quartz covers the immunizations and vaccines that the Center for Disease Control and Prevention's ACIP committee recommends for routine use at \$0 cost-share. Some immunizations may be covered by your medical benefit and not at the pharmacy. We cover these listed vaccines at the pharmacy with the noted coverage limits.

Disease (vaccine name)	Coverage limits (if applicable)
COVID-19 (Comirnaty, Novavax, Spikevax)	
Dengue Fever (Dengvaxia)	For persons aged 9-16 years
Flu/Influenza (Afluria, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, FluMist, Fluzone High-Dose, Fluzone)	<ul style="list-style-type: none"> FluMist is covered for persons aged 2-49 years Fluad and Fluzone HD are covered for persons aged 65 years and older
Haemophilus influenzae type b (Acthib, Hiberix, PedavaxHB)	Covered for persons aged 6 years and younger
Hepatitis A (Havrix, Vaqta)	
Hepatitis B (Engerix-B, Heplisav-B, PreHevbrio, Recombivax-HB)	Heplisav-B and Prehevbrio are covered for persons aged 18 years and older

*Only the generic formulation is covered by the plan if available
 OTC = available over-the-counter

Disease (vaccine name)	Coverage limits (if applicable)
Hepatitis A/B (Twinrix)	
Human Papiloma Virus/HPV (Gardasil-9)	Covered for persons aged 9–45 years
Measles, Mumps, Rubella (M–M–R II, PRIORIX)	
MMR and Varicella (Proquad)	
Meingococcal (Bexsero, Menquadfi, Menveo, Penbraya, Trumenba)	
Pneumococcal (Capvaxive, Pneumovax 23, Prevnar 20, Vaxneuvance)	
Poliovirus (Ipol)	Covered for persons aged 17 years and younger
Respiratory Syncytial Virus/RSV (Abrysvo, Arexvy, Beyfortus, mRESVIA)	<ul style="list-style-type: none"> • Abrysvo is covered for persons aged 60 years and older or when the pharmacy enters a submission clarification code confirming pregnancy • Arexvy and mRESVIA are covered for persons aged 60 years and older • Beyfortus is covered for persons aged 24 months and younger
Rotavirus (Rotarix, Rotateq)	Covered for persons aged 8 months and younger
Smallpox Mpox (Jynneos)	Covered for persons aged 18 years and older
Tetanus, diptheria/Td (TDVAX, Tenivac, Tet/Dip)	
Tetanus, diptheria, pertussis/Tdap (Adacel, Boostrix, Daptacel)	
Tetanus, diptheria, pertussis, polio (Quadracel, Kinrix)	
Tetanus, diptheria, pertussis, polio, haemophilus influenzae B (Pentacel)	
Tetanus, diptheria, pertussis, polio, hepatitis B (Infanrix, Pediarix)	
Tetanus, diptheria, pertussis, polio, hepatitis B, haemophilus influenzae B (Vaxelis)	
Varicella/Chickenpox (Varivax)	
Zoster/Shingles (Shingrix)	Covered for persons aged 19 years and older

*Only the generic formulation is covered by the plan if available
 OTC = available over-the-counter

Frequently asked questions – Preventive care drug coverage

What happens if a generic drug becomes available?

Newly launched FDA-approved generic equivalents may replace prescription brand drugs.

What if my provider says I need a birth control product that is not on this list?

This list includes at least one form of birth control from each FDA-approved category. If your provider prescribes birth control that is not on this list and is medically necessary, submit a [Health Care Reform copay waiver](#) or [Medication prior authorization form](#), and it may be covered at \$0 cost-share. Some forms of birth control, such as intrauterine devices (IUDs) or implants, may be available through your medical benefits.

Is my plan required to cover contraceptives?

If your employer elects a religious or moral exemption, contraceptives may not be covered at \$0 cost-share for your plan. Please check with your Human Resources department to determine if your employer has elected not to cover contraceptives at \$0 cost-share.

What if my provider prescribes a bowel preparation for my preventive colonoscopy that is not on this list?

You can ask your provider for a prescription for one of the drugs on this list. If it is medically necessary to use a different bowel preparation, you may work with your provider to submit a [Health Care Reform copay waiver](#) or [Medication prior authorization form](#) for review, and it may be covered at \$0 cost-share. Note, bowel preparations that are NOT preventive are not required to be covered at \$0 cost-share.

What if my provider says I need a HIV PrEP drug that is not on this list?

If your provider prescribes a HIV preventive drug that is not on our list, it may be covered at a \$0 cost-share if determined to be medically necessary. Work with your provider to submit a [Health Care Reform copay waiver](#) or [Medication prior authorization form](#) for review. We may cover some forms of HIV PrEP under your medical benefits.

Will this drug list change?

Drug lists can and do change, so checking is always a good idea. Products may be removed from the market, the laws governing coverage may change, or recommendations from groups such as ACIP or USPSTF may change. Please call Optum Member Services at **(800) 496-7509 (TTY: 711)** if you have questions about coverage.

Large Group Premium 4-Tier Formulary - IL

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
<i>acetaminophen intravenous solution</i>	T1	
<i>acetaminophen-codeine</i>	T1	QL
ALLZITAL	T3	PA
<i>apap-caff-dihydrocodeine</i>	T1	QL
<i>ascomp-codeine</i>	T1	
<i>bac</i>	T1	
BELBUCA	T2	PA; QL
<i>buprenorphine</i>	T1	PA; QL
<i>buprenorphine hcl injection</i>	T1	
<i>butalbital-acetaminophen oral capsule</i>	T1	PA
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T1	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	
<i>butalbital-apap-caff-cod</i>	T1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T1	
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	T1	PA
<i>butalbital-apap-caffeine oral tablet</i>	T1	
<i>butalbital-asa-caff-codeine</i>	T1	
<i>butalbital-aspirin-caffeine</i>	T1	
<i>butorphanol tartrate injection</i>	T1	
<i>butorphanol tartrate nasal</i>	T1	QL
<i>codeine sulfate</i>	T1	QL
DEMEROL	T3	
DILAUDID INJECTION	T3	
DURAMORPH	T3	
<i>endocet</i>	T1	QL
ESGIC	T3	PA
<i>fentanyl</i>	T1	PA; QL
<i>fentanyl citrate buccal lozenge on a handle</i>	T1	PA; QL
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 250 MCG/5ML	T3	
<i>fentanyl citrate solution prefilled syringe 100 mcg/2ml injection</i>	T1	
FENTANYL CITRATE SOLUTION PREFILLED SYRINGE 100 MCG/2ML INJECTION	T3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1.25-0.9 MG/250ML-%	T3	

Drug Name	Drug Tier	Notes
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 1000-0.9 MCG/50ML-%, 5-0.9 MCG/ML-%, 550-0.9 MCG/55ML-%	T3	
FENTANYL CITRATE-NACL SOLUTION 1-0.9 MG/100ML-% INTRAVENOUS	T3	
FENTANYL CITRATE-NACL SOLUTION 2.5-0.9 MG/250ML-% INTRAVENOUS	T3	
FENTANYL CITRATE-NACL SOLUTION 2-0.9 MG/100ML-% INTRAVENOUS	T3	
FENTANYL CITRATE-NACL SOLUTION PREFILLED SYRINGE 500-0.9 MCG/50ML-% INTRAVENOUS	T3	
<i>hydrocodone bitartrate er</i>	T1	PA; QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml</i>	T1	PA; QL
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1	QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	T1	QL
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	T1	PA; QL
<i>hydrocodone-ibuprofen</i>	T1	QL
<i>hydromorphone hcl er</i>	T1	PA; QL
<i>hydromorphone hcl injection solution 0.25 mg/0.5ml, 4 mg/ml</i>	T1	
HYDROMORPHONE HCL INJECTION SOLUTION 0.5 MG/ML	T3	
HYDROMORPHONE HCL INTRAVENOUS	T3	
<i>hydromorphone hcl oral</i>	T1	QL
<i>hydromorphone hcl pf</i>	T1	
<i>hydromorphone hcl solution 0.2 mg/ml injection</i>	T1	
HYDROMORPHONE HCL SOLUTION 0.2 MG/ML INJECTION	T3	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	T3	
<i>hydromorphone hcl solution 1 mg/ml injection</i>	T1	
<i>hydromorphone hcl solution 2 mg/ml injection</i>	T1	
HYDROMORPHONE HCL-NACL INTRAVENOUS	T3	

Drug Name	Drug Tier	Notes
HYDROMORPHONE HCL-NACL SOLUTION 20-0.9 MG/100ML-% INJECTION	T3	
HYSINGLA ER	T2	PA; QL
INFUMORPH 200	T3	
INFUMORPH 500	T3	
<i>levorphanol tartrate oral</i>	T1	PA; QL
<i>meperidine hcl injection</i>	T1	
<i>meperidine hcl oral solution</i>	T1	QL
<i>meperidine hcl tablet 50 mg oral</i>	T1	QL
<i>meperidine hcl tablet 50 mg oral</i>	T1	PA; QL
<i>methadone hcl injection</i>	T1	
<i>methadone hcl intensol</i>	T1	
<i>methadone hcl oral concentrate</i>	T1	
<i>methadone hcl oral solution</i>	T1	
<i>methadone hcl oral tablet</i>	T1	PA
<i>methadone hcl oral tablet soluble</i>	T1	
METHADONE HCL-NACL	T3	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	T3	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T3	
<i>methadose oral tablet soluble</i>	T1	
METHADOSE SUGAR-FREE	T3	
<i>mitigo</i>	T1	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T1	QL
<i>morphine sulfate (pf)</i>	T1	
<i>morphine sulfate er</i>	T1	PA; QL
<i>morphine sulfate er beads</i>	T1	PA; QL
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	T3	
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	T1	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	T3	
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 8 mg/ml</i>	T1	
<i>morphine sulfate oral</i>	T1	QL
<i>morphine sulfate solution 50 mg/ml intravenous</i>	T1	

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Drug Name	Drug Tier	Notes
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	T3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
MORPHINE SULFATE-NACL SOLUTION 1-0.9 MG/ML-% INTRAVENOUS	T3	
MORPHINE SULFATE-NACL SOLUTION 100-0.9 MG/100ML-% INTRAVENOUS	T3	
MORPHINE SULFATE-NACL SOLUTION 50-0.9 MG/50ML-% INTRAVENOUS	T3	
<i>nalbuphine hcl injection</i>	T1	
NALOCET	T3	PA; QL
<i>oxycodone hcl oral capsule</i>	T1	QL
<i>oxycodone hcl oral concentrate</i>	T1	QL
<i>oxycodone hcl oral solution</i>	T1	QL
<i>oxycodone hcl oral tablet</i>	T1	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	T3	PA; QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	T3	QL
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	T3	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	QL
OXYCONTIN	T2	PA; QL
<i>oxymorphone hcl</i>	T1	QL
<i>oxymorphone hcl er</i>	T1	PA; QL
<i>pentazocine-naloxone hcl</i>	T1	QL
PROLATE	T3	PA; QL
<i>remifentanil hcl</i>	T1	
TENCON	T3	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	T1	PA; QL
<i>tramadol hcl er</i>	T1	PA; QL
<i>tramadol hcl oral tablet 100 mg, 50 mg</i>	T1	QL
<i>tramadol hcl oral tablet 25 mg, 75 mg</i>	T1	PA; QL
<i>tramadol-acetaminophen</i>	T1	QL
TREZIX	T3	QL
ULTIVA	T3	
XTAMPZA ER	T2	PA; QL

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	T3	PA
CALDOLOR	T3	
<i>celecoxib oral</i>	T1	QL
COMBOGESIC	T3	
DAYPRO	T3	
<i>diclofenac potassium oral capsule</i>	T1	ST
<i>diclofenac potassium oral tablet 25 mg</i>	T1	PA
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac-misoprostol</i>	T1	PA
<i>diflunisal oral</i>	T1	
DOLOBID	T3	ST
EC-NAPROSYN	T3	PA
<i>ec-naproxen</i>	T1	PA
<i>etodolac</i>	T1	
<i>etodolac er</i>	T1	
<i>fenoprofen calcium oral</i>	T1	PA
<i>flurbiprofen oral</i>	T1	
<i>ibuprofen lysine</i>	T1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1/Value	
INDOCIN	T3	ST
<i>indomethacin er</i>	T1	
<i>indomethacin oral capsule 25 mg</i>	T1/Value	
<i>indomethacin oral capsule 50 mg</i>	T1	
<i>indomethacin oral suspension</i>	T1	ST
<i>indomethacin rectal suppository 50 mg</i>	T1	ST
<i>indomethacin sodium</i>	T1	
<i>ketoprofen er</i>	T1	PA
<i>ketoprofen oral capsule 25 mg</i>	T1	PA
<i>ketoprofen oral capsule 50 mg</i>	T1	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	T1	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	T1	
<i>ketorolac tromethamine oral</i>	T1	QL

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Drug Name	Drug Tier	Notes
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	T3	
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	T1	
KIPROFEN	T3	PA
LODINE	T3	
LOFENA	T3	ST
<i>meclofenamate sodium oral</i>	T1	PA
<i>mefenamic acid oral</i>	T1	PA
<i>meloxicam oral capsule</i>	T1	PA
MELOXICAM ORAL SUSPENSION	T3	ST
<i>meloxicam oral tablet</i>	T1/Value	
<i>nabumetone oral</i>	T1	
NAPRELAN	T3	PA
NAPROSYN	T3	PA
<i>naproxen dr</i>	T1	PA
<i>naproxen oral suspension</i>	T1	PA
<i>naproxen oral tablet 250 mg</i>	T1	
<i>naproxen oral tablet 375 mg, 500 mg</i>	T1/Value	
<i>naproxen oral tablet delayed release</i>	T1	PA
<i>naproxen sodium er</i>	T1	PA
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>naproxen-esomeprazole mg</i>	T1	PA; QL
NEOPROFEN	T3	
<i>oxaprozin oral tablet</i>	T1	
<i>piroxicam oral</i>	T1	
<i>sulindac oral</i>	T1	
<i>tolmetin sodium</i>	T1	PA
TRIFENA PAIN RELIEF	T3	
Anesthetics		
ARTICADENT DENTAL	T3	
<i>bupivacaine hcl (pf)</i>	T1	
<i>bupivacaine hcl (pf)</i>	T1	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)	T3	
<i>bupivacaine hcl solution 0.25 % injection</i>	T1	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	T3	
<i>bupivacaine hcl solution 0.5 % injection</i>	T1	

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Drug Name	Drug Tier	Notes
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	T3	
<i>bupivacaine-epinephrine</i>	T1	
<i>bupivacaine-epinephrine (pf)</i>	T1	
<i>chloroprocaine hcl (pf)</i>	T1	
COCAINE HCL NASAL	T3	
<i>ethyl chloride</i>	T1	
EXPAREL	T3	
GEBAUERS PAIN EASE	T3	
GEBAUERS SPRAY AND STRETCH	T3	
<i>glydo</i>	T1	
L.E.T.	T3	
L.E.T. (RACEPINEPHRINE)	T3	
<i>lidocaine external patch 5 %</i>	T1	
LIDOCAINE HCL (BUFFERED)	T3	
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 200 MG/10ML, 60 MG/3ML	T3	
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml</i>	T1	
<i>lidocaine hcl (cardiac) pf</i>	T1	
<i>lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous</i>	T1	
LIDOCAINE HCL (CARDIAC) SOLUTION PREFILLED SYRINGE 100 MG/5ML INTRAVENOUS	T3	
<i>lidocaine hcl (pf)</i>	T1	
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine hcl injection solution 0.5 %</i>	T1	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	T3	
<i>lidocaine hcl solution 1 % injection</i>	T1	
LIDOCAINE HCL SOLUTION 1 % INJECTION	T3	
<i>lidocaine hcl solution 2 % injection</i>	T1	
LIDOCAINE HCL SOLUTION 2 % INJECTION	T3	
<i>lidocaine hcl urethral/mucosal</i>	T1	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	T3	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	T1	
<i>lidocaine ointment 5 % external</i>	T1	

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Drug Name	Drug Tier	Notes
LIDOCAINE(BUFFERD)-EPINEPHRINE	T3	
LIDOCAINE-EPINEPHRINE (3 ML)	T3	
LIDOCAINE-EPINEPHRINE (PF) INJECTION SOLUTION 1 %-1:100000	T3	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200000</i>	T1	
<i>lidocaine-epinephrine (pf) solution 2 %-1:200000 injection</i>	T1	
LIDOCAINE-EPINEPHRINE (PF) SOLUTION 2 %-1:200000 INJECTION	T3	
<i>lidocaine-epinephrine injection</i>	T1	
<i>lidocaine-prilocaine external cream</i>	T1	
LIDOCAINE-SODIUM BICARBONATE	T3	
LIDO-RACEPINEPHRINE-TETRACAINE	T3	
MARCAINE	T3	
MARCAINE PRESERVATIVE FREE	T3	
MARCAINE/EPINEPHRINE	T3	
MARCAINE/EPINEPHRINE PF	T3	
MONOJECT BONE MARROW BIOPSY	T3	
NAROPIN INJECTION SOLUTION 10 MG/ML	T3	
NAROPIN SOLUTION 5 MG/ML INJECTION	T3	
NAROPIN SOLUTION 7.5 MG/ML INJECTION	T3	
NESACAINE	T3	
NESACAINE-MPF	T3	
ORABLOC	T3	
PLIAGLIS	T3	PA
POLOCAINE	T3	
POLOCAINE-MPF	T3	
PREPILV SUPPLY	T3	
<i>ropivacaine hcl injection solution</i>	T1	
ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.5 %	T3	
ROPIVACAINE HCL-NAACL INJECTION	T3	
SENSORCAINE	T3	
SENSORCAINE/EPINEPHRINE	T3	
SENSORCAINE-MPF	T3	
SENSORCAINE-MPF/EPINEPHRINE	T3	
STERILE TOPICAL L.E.T. GEL	T3	
TOPICAL L.E.T.	T3	

Drug Name	Drug Tier	Notes
VENIPUNCTURE PX1 PHLEBOTOMY	T3	
XYLOCAINE	T3	
XYLOCAINE/EPINEPHRINE	T3	
XYLOCAINE-MPF	T3	
XYLOCAINE-MPF/EPINEPHRINE	T3	
Anti-Addiction / Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	T1/Value	
BRIXADI	T4	
BRIXADI (WEEKLY)	T4	
<i>buprenorphine hcl sublingual</i>	T1	
<i>buprenorphine hcl-naloxone hcl</i>	T1/Value	
<i>bupropion hcl er (smoking det)</i>	T1/Value	\$0 for 180 days/year; QL
<i>disulfiram oral</i>	T1/Value	
KLOXXADO	\$0	
<i>lofexidine hcl</i>	T1/Value	
LUCEMYRA	T2	
NALMEFENE HCL	T3	
<i>naloxone hcl injection</i>	\$0	
<i>naloxone hcl nasal</i>	\$0	
<i>naltrexone hcl oral</i>	T1	
NARCAN	\$0	
NICOTROL	T2	\$0 for 180 days/year
NICOTROL NS	T2	\$0 for 180 days/year
OPVEE	T2	
REXTOVY	\$0	
RIVIVE	\$0	
SUBLOCADE	T4	
SUBOXONE	T2	
<i>varenicline tartrate</i>	T1	\$0 for 180 days/year; QL
<i>varenicline tartrate (starter)</i>	T1	\$0 for 180 days/year; QL
<i>varenicline tartrate(continue)</i>	T1	\$0 for 180 days/year; QL
VIVITROL	T2	
ZIMHI	\$0	
ZUBSOLV	T2	
Antibacterials		
<i>amikacin sulfate injection</i>	T1	
<i>amoxicillin</i>	T1/Value	

Drug Name	Drug Tier	Notes
<i>amoxicillin-potassium clavulanate</i>	T1	
<i>amoxicillin-potassium clavulanate er</i>	T1	
<i>ampicillin</i>	T1	
<i>ampicillin sodium</i>	T1	
<i>ampicillin-sulbactam sodium</i>	T1	
ARIKAYCE	T4	PA
AUGMENTIN	T3	
AUGMENTIN ES-600	T3	
AVIDOXY	T3	ST
AVYCAZ	T3	
AZACTAM	T3	
<i>azithromycin intravenous</i>	T1	
<i>azithromycin oral</i>	T1/Value	
<i>aztreonam</i>	T1	
BACTRIM	T3	
BACTRIM DS	T3	
BAXDELA	T3	PA
<i>benzalkonium chloride external solution</i>	T1	
BICILLIN C-R	T3	
BICILLIN C-R 900/300	T3	
BICILLIN L-A	T3	
<i>cefaclor</i>	T1	
<i>cefaclor er</i>	T1	
<i>cefadroxil</i>	T1	
CEFAZOLIN IN SODIUM CHLORIDE	T3	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE	T3	
<i>cefazolin sodium injection solution reconstituted</i>	T1	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>cefazolin sodium intravenous solution reconstituted</i>	T1	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	T1	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	T3	
<i>cefazolin sodium-dextrose intravenous solution reconstituted</i>	T1	
<i>cefdinir</i>	T1	

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Drug Name	Drug Tier	Notes
<i>cefepime hcl injection</i>	T1	
<i>cefepime hcl intravenous solution</i>	T1	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	T1	
<i>cefepime-dextrose</i>	T1	
<i>cefixime</i>	T1	
CEFOTAXIME SODIUM	T3	
<i>cefotetan disodium</i>	T1	
<i>cefoxitin sodium</i>	T1	
CEFOXITIN SODIUM-DEXTROSE	T3	
<i>cefpodoxime proxetil</i>	T1	
<i>cefprozil</i>	T1	
<i>ceftazidime injection</i>	T1	
<i>ceftazidime intravenous</i>	T1	
<i>ceftriaxone sodium in dextrose</i>	T1	
<i>ceftriaxone sodium injection</i>	T1	
<i>ceftriaxone sodium intravenous</i>	T1	
<i>ceftriaxone sodium-dextrose</i>	T1	
<i>cefuroxime axetil</i>	T1	
<i>cefuroxime sodium</i>	T1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1/Value	
<i>cephalexin oral capsule 750 mg</i>	T1	PA
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>cephalexin oral tablet</i>	T1	
<i>chloramphenicol sod succinate</i>	T1	
CIPRO	T3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	T1/Value	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	T1	
<i>ciprofloxacin in d5w</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
CLEOCIN ORAL	T3	
CLEOCIN PHOSPHATE	T3	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phosphate in d5w</i>	T1	
CLINDAMYCIN PHOSPHATE IN NACL	T3	
<i>clindamycin phosphate injection</i>	T1	

Drug Name	Drug Tier	Notes
<i>clindamycin phosphate vaginal</i>	T1	
CLINDESSE	T3	
<i>colistimethate sodium (cba)</i>	T1	
COLY-MYCIN M	T3	
DALVANCE	T3	
<i>daptomycin</i>	T1	
DAPTOMYCIN-SODIUM CHLORIDE	T3	
<i>demeclocycline hcl</i>	T1	
<i>dicloxacillin sodium</i>	T1/Value	
DIFICID	T3	
<i>doxy 100</i>	T1	
<i>doxycycline hyclate intravenous</i>	T1	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	T1	PA
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T1	PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	T1	PA
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet</i>	T1	
E.E.S. 400	T3	
E.E.S. GRANULES	T3	
<i>ertapenem sodium</i>	T1	
ERYPED 200	T3	
ERYPED 400	T3	
ERY-TAB	T3	
ERYTHROCIN LACTOBIONATE	T3	
<i>erythromycin base oral</i>	T1	
<i>erythromycin ethylsuccinate oral</i>	T1	
<i>erythromycin lactobionate</i>	T1	
<i>erythromycin oral</i>	T1	
EXTENCILLINE	T3	
FETROJA	T3	
FIRVANQ	T3	

Drug Name	Drug Tier	Notes
FLAGYL	T3	PA
<i>fosfomycin tromethamine</i>	T1	
<i>gentamicin in saline</i>	T1	
<i>gentamicin sulfate external</i>	T1	
<i>gentamicin sulfate injection</i>	T1	
HIPREX	T3	
HUMATIN	T2	
<i>hydrogen peroxide</i>	T1	
<i>imipenem-cilastatin</i>	T1	
KIMYRSA	T3	
LENTOCILIN	T3	
<i>levofloxacin in d5w</i>	T1	
<i>levofloxacin intravenous</i>	T1	
<i>levofloxacin oral</i>	T1	
LINCOCIN	T3	
<i>lincomycin hcl injection</i>	T1	
<i>linezolid in sodium chloride</i>	T1	
<i>linezolid intravenous</i>	T1	
<i>linezolid oral</i>	T1	QL
LUGOLS STRONG IODINE	T3	
MACROBID	T3	
MACRODANTIN	T3	
<i>mafenide acetate external</i>	T1	
<i>meropenem</i>	T1	
MEROPENEM-SODIUM CHLORIDE	T3	
<i>methenamine hippurate</i>	T1	
<i>metronidazole intravenous</i>	T1	
<i>metronidazole oral capsule</i>	T1	PA
<i>metronidazole oral tablet</i>	T1/Value	
<i>metronidazole vaginal</i>	T1	
MINOCIN	T3	
<i>minocycline hcl er</i>	T1	PA
<i>minocycline hcl oral capsule</i>	T1	
<i>minocycline hcl oral tablet</i>	T1	PA
MONDOXYNE NL	T3	ST
<i>moxifloxacin hcl in nacl</i>	T1	
MOXIFLOXACIN HCL INTRAVENOUS	T3	
<i>moxifloxacin hcl oral</i>	T1	

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Drug Name	Drug Tier	Notes
<i>mupirocin cream</i>	T1	PA
<i>mupirocin ointment</i>	T1	
<i>nafcillin sodium</i>	T1	
NAFCILLIN SODIUM IN DEXTROSE	T3	
<i>neomycin sulfate oral</i>	T1/Value	
<i>nitrofurantoin macrocrystal</i>	T1	
<i>nitrofurantoin monohydrate macrocrystals</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	T1	PA
NUZYRA INTRAVENOUS	T3	
NUZYRA ORAL	T3	QL
<i>ofloxacin oral</i>	T1	
ORBACTIV	T3	
<i>oxacillin sodium</i>	T1	
OXACILLIN SODIUM IN DEXTROSE	T3	
PENICILLIN G POT IN DEXTROSE	T3	
<i>penicillin g potassium</i>	T1	
<i>penicillin g sodium</i>	T1	
<i>penicillin v potassium</i>	T1/Value	
PFIZERPEN	T3	
<i>piperacillin sod-tazobactam sod</i>	T1	
<i>polymyxin b sulfate injection</i>	T1	
PRIMAXIN IV	T3	
RECARBRIO	T3	
SEYSARA	T3	ST
<i>silver sulfadiazine external</i>	T1	
SIVEXTRO INTRAVENOUS	T3	QL
SIVEXTRO ORAL	T3	PA; QL
SOLOSEC	T3	ST
<i>ssd</i>	T1	
<i>streptomycin sulfate intramuscular</i>	T1	
<i>sulfadiazine oral</i>	T1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	T1	
<i>sulfamethoxazole-trimethoprim oral</i>	T1/Value	
SULFAMILYLON	T3	PA
<i>sulfatrim pediatric</i>	T1/Value	
<i>tazicef injection</i>	T1	
TAZICEF INTRAVENOUS SOLUTION	T3	

Drug Name	Drug Tier	Notes
<i>tazicef intravenous solution reconstituted</i>	T1	
TEFLARO	T3	
<i>tetracycline hcl oral capsule</i>	T1	
TETRACYCLINE HCL ORAL TABLET	T3	PA
<i>tigecycline</i>	T1	
<i>tinidazole oral</i>	T1	
<i>tobramycin sulfate injection</i>	T1	
<i>trimethoprim oral</i>	T1/Value	
TYGACIL	T3	
UNASYN	T3	
VABOMERE	T3	
VANCOGIN	T3	PA
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	T3	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	T1	
<i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i>	T1	
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	T3	
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1.75-0.9 GM/250ML-%, 750-0.9 MG/250ML-%	T3	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%</i>	T1	
VANCOMYCIN HCL IN NAACL SOLUTION 1.25-0.9 GM/250ML-% INTRAVENOUS	T3	
VANCOMYCIN HCL IN NAACL SOLUTION 1.5-0.9 GM/250ML-% INTRAVENOUS	T3	
VANCOMYCIN HCL IN NAACL SOLUTION 1.5-0.9 GM/500ML-% INTRAVENOUS	T3	
VANCOMYCIN HCL IN NAACL SOLUTION 1.75-0.9 GM/500ML-% INTRAVENOUS	T3	
VANCOMYCIN HCL IN NAACL SOLUTION 1-0.9 GM/250ML-% INTRAVENOUS	T3	
VANCOMYCIN HCL IN NAACL SOLUTION 2-0.9 GM/500ML-% INTRAVENOUS	T3	
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	T3	

Drug Name	Drug Tier	Notes
<i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i>	T1	
<i>vancomycin hcl intravenous solution</i>	T1	
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 1.75 gm, 100 gm, 2 gm, 500 mg, 750 mg</i>	T1	
<i>vancomycin hcl oral</i>	T1	
<i>vancomycin hcl solution reconstituted 1 gm intravenous</i>	T1	
VANCOMYCIN HCL SOLUTION RECONSTITUTED 1 GM INTRAVENOUS	T3	
<i>vancomycin hcl solution reconstituted 10 gm intravenous</i>	T1	
VANCOMYCIN HCL SOLUTION RECONSTITUTED 10 GM INTRAVENOUS	T3	
<i>vancomycin hcl solution reconstituted 5 gm intravenous</i>	T1	
VANCOMYCIN HCL SOLUTION RECONSTITUTED 5 GM INTRAVENOUS	T3	
VANCOMYCIN HCL SOLUTION RECONSTITUTED 5 GM INTRAVENOUS	T3	
VANCOMYCIN HCL SOLUTION RECONSTITUTED 5 GM INTRAVENOUS	T3	
VANDAZOLE	T3	ST
VIBATIV	T3	
XACDURO	T3	PA
XACIATO	T3	
XERAVA	T3	
XIFAXAN ORAL TABLET 550 MG	T3	PA
ZEMDRI	T3	
ZERBAXA	T3	
ZITHROMAX	T3	
ZITHROMAX TRI-PAK	T3	
ZITHROMAX Z-PAK	T3	
ZOSYN	T3	
ZYVOX INTRAVENOUS	T3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	T3	QL
ZYVOX ORAL TABLET	T3	PA; QL
Anticoagulants		
ACD FORMULA A	T3	
ACD-A NOCLOT-50	T3	
ANGIOMAX	T3	
ANTICOAGULANT SODIUM CITRATE	T3	
<i>argatroban solution 50 mg/50ml intravenous</i>	T1	

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Drug Name	Drug Tier	Notes
ARIXTRA	T3	
<i>bivalirudin trifluoroacetate intravenous solution reconstituted</i>	T1	
<i>dabigatran etexilate mesylate</i>	T1	QL
DEFENCATH	T3	
ELIQUIS	T2	QL
ELIQUIS DVT/PE STARTER PACK	T2	QL
<i>enoxaparin sodium</i>	T1	
<i>fondaparinux sodium</i>	T1	
FRAGMIN	T3	
<i>heparin (porcine) in nacl intravenous solution</i>	T1	
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	T3	
<i>heparin sod (porcine) in d5w</i>	T1	
<i>heparin sodium (porcine)</i>	T1	
<i>heparin sodium (porcine) pf</i>	T1	
<i>jantoven</i>	T1/Value	
LOVENOX	T3	
PRADAXA ORAL CAPSULE	T2	QL
PRADAXA ORAL PACKET	T3	QL
SAVAYSA	T3	QL
SODIUM CITRATE IN VITRO	T3	
SODIUM CITRATE LOCK FLUSH	T3	
SODIUM CITRATE-GENTAMICIN SULF	T3	
TNKASE	T3	
TRICITRASOL	T3	
<i>warfarin sodium oral</i>	T1/Value	
XARELTO	T2	QL
XARELTO STARTER PACK	T2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	T3	
BANZEL	T3	PA
BRIVIACT INTRAVENOUS	T3	
BRIVIACT ORAL	T3	ST
<i>carbamazepine er</i>	T1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	T1	

Drug Name	Drug Tier	Notes
<i>carbamazepine oral suspension 200 mg/10ml</i>	T1	PA
<i>carbamazepine oral tablet</i>	T1/Value	
<i>carbamazepine oral tablet chewable 100 mg</i>	T1	
<i>carbamazepine oral tablet chewable 200 mg</i>	T1	PA
CELONTIN	T3	PA
CEREBYX	T3	
<i>clobazam</i>	T1	PA
DIACOMIT	T4	PA
<i>diazepam rectal</i>	T1	QL
DILANTIN ORAL CAPSULE 30 MG	T3	
<i>divalproex sodium er</i>	T1	
<i>divalproex sodium oral</i>	T1	
EPIDIOLEX	T4	PA
<i>epitol</i>	T1/Value	
<i>ethosuximide oral</i>	T1	
<i>felbamate</i>	T1	
FELBATOL	T3	PA
FINTEPLA	T4	PA
<i>fosphenytoin sodium</i>	T1	
FYCOMPA	T3	
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
KEPPRA INTRAVENOUS	T3	
<i>lacosamide</i>	T1	
LAMICTAL XR ORAL KIT	T3	
<i>lamotrigine er</i>	T1	
<i>lamotrigine oral</i>	T1	
<i>lamotrigine starter kit-blue</i>	T1	
<i>lamotrigine starter kit-green</i>	T1	
<i>lamotrigine starter kit-orange</i>	T1	
<i>levetiracetam er</i>	T1	
<i>levetiracetam in nacl</i>	T1	
<i>levetiracetam intravenous</i>	T1	
<i>levetiracetam oral</i>	T1	
LIBERVANT	T3	QL
<i>methsuximide</i>	T1	
MOTPOLY XR	T3	ST

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Drug Name	Drug Tier	Notes
MYSOLINE	T3	PA
NAYZILAM	T3	QL
<i>oxcarbazepine</i>	T1	
<i>oxcarbazepine er</i>	T1	ST
<i>pentobarbital sodium injection</i>	T1	
<i>phenobarbital oral</i>	T1	
<i>phenobarbital sodium injection</i>	T1	
<i>phenytek</i>	T1	
<i>phenytoin infatabs</i>	T1	
<i>phenytoin oral</i>	T1	
<i>phenytoin sodium extended</i>	T1	
<i>phenytoin sodium injection</i>	T1	
<i>primidone oral tablet 125 mg</i>	T1	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	T1/Value	
<i>roweepra</i>	T1	
<i>rufinamide</i>	T1	PA
SEZABY	T3	
SPRITAM	T3	PA
<i>subvenite</i>	T1	
<i>subvenite starter kit-blue</i>	T1	
<i>subvenite starter kit-green</i>	T1	
<i>subvenite starter kit-orange</i>	T1	
SYMPAZAN	T3	PA
<i>tiagabine hcl</i>	T1	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	T1	
<i>topiramate er oral capsule extended release 24 hour</i>	T1	ST
<i>topiramate oral</i>	T1	
<i>valproate sodium intravenous</i>	T1	
<i>valproic acid oral capsule</i>	T1/Value	
<i>valproic acid oral solution 500 mg/10ml</i>	T1/Value	PA
<i>valproic acid solution 250 mg/5ml oral</i>	T1/Value	
<i>valproic acid solution 250 mg/5ml oral</i>	T1/Value	PA
VALTOCO	T3	QL
<i>vigabatrin</i>	T4	PA
<i>vigpoder</i>	T4	PA
XCOPRI	T3	ST
ZARONTIN	T3	

Drug Name	Drug Tier	Notes
<i>zonisamide oral</i>	T1	
ZTALMY	T4	PA
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	T3	PA
<i>donepezil hcl</i>	T1	
EXELON	T3	PA
<i>galantamine hydrobromide</i>	T1	
<i>galantamine hydrobromide er</i>	T1	
<i>memantine hcl</i>	T1	
<i>memantine hcl er</i>	T1	QL
NAMENDA TITRATION PAK	T3	PA
NAMZARIC	T2	QL
<i>rivastigmine</i>	T1	PA
<i>rivastigmine tartrate</i>	T1	
Antidepressants		
<i>amitriptyline hcl oral</i>	T1/Value	
<i>amoxapine</i>	T1	
ANAFRANIL	T3	PA
APLENZIN	T3	ST; QL
<i>bupropion hcl er (sr)</i>	T1	QL
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	T1	QL
<i>bupropion hcl oral</i>	T1	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>citalopram hydrobromide oral solution</i>	T1	\$0 HDHP
<i>citalopram hydrobromide oral tablet</i>	T1/Value	\$0 HDHP
<i>clomipramine hcl oral</i>	T1	
<i>desipramine hcl oral</i>	T1	
DESVENLAFAXINE ER	T3	ST; QL
<i>desvenlafaxine succinate er</i>	T1	QL
<i>doxepin hcl oral capsule</i>	T1/Value	
<i>doxepin hcl oral concentrate</i>	T1/Value	
DRIZALMA SPRINKLE	T3	ST; QL
<i>duloxetine hcl oral</i>	T1	QL
EMSAM	T3	QL
<i>escitalopram oxalate oral</i>	T1	\$0 HDHP
FETZIMA	T3	ST; QL
FETZIMA TITRATION	T3	ST; QL

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Drug Name	Drug Tier	Notes
<i>fluoxetine hcl (pmdd)</i>	T1	PA
<i>fluoxetine hcl oral capsule</i>	T1/Value	\$0 HDHP
<i>fluoxetine hcl oral capsule delayed release</i>	T1	\$0 HDHP; QL
<i>fluoxetine hcl oral solution</i>	T1	\$0 HDHP
<i>fluoxetine hcl oral tablet 10 mg</i>	T1/Value	\$0 HDHP
<i>fluoxetine hcl oral tablet 20 mg</i>	T1	PA; \$0 HDHP
<i>fluoxetine hcl oral tablet 60 mg</i>	T1	\$0 HDHP
<i>fluvoxamine maleate</i>	T1	
<i>fluvoxamine maleate er</i>	T1	QL
<i>imipramine hcl oral</i>	T1	
<i>imipramine pamoate</i>	T1	
MARPLAN	T3	
<i>mirtazapine oral tablet</i>	T1/Value	
<i>mirtazapine oral tablet dispersible 15 mg</i>	T1/Value	
<i>mirtazapine oral tablet dispersible 30 mg, 45 mg</i>	T1	
NARDIL	T3	
<i>nefazodone hcl</i>	T1	
NORPRAMIN	T3	
<i>nortriptyline hcl oral capsule</i>	T1/Value	
<i>nortriptyline hcl oral solution</i>	T1	
<i>olanzapine-fluoxetine hcl</i>	T1	QL
PAMELOR	T3	PA
PARNATE	T3	PA
<i>paroxetine hcl er</i>	T1	
<i>paroxetine hcl oral suspension</i>	T1	\$0 HDHP
<i>paroxetine hcl oral tablet</i>	T1/Value	\$0 HDHP
<i>paroxetine mesylate</i>	T1	PA; QL
PAXIL ORAL SUSPENSION	T3	ST
<i>perphenazine-amitriptyline</i>	T1	
<i>phenelzine sulfate oral</i>	T1	
<i>protriptyline hcl</i>	T1	
REMERON	T3	
REMERON SOLTAB	T3	
<i>sertraline hcl oral concentrate</i>	T1	\$0 HDHP
<i>sertraline hcl oral tablet</i>	T1	\$0 HDHP
SPRAVATO (56 MG DOSE)	T4	PA
SPRAVATO (84 MG DOSE)	T4	PA
SYMBYAX	T3	QL

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Drug Name	Drug Tier	Notes
<i>tranylcypromine sulfate</i>	T1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	T1/Value	
<i>trazodone hcl oral tablet 300 mg</i>	T1	
<i>trimipramine maleate oral</i>	T1	
TRINTELLIX	T3	ST; QL
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	QL
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	T1	PA
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	T1	
VIIBRYD	T3	ST; QL
<i>vilazodone hcl</i>	T1	QL
ZULRESSO	T4	PA
ZURZUVAE	T3	PA; QL
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO (READY-TO-USE)	T3	
AKYNZEO (TO-BE-DILUTED)	T3	
AKYNZEO INTRAVENOUS	T3	
AKYNZEO ORAL	T3	QL
ANTIVERT	T3	
ANZEMET	T3	QL
APONVIE	T3	
<i>aprepitant</i>	T1	QL
BARHEMSYS	T3	
BONJESTA	T3	PA; QL
CINVANTI	T3	
COMPRO	T3	PA
DICLEGIS	T3	PA; QL
<i>dimenhydrinate injection</i>	T1	
<i>doxylamine-pyridoxine</i>	T1	PA; QL
<i>dronabinol</i>	T1	PA; QL
<i>droperidol injection</i>	T1	
EMEND INTRAVENOUS	T3	
EMEND ORAL	T3	QL
EMEND TRI-PACK	T3	QL
FOCINVEZ	T3	
<i>fosaprepitant dimeglumine</i>	T1	

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Drug Name	Drug Tier	Notes
<i>granisetron hcl intravenous</i>	T1	
<i>granisetron hcl oral</i>	T1	QL
MARINOL	T3	PA; QL
<i>meclizine hcl oral tablet 50 mg</i>	T1	
<i>meclizine hcl tablet 12.5 mg oral (rx)</i>	T1/Value	
<i>meclizine hcl tablet 25 mg oral (rx)</i>	T1/Value	
<i>metoclopramide hcl injection</i>	T1	
<i>metoclopramide hcl oral solution</i>	T1/Value	
<i>metoclopramide hcl oral tablet</i>	T1/Value	
<i>metoclopramide hcl oral tablet dispersible</i>	T1	
<i>ondansetron hcl injection</i>	T1	
<i>ondansetron hcl oral solution</i>	T1	QL
<i>ondansetron hcl oral tablet 24 mg</i>	T1	PA; QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	
<i>ondansetron odt</i>	T1	
<i>palonosetron hcl</i>	T1	
<i>perphenazine oral</i>	T1	
PHENERGAN	T3	
POSFREA	T3	PA
<i>prochlorperazine</i>	T1	
<i>prochlorperazine edisylate injection</i>	T1	
<i>prochlorperazine maleate oral tablet 10 mg</i>	T1/Value	
<i>prochlorperazine maleate oral tablet 5 mg</i>	T1	
<i>promethazine hcl injection</i>	T1	
<i>promethazine hcl oral solution</i>	T1/Value	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	T1	
<i>promethazine hcl oral tablet 25 mg</i>	T1/Value	
<i>promethazine hcl rectal</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T3	PA
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
REGLAN	T3	
<i>scopolamine</i>	T1	
SUSTOL	T3	QL
SYNDROS	T3	PA; QL
TIGAN	T3	
TRANSDERM-SCOP	T3	
<i>trimethobenzamide hcl oral</i>	T1	

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Drug Name	Drug Tier	Notes
VARUBI (180 MG DOSE)	T3	QL
Antifungals		
ABELCET	T3	
AMBISOME	T3	PA
<i>amphotericin b intravenous</i>	T1	
<i>amphotericin b liposome</i>	T1	
ANCOBON	T3	
CANCIDAS	T3	
<i>casprofungin acetate</i>	T1	
<i>ciclodan</i>	T1	
<i>ciclopirox external</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<i>clotrimazole external</i>	T1/Value	
<i>clotrimazole mouth/throat</i>	T1	
<i>clotrimazole-betamethasone</i>	T1	
CRESEMBA INTRAVENOUS	T3	
CRESEMBA ORAL	T3	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	T3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	T3	PA
<i>econazole nitrate external</i>	T1	
ECOZA	T3	PA
ERAXIS	T3	
ERTACZO	T3	PA
EXELDERM	T3	PA
EXODERM	T3	
<i>fluconazole in sodium chloride</i>	T1	
<i>fluconazole oral</i>	T1/Value	
<i>flucytosine oral</i>	T1	
<i>griseofulvin microsize oral</i>	T1	
<i>griseofulvin ultramicrosize</i>	T1	
GYNAZOLE-1	T3	
<i>itraconazole oral</i>	T1	PA
<i>ketoconazole external cream</i>	T1	
<i>ketoconazole external foam</i>	T1	PA
<i>ketoconazole external shampoo</i>	T1	
<i>ketoconazole oral</i>	T1/Value	
<i>ketodan</i>	T1	PA

Drug Name	Drug Tier	Notes
<i>klayesta</i>	T1	
LULICONAZOLE	T3	PA
LUZU	T3	PA
<i>micafungin sodium</i>	T1	
MICAFUNGIN SODIUM-NACL	T3	
<i>miconazole 3</i>	T1	
MICONAZOLE-ZINC OXIDE-PETROLAT	T3	PA
MYCAMINE	T3	
<i>naftifine hcl</i>	T1	PA
NAFTIN	T3	PA
NOXAFIL INTRAVENOUS	T3	
NOXAFIL ORAL	T3	PA
<i>nyamyc</i>	T1	
<i>nystatin external cream</i>	T1/Value	
<i>nystatin external ointment</i>	T1	
<i>nystatin external powder</i>	T1	
<i>nystatin mouth/throat</i>	T1	
<i>nystatin oral</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
<i>nystop</i>	T1	
ORAVIG	T3	PA
<i>oxiconazole nitrate</i>	T1	PA
OXISTAT	T3	PA
<i>posaconazole intravenous</i>	T1	
<i>posaconazole oral</i>	T1	PA
REZZAYO	T4	PA
SPORANOX	T3	PA
SULCONAZOLE NITRATE	T3	PA
<i>tavaborole</i>	T1	PA
<i>terbinafine hcl oral</i>	T1/Value	QL
<i>terconazole</i>	T1	
VFEND	T3	PA
VFEND IV	T3	
<i>voriconazole intravenous</i>	T1	
<i>voriconazole oral</i>	T1	PA
VUSION	T3	PA
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1/Value	

Effective 1/1/2025

Drug Name	Drug Tier	Notes
<i>allopurinol oral tablet 200 mg</i>	T1	PA
<i>allopurinol sodium</i>	T1	
ALOPRIM	T3	
<i>colchicine oral</i>	T1	
<i>colchicine-probenecid</i>	T1	
<i>febuxostat</i>	T1	ST
<i>probenecid</i>	T1	
ULORIC	T3	ST
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	T2	PA; QL
AJOVY	T2	PA; QL
<i>almotriptan malate</i>	T1	PA; QL
<i>diclofenac potassium(migraine)</i>	T1	ST
<i>dihydroergotamine mesylate injection</i>	T1	PA; QL
<i>dihydroergotamine mesylate nasal</i>	T1	PA; QL
<i>eletriptan hydrobromide</i>	T1	QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	PA; QL
ERGOMAR	T3	PA; QL
<i>ergotamine-caffeine</i>	T1	PA; QL
FROVA	T3	PA; QL
<i>frovatriptan succinate</i>	T1	PA; QL
MIGERGOT	T3	PA; QL
MIGRANAL	T3	PA; QL
<i>naratriptan hcl</i>	T1	QL
NURTEC	T2	PA; QL
QULIPTA	T2	PA; QL
<i>rizatriptan benzoate</i>	T1	QL
<i>sumatriptan nasal</i>	T1	QL
<i>sumatriptan succinate oral</i>	T1	QL
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	T1	QL
<i>sumatriptan succinate subcutaneous</i>	T1	QL
<i>sumatriptan-naproxen sodium</i>	T1	ST; QL
UBRELVY	T2	PA; QL
VYEPTI	T3	PA; QL
ZAVZPRET	T3	PA; QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	T3	ST; QL

Effective 1/1/2025

Drug Name	Drug Tier	Notes
<i>zolmitriptan nasal solution 5 mg</i>	T1	QL
<i>zolmitriptan oral</i>	T1	QL
ZOMIG NASAL	T3	ST; QL
Antimyasthenic Agents		
BLOXIVERZ	T3	
MESTINON	T3	PA
<i>neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml</i>	T1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	T3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML	T3	
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	T1	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	T3	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 4 MG/4ML INTRAVENOUS	T3	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 5 MG/5ML INTRAVENOUS	T3	
<i>pyridostigmine bromide er</i>	T1	
<i>pyridostigmine bromide oral</i>	T1	
REGONOL	T3	
Antimycobacterials		
<i>cycloserine oral</i>	T1	
<i>dapsone oral</i>	T1	
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid injection</i>	T1	
<i>isoniazid oral syrup</i>	T1	
<i>isoniazid oral tablet 100 mg</i>	T1	
<i>isoniazid oral tablet 300 mg</i>	T1/Value	
PRETOMANID	T3	
PRIFTIN	T3	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T1	
RIFADIN	T3	

Effective 1/1/2025

Drug Name	Drug Tier	Notes
<i>rifampin intravenous</i>	T1	
<i>rifampin oral</i>	T1	
SIRTURO	T3	
TRECTOR	T3	
Antineoplastics - Drugs for Cancer		
<i>abiraterone acetate</i>	T4	PA; SP-QTZ
ABRAXANE	T4	
ADCETRIS	T4	PA
<i>adriamycin</i>	T4	
ALECENSA	T4	PA; SP-QTZ
ALIMTA	T4	
ALIQOPA	T4	PA
ALUNBRIG	T4	PA; QL
<i>anastrozole oral</i>	T1	\$0 for breast cancer PX
AROMASIN	T3	PA
ARRANON	T4	
<i>arsenic trioxide intravenous</i>	T4	
ARZERRA	T4	PA
ASPARLAS	T4	
AUGTYRO	T4	PA
AVASTIN	T4	PA
AYVAKIT	T4	PA; QL
<i>azacitidine</i>	T4	
BALVERSA	T4	PA
BAVENCIO	T4	PA
BELEODAQ	T4	PA
<i>bendamustine hcl intravenous solution reconstituted</i>	T4	PA
BENDEKA	T4	PA
BESPONSA	T4	PA
<i>bexarotene</i>	T4	PA; SP-QTZ
<i>bicalutamide</i>	T1	
<i>bleomycin sulfate</i>	T4	
BLINCYTO	T4	PA
<i>bortezomib</i>	T4	PA
BORUZU	T4	PA
BOSULIF	T4	PA; SP-QTZ
BRAFTOVI	T4	PA

Drug Name	Drug Tier	Notes
BRUKINSA	T4	PA
<i>busulfan</i>	T4	
BUSULFEX	T4	
CABOMETYX ORAL TABLET 20 MG	T4	PA; SP-QTZ; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	T4	PA; SP-QTZ
CALQUENCE	T4	PA
CAMCEVI	T4	PA; QL
CAMPTOSAR	T4	
<i>capecitabine</i>	T4	SP-QTZ
CAPRELSA ORAL TABLET 100 MG	T4	PA; QL
CAPRELSA ORAL TABLET 300 MG	T4	PA
<i>carboplatin</i>	T4	
<i>carmustine</i>	T4	
CASODEX	T3	
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml</i>	T4	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	T4	
CISPLATIN SOLUTION 50 MG/50ML INTRAVENOUS	T4	
<i>cisplatin solution 50 mg/50ml intravenous</i>	T4	
<i>cladribine</i>	T4	
<i>clofarabine</i>	T4	
COLUMVI	T4	PA
COMETRIQ	T4	PA; SP-ORx
COPIKTRA	T4	PA; SP-ORx
COTELLIC	T4	PA; SP-QTZ
<i>cyclophosphamide injection</i>	T4	
CYCLOPHOSPHAMIDE INTRAVENOUS	T4	
<i>cyclophosphamide oral capsule</i>	T1	
CYCLOPHOSPHAMIDE ORAL TABLET	T2	
CYRAMZA	T4	PA
<i>cytarabine</i>	T4	
<i>cytarabine (pf)</i>	T4	
<i>dacarbazine</i>	T4	
<i>dactinomycin</i>	T4	
DANYELZA	T4	PA
DARZALEX	T4	PA
<i>dasatinib</i>	T4	PA; SP-QTZ

Effective 1/1/2025

Drug Name	Drug Tier	Notes
<i>daunorubicin hcl</i>	T4	
DAURISMO	T4	PA; SP-ORx
<i>decitabine</i>	T4	
<i>dexrazoxane</i>	T4	
<i>dexrazoxane hcl</i>	T4	
<i>docetaxel</i>	T4	
DOCIVYX	T4	
DOXIL	T4	
<i>doxorubicin hcl</i>	T4	
<i>doxorubicin hcl liposomal</i>	T4	
DROXIA	T3	
ELITEK	T4	
ELLENC	T4	
ELREXFIO	T4	PA
EMPLICITI	T4	PA
ENHERTU	T4	PA
EPKINLY	T4	PA
ERBITUX	T4	PA
<i>eribulin mesylate</i>	T4	PA
ERIVEDGE	T4	PA; SP-QTZ
ERLEADA	T4	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	T4	PA; SP-QTZ
<i>erlotinib hcl oral tablet 25 mg</i>	T4	PA; SP-QTZ; QL
ETOPOPHOS	T4	
<i>etoposide intravenous</i>	T4	
<i>etoposide oral</i>	T4	
EULEXIN	T3	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP-QTZ; QL
<i>everolimus oral tablet soluble</i>	T4	PA; SP-QTZ
EVOMELA	T4	
<i>exemestane</i>	T1	\$0 for breast cancer PX
FARESTON	T3	PA
FASLODEX	T4	
FEMARA	T3	PA
<i>floxuridine</i>	T4	
<i>fludarabine phosphate</i>	T4	
<i>fluorouracil intravenous</i>	T4	

Effective 1/1/2025

Drug Name	Drug Tier	Notes
FOLOTYN	T4	PA
FRUZAQLA	T4	PA
<i>fulvestrant</i>	T4	
FYARRO	T4	PA
GAVRETO	T4	PA; SP-ORx
GAZYVA	T4	PA
<i>gefitinib</i>	T4	PA; SP-QTZ
<i>gemcitabine hcl</i>	T4	
GILOTRIF	T4	PA; SP-QTZ; QL
GLEOSTINE	T4	
HALAVEN	T4	PA
HERCEPTIN	T4	PA
HERCEPTIN HYLECTA	T4	PA
HYCAMTIN INTRAVENOUS	T4	
HYCAMTIN ORAL	T4	SP-QTZ
HYDREA	T3	
<i>hydroxyurea oral</i>	T1	
IBRANCE	T4	PA; SP-QTZ
ICLUSIG ORAL TABLET 10 MG, 15 MG	T4	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	T4	PA
IDAMYCIN PFS	T4	
<i>idarubicin hcl</i>	T4	
IDHIFA	T4	PA; QL
IFEX	T4	
<i>ifosfamide</i>	T4	
<i>imatinib mesylate</i>	T4	PA; SP-QTZ
IMBRUVICA ORAL CAPSULE	T4	PA; SP-QTZ; QL
IMBRUVICA ORAL SUSPENSION	T4	PA; SP-QTZ
IMBRUVICA ORAL TABLET 420 MG	T4	PA; SP-QTZ; QL
IMDELLTRA	T4	PA
IMFINZI	T4	PA
IMJUDO	T4	PA
INLYTA	T4	PA; SP-QTZ
INREBIC	T4	PA; SP-QTZ
IRESSA	T4	PA; SP-QTZ
<i>irinotecan hcl</i>	T4	
ISTODAX	T4	PA
IXEMPRA KIT	T4	

Effective 1/1/2025

Drug Name	Drug Tier	Notes
JAKAFI ORAL TABLET 10 MG, 5 MG	T4	PA; SP-QTZ; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	T4	PA; SP-QTZ
JAYPIRCA ORAL TABLET 100 MG	T4	PA; SP-ORx
JAYPIRCA ORAL TABLET 50 MG	T4	PA; SP-ORx; QL
JEMPERLI	T4	PA
JEVTANA	T4	PA
KADCYLA	T4	PA
KANJINTI	T4	PA
KEYTRUDA	T4	PA
KHAPZORY	T4	ST
KIMMTRAK	T4	PA
KISQALI (200 MG DOSE)	T4	PA; SP-QTZ
KISQALI (400 MG DOSE)	T4	PA; SP-QTZ
KISQALI (600 MG DOSE)	T4	PA; SP-QTZ
KOSELUGO	T4	PA; SP-QTZ
KRAZATI	T4	PA
KYPROLIS	T4	PA
<i>lapatinib ditosylate</i>	T4	PA; SP-QTZ
<i>lenalidomide</i>	T4	PA; SP-QTZ
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	T4	PA; SP-ORx
<i>letrozole oral</i>	T1	\$0 for breast cancer PX
<i>leucovorin calcium injection</i>	T1	
<i>leucovorin calcium oral</i>	T1	
LEUKERAN	T4	
<i>levoleucovorin calcium</i>	T4	
<i>levoleucovorin calcium pf</i>	T4	
LIBTAYO	T4	PA
LONSURF	T4	PA; SP-QTZ
LOQTORZI	T4	PA
LORBRENA	T4	PA; SP-ORx
LUMAKRAS ORAL TABLET 120 MG, 320 MG	T4	PA; SP-ORx
LUMAKRAS ORAL TABLET 240 MG	T4	PA
LUNSUMIO	T4	PA
LYNPARZA	T4	PA; SP-QTZ
LYSODREN	T2	
LYTGOBI (12 MG DAILY DOSE)	T4	PA

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Drug Name	Drug Tier	Notes
LYTGOBI (16 MG DAILY DOSE)	T4	PA
LYTGOBI (20 MG DAILY DOSE)	T4	PA
MARGENZA	T4	PA
MATULANE	T4	
MEKINIST	T4	PA; SP-QTZ
MEKTOVI	T4	PA
<i>melphalan hcl</i>	T4	
<i>mercaptopurine oral</i>	T1	
<i>mesna</i>	T4	
MESNEX	T4	
<i>mitomycin intravenous</i>	T4	
<i>mitoxantrone hcl</i>	T4	PA
MONJUVI	T4	PA
MUTAMYCIN	T4	
MVASI	T4	PA
MYLERAN	T2	
MYLOTARG	T4	PA
<i>nelarabine</i>	T4	
NERLYNX	T4	PA; SP-ORx; QL
NEXAVAR	T4	PA; SP-QTZ
NILANDRON	T4	SP-QTZ
<i>nilutamide</i>	T4	SP-QTZ
NINLARO	T4	PA; SP-QTZ
NIPENT	T4	
NUBEQA	T4	PA; SP-QTZ
ODOMZO	T4	PA; SP-QTZ
OGSIVEO	T4	PA
OJEMDA	T4	PA
ONCASPAR	T4	
ONIVYDE	T4	
ONUREG	T4	PA; SP-QTZ
OPDIVO	T4	PA
OPDUALAG	T4	PA
ORGOVYX	T4	PA
ORSERDU	T4	PA
<i>oxaliplatin</i>	T4	
<i>paclitaxel</i>	T4	
<i>paclitaxel protein-bound part</i>	T4	

Effective 1/1/2025

Drug Name	Drug Tier	Notes
PADCEV	T4	PA
PANRETIN	T3	
PARAPLATIN	T4	
<i>pazopanib hcl</i>	T4	PA; SP-QTZ
PEMETREXED	T4	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	T4	
<i>pemetrexed disodium intravenous solution reconstituted</i>	T4	
PEMETREXED DITROMETHAMINE	T4	
PEMFEXY	T4	
PEMRYDI RTU	T4	
PERJETA	T4	PA
PHESGO	T4	PA
PHOTOFRIN	T4	
PIQRAY	T4	PA; SP-QTZ
POLIVY	T4	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG	T4	PA; SP-QTZ; QL
POMALYST ORAL CAPSULE 3 MG, 4 MG	T4	PA; SP-QTZ
PORTRAZZA	T4	PA
POTELIGEO	T4	PA
PROLEUKIN	T4	
PURIXAN	T4	
QINLOCK	T4	PA
RETEVMO ORAL TABLET 120 MG, 160 MG	T4	PA
RETEVMO ORAL TABLET 40 MG, 80 MG	T4	PA; QL
REVLIMID	T4	PA; SP-QTZ
RITUXAN	T4	PA
RITUXAN HYCELA	T4	PA
<i>romidepsin</i>	T4	PA
ROZLYTREK	T4	PA; SP-QTZ
RUXIENCE	T4	PA
RYBREVANT	T4	PA
RYDAPT	T4	PA
RYTELO	T4	PA
SARCLISA	T4	PA
SCEMBLIX ORAL TABLET 100 MG, 40 MG	T4	PA
SCEMBLIX ORAL TABLET 20 MG	T4	PA; QL
SIKLOS	T3	PA

Effective 1/1/2025

Drug Name	Drug Tier	Notes
SOLTAMOX	T3	\$0 for breast cancer PX
<i>sorafenib tosylate</i>	T4	PA; SP-QTZ
SPRYCEL	T4	PA; SP-QTZ
STIVARGA	T4	PA; SP-QTZ
<i>sunitinib malate</i>	T4	PA; SP-QTZ
SYLVANT	T4	PA
TABLOID	T4	
TABRECTA	T4	PA; SP-QTZ
TAFINLAR	T4	PA; SP-QTZ
TAGRISSE ORAL TABLET 40 MG	T4	PA; SP-QTZ; QL
TAGRISSE ORAL TABLET 80 MG	T4	PA; SP-QTZ
TALVEY	T4	PA
<i>tamoxifen citrate oral</i>	T1	\$0 for breast cancer PX
TARCEVA	T4	PA; SP-QTZ
TARGRETIN EXTERNAL	T4	PA; SP-QTZ
TASIGNA	T4	PA; SP-QTZ
TECENTRIQ	T4	PA
TECVAYLI	T4	PA
TEMODAR	T4	
<i>temozolomide</i>	T4	PA
TEPADINA	T4	
THALOMID	T4	PA; SP-QTZ
<i>thiotepa injection</i>	T4	
TIBSOVO	T4	PA
TIVDAK	T4	PA
<i>topotecan hcl</i>	T4	
<i>toremifene citrate</i>	T1	
<i>torpenz</i>	T4	PA; SP-QTZ; QL
TRAZIMERA	T4	PA
<i>tretinoin oral</i>	T4	
TRISENOX	T4	
TRODELVY	T4	PA
TRUQAP	T4	PA; SP-QTZ
TUKYSA	T4	PA; SP-QTZ
TURALIO	T4	PA
TYKERB	T4	PA; SP-QTZ
UNITUXIN	T4	PA
UVADEX	T3	

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Drug Name	Drug Tier	Notes
VALCHLOR	T4	PA; SP-ORx
VANFLYTA	T4	PA
VECTIBIX	T4	
VELCADE	T4	PA
VENCLEXTA	T4	PA; SP-QTZ
VENCLEXTA STARTING PACK	T4	PA; SP-QTZ
VERZENIO	T4	PA; SP-QTZ
VIDAZA	T4	
VIJOICE	T4	PA; QL
<i>vinblastine sulfate</i>	T4	
<i>vincristine sulfate</i>	T4	
<i>vinorelbine tartrate</i>	T4	
VITRAKVI	T4	PA
VIZIMPRO ORAL TABLET 15 MG	T4	PA; SP-ORx; QL
VIZIMPRO ORAL TABLET 30 MG, 45 MG	T4	PA; SP-ORx
VONJO	T4	PA; SP-QTZ
VORANIGO ORAL TABLET 10 MG	T4	PA; SP-QTZ; QL
VORANIGO ORAL TABLET 40 MG	T4	PA; SP-QTZ
VORAXAZE	T3	
VOTRIENT	T4	PA
VYXEOS	T4	PA
WELIREG	T4	PA
XELODA	T4	PA; SP-QTZ
XOFIGO	T2	
XOSPATA	T4	PA
XPOVIO (100 MG ONCE WEEKLY)	T4	PA
XPOVIO (40 MG ONCE WEEKLY)	T4	PA
XPOVIO (40 MG TWICE WEEKLY)	T4	PA
XPOVIO (60 MG ONCE WEEKLY)	T4	PA
XPOVIO (60 MG TWICE WEEKLY)	T4	PA
XPOVIO (80 MG ONCE WEEKLY)	T4	PA
XPOVIO (80 MG TWICE WEEKLY)	T4	PA
XTANDI	T4	PA; SP-QTZ
YERVOY	T4	PA
YONDELIS	T4	
ZALTRAP	T4	PA
ZANOSAR	T4	
ZEJULA ORAL TABLET 100 MG	T4	PA; SP-QTZ; QL

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Drug Name	Drug Tier	Notes
ZEJULA ORAL TABLET 200 MG, 300 MG	T4	PA; SP-QTZ
ZELBORAF	T4	PA; SP-QTZ
ZEPZELCA	T4	PA
ZEVALIN Y-90	T4	
ZIRABEV	T4	PA
ZOLINZA	T4	PA; SP-QTZ
ZYDELIG	T4	PA; SP-QTZ
ZYKADIA	T4	PA; SP-QTZ
ZYNLONTA	T4	PA
ZYNYZ	T4	PA
Antiparasitics		
<i>albendazole oral</i>	T1	PA
ARAKODA	T3	
ARTESUNATE	T3	
<i>atovaquone</i>	T1	
<i>atovaquone-proguanil hcl</i>	T1	
BENZNIDAZOLE	T3	
BILTRICIDE	T2	
<i>chloroquine phosphate oral</i>	T1	
COARTEM	T3	
CROTAN	T3	
DARAPRIM	T4	PA
EGATEN	T3	
ELIMITE	T3	
EMVERM	T2	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T1	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1/Value	
IMPAVIDO	T3	
<i>ivermectin oral</i>	T1	
KRINTAFEL	T3	
LAMPIT	T3	
MALARONE	T3	
<i>malathion</i>	T1	
<i>mefloquine hcl</i>	T1	
MEPRON	T3	
NEBUPENT	T3	
<i>nitazoxanide oral</i>	T1	

Drug Name	Drug Tier	Notes
OVIDE	T3	
PENTAM	T3	
<i>pentamidine isethionate</i>	T1	
<i>permethrin external</i>	T1	
<i>praziquantel oral</i>	T1	
<i>primaquine phosphate</i>	T1	
<i>pyrimethamine oral</i>	T4	PA
PYRIMETHAMINE-LEUCOVORIN	T3	
QUALAQUIN	T3	PA
<i>quinine sulfate</i>	T1	PA
<i>spinosad</i>	T1	
STROMECTOL	T3	
<i>sulfurated lime</i>	T1	
Antiparkinson Agents		
<i>amantadine hcl oral</i>	T1	
APOKYN	T4	PA; SP-ORx; QL
<i>apomorphine hcl subcutaneous</i>	T4	PA; SP-ORx; QL
AZILECT	T3	PA
<i>benztropine mesylate injection</i>	T1	
<i>benztropine mesylate oral</i>	T1/Value	
<i>bromocriptine mesylate oral</i>	T1	
<i>carbidopa oral</i>	T1	
<i>carbidopa-levodopa</i>	T1	
<i>carbidopa-levodopa er</i>	T1	
<i>carbidopa-levodopa-entacapone</i>	T1	
<i>entacapone</i>	T1	
INBRIJA	T4	PA
LODOSYN	T3	PA
MIRAPEX ER	T3	PA
NEUPRO	T3	
NOURIANZ	T3	PA
ONGENTYS	T3	ST
PARLODEL	T3	
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er</i>	T1	PA
<i>rasagiline mesylate oral</i>	T1	
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T1	

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Drug Name	Drug Tier	Notes
RYTARY	T3	ST
<i>selegiline hcl oral</i>	T1	
SINEMET	T3	
TASMAR	T3	
<i>tolcapone</i>	T1	
<i>trihexyphenidyl hcl oral solution</i>	T1	
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	T1/Value	
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	T1	
XADAGO	T3	ST; QL
ZELAPAR	T3	PA
Antiplatelets		
AGGRASTAT	T3	
<i>aspirin-dipyridamole er</i>	T1	
BRILINTA	T2	
CABLIVI	T4	PA; SP-QTZ; QL
<i>cilostazol</i>	T1	
<i>clopidogrel bisulfate oral</i>	T1	
<i>dipyridamole oral</i>	T1	
EFFIENT	T3	PA
<i>eptifibatide</i>	T1	
KENGREAL	T3	
<i>prasugrel hcl</i>	T1	
<i>tirofiban hcl in nacl</i>	T1	
ZONTIVITY	T3	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY ASIMTUFII	T3	
ABILIFY MAINTENA	T3	
ABILIFY MYCITE MAINTENANCE KIT	T3	PA; QL
ABILIFY MYCITE STARTER KIT	T3	PA; QL
ADASUVE	T3	PA
<i>aripiprazole</i>	T1	QL
ARISTADA	T3	
ARISTADA INITIO	T3	
<i>asenapine maleate</i>	T1	QL
CAPLYTA	T3	ST; QL
<i>chlorpromazine hcl injection</i>	T1	
<i>chlorpromazine hcl oral</i>	T1	
<i>clozapine</i>	T1	QL

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Drug Name	Drug Tier	Notes
CLOZARIL	T3	PA; QL
FANAPT	T3	ST; QL
FANAPT TITRATION PACK	T3	ST; QL
<i>fluphenazine decanoate injection</i>	T1	
<i>fluphenazine hcl</i>	T1	
GEODON INTRAMUSCULAR	T3	
GEODON ORAL	T3	PA; QL
HALDOL DECANOATE	T3	
<i>haloperidol decanoate intramuscular</i>	T1	
<i>haloperidol lactate injection</i>	T1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	T1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	T1/Value	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	T1	
INVEGA	T3	QL
INVEGA HAFYERA	T3	ST
INVEGA SUSTENNA	T3	
INVEGA TRINZA	T3	
<i>loxapine succinate</i>	T1	
<i>lurasidone hcl</i>	T1	QL
<i>molindone hcl</i>	T1	
NUPLAZID	T3	PA
<i>olanzapine intramuscular</i>	T1	
<i>olanzapine oral</i>	T1	QL
<i>paliperidone er</i>	T1	QL
PERSERIS	T3	
<i>pimozide</i>	T1	
<i>quetiapine fumarate</i>	T1	QL
<i>quetiapine fumarate er</i>	T1	QL
REXULTI	T3	QL
RISPERDAL CONSTA	T3	ST
<i>risperidone</i>	T1	QL
<i>risperidone microspheres er</i>	T1	
RYKINDO	T3	
<i>thioridazine hcl oral</i>	T1	
<i>thiothixene</i>	T1	
<i>trifluoperazine hcl</i>	T1	
UZEDY	T3	
VERSACLOZ	T3	QL

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Drug Name	Drug Tier	Notes
VRAYLAR	T3	QL
<i>ziprasidone hcl</i>	T1	QL
<i>ziprasidone mesylate</i>	T1	
ZYPREXA RELPREVV	T3	
ZYPREXA ZYDIS	T3	QL
Antivirals		
<i>abacavir sulfate</i>	T1	SP-QTZ
<i>abacavir sulfate-lamivudine</i>	T1	SP-QTZ
<i>acyclovir external cream</i>	T1	PA; QL
<i>acyclovir external ointment</i>	T1	QL
<i>acyclovir oral capsule</i>	T1/Value	
<i>acyclovir oral suspension</i>	T1	
<i>acyclovir oral tablet</i>	T1/Value	
<i>acyclovir sodium</i>	T1	
<i>adefovir dipivoxil</i>	T1	
APRETUDE	T3	
APTIVUS	T2	SP-QTZ
<i>atazanavir sulfate</i>	T1	SP-QTZ
BARACLUDE ORAL SOLUTION	T3	QL
BIKTARVY	T3	SP-QTZ
<i>cidofovir intravenous</i>	T1	
CIMDUO	T2	SP-QTZ
COMPLERA	T3	SP-QTZ
<i>darunavir</i>	T1	SP-QTZ
DELSTRIGO	T3	SP-QTZ
DENAVIR	T3	PA; QL
DESCOVY ORAL TABLET 120-15 MG	T3	SP-QTZ; \$0 copay for HIV PX
DESCOVY ORAL TABLET 200-25 MG	T3	PA; SP-QTZ; \$0 copay for HIV PX
DOVATO	T2	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, 200-300 mg</i>	T1	SP-QTZ; \$0 copay for HIV PX
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	T1	SP-QTZ

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Drug Name	Drug Tier	Notes
EMTRIVA ORAL CAPSULE	T3	SP-QTZ
EMTRIVA ORAL SOLUTION	T2	SP-QTZ
<i>entecavir</i>	T1	QL
EPCLUSA	T4	PA; SP-QTZ; QL
EPIVIR	T3	SP-QTZ
<i>etravirine</i>	T1	SP-QTZ
EVOTAZ	T2	SP-QTZ
<i>famciclovir oral</i>	T1	
<i>fosamprenavir calcium</i>	T1	SP-QTZ
<i>foscarnet sodium</i>	T1	
FOSCAVIR	T3	
FUZEON	T2	SP-QTZ
GANCICLOVIR	T3	
<i>ganciclovir sodium</i>	T1	
GENVOYA	T3	SP-QTZ
HARVONI	T4	PA; SP-QTZ; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	T3	SP-QTZ
INTELENCE ORAL TABLET 25 MG	T2	SP-QTZ
ISENTRESS	T2	SP-QTZ; \$0 copay for HIV PX
ISENTRESS HD	T2	SP-QTZ
JULUCA	T2	SP-QTZ
KALETRA	T3	SP-QTZ
LAGEVRIO	T3	QL
<i>lamivudine oral solution</i>	T1	SP-QTZ
<i>lamivudine oral tablet 100 mg</i>	T1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T1	SP-QTZ
<i>lamivudine-zidovudine</i>	T1	SP-QTZ
LIVTENCITY	T4	PA
<i>lopinavir-ritonavir</i>	T1	SP-QTZ
<i>maraviroc</i>	T1	PA; SP-QTZ
MAVYRET	T4	PA; SP-QTZ; QL
<i>nevirapine</i>	T1	SP-QTZ
<i>nevirapine er</i>	T1	SP-QTZ
NORVIR ORAL PACKET	T2	SP-QTZ
NORVIR ORAL TABLET	T3	SP-QTZ
ODEFSEY	T3	SP-QTZ
<i>oseltamivir phosphate oral</i>	T1	QL
PAXLOVID (150/100)	T2	QL

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Drug Name	Drug Tier	Notes
PAXLOVID (300/100)	T2	QL
PEGASYS	T4	PA; SP-QTZ
<i>penciclovir</i>	T1	PA; QL
PIFELTRO	T3	SP-QTZ
PREVYMIS	T4	
PREZCOBIX	T2	SP-QTZ
PREZISTA ORAL SUSPENSION	T2	SP-QTZ
PREZISTA ORAL TABLET 150 MG, 75 MG	T2	SP-QTZ
PREZISTA ORAL TABLET 600 MG, 800 MG	T3	PA; SP-QTZ
RAPIVAB	T3	
RELENZA DISKHALER	T3	QL
RETROVIR INTRAVENOUS	T2	
RETROVIR ORAL	T3	SP-QTZ
REYATAZ ORAL CAPSULE	T3	SP-QTZ
REYATAZ ORAL PACKET	T2	SP-QTZ
<i>ribavirin inhalation</i>	T1	
<i>ribavirin oral</i>	T4	
<i>rimantadine hcl</i>	T1	
<i>ritonavir</i>	T1	SP-QTZ
RUKOBIA	T2	SP-QTZ
SELZENTRY ORAL SOLUTION	T2	PA; SP-QTZ
SELZENTRY ORAL TABLET	T3	PA; SP-QTZ
SITAVIG	T3	PA; QL
SOVALDI	T4	PA; SP-QTZ; QL
STRIBILD	T3	SP-QTZ
SUNLENCA ORAL	T3	PA; SP-QTZ; QL
SUNLENCA SUBCUTANEOUS	T3	PA; QL
SYMFI	T2	SP-QTZ
SYMFI LO	T2	SP-QTZ
SYMTUZA	T3	SP-QTZ
TEMBEXA	T3	
<i>tenofovir disoproxil fumarate</i>	T1	SP-QTZ; \$0 copay for HIV PX
TIVICAY	T3	SP-QTZ
TIVICAY PD	T3	SP-QTZ; \$0 copay for HIV PX
TPOXX	T3	
TRIUMEQ	T2	SP-QTZ
TRIUMEQ PD	T3	SP-QTZ
TROGARZO	T3	

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Drug Name	Drug Tier	Notes
TYBOST	T2	SP-QTZ
<i>valacyclovir hcl oral</i>	T1	QL
VALCYTE	T3	PA
<i>valganciclovir hcl</i>	T1	
VEKLURY	T3	QL
VIRACEPT	T2	SP-QTZ
VIRAZOLE	T3	
VIREAD ORAL POWDER	T2	SP-QTZ
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	SP-QTZ
VIREAD ORAL TABLET 300 MG	T3	PA; SP-QTZ
VOSEVI	T4	PA; SP-QTZ; QL
XERESE	T3	PA
XOFLUZA (40 MG DOSE)	T3	QL
XOFLUZA (80 MG DOSE)	T3	QL
ZEPATIER	T4	PA; SP-QTZ; QL
ZIAGEN	T3	SP-QTZ
<i>zidovudine oral capsule</i>	T1	SP-QTZ
<i>zidovudine oral syrup</i>	T1	SP-QTZ
<i>zidovudine oral tablet</i>	T1	
Anxiolytics - Drugs for Anxiety		
<i>alprazolam er</i>	T1	QL
<i>alprazolam intensol</i>	T1	QL
<i>alprazolam oral tablet</i>	T1	QL
<i>alprazolam oral tablet dispersible</i>	T1	PA; QL
<i>alprazolam xr</i>	T1	QL
ATIVAN INJECTION	T3	
<i>buspirone hcl oral tablet 10 mg, 5 mg</i>	T1/Value	
<i>buspirone hcl oral tablet 15 mg, 30 mg, 7.5 mg</i>	T1	
<i>chlordiazepoxide hcl</i>	T1	QL
<i>clonazepam oral</i>	T1	QL
<i>clorazepate dipotassium</i>	T1	QL
<i>diazepam injection solution 10 mg/2ml</i>	T1	
<i>diazepam intensol</i>	T1	
<i>diazepam oral</i>	T1	
<i>diazepam solution 5 mg/ml injection</i>	T1	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	T3	
<i>estazolam</i>	T1	QL

Drug Name	Drug Tier	Notes
HALCION	T3	QL
<i>hydroxyzine hcl intramuscular</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1/Value	
<i>hydroxyzine hcl syrup 10 mg/5ml oral</i>	T1/Value	
<i>hydroxyzine hcl syrup 10 mg/5ml oral</i>	T1/Value	PA
<i>hydroxyzine pamoate oral</i>	T1/Value	
<i>lorazepam injection</i>	T1	
<i>lorazepam intensol</i>	T1	QL
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	QL
<i>lorazepam oral tablet</i>	T1	QL
<i>meprobamate</i>	T1	
<i>oxazepam</i>	T1	QL
<i>quazepam</i>	T1	QL
<i>triazolam</i>	T1	QL
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	T3	
<i>lithium</i>	T1	
<i>lithium carbonate er</i>	T1/Value	
<i>lithium carbonate oral</i>	T1/Value	
LITHOBID	T3	PA
Blood Products and Modifiers - Drugs for Blood Disorders		
ADVATE	T4	
ADYNOVATE	T4	
AFSTYLA	T4	
AGRYLIN	T3	PA
ALPHANATE	T4	
ALPHANINE SD	T4	
ALPROLIX	T4	
ALTUVIIIO	T4	
ALVAIZ	T4	PA; SP-QTZ
<i>aminocaproic acid intravenous</i>	T1	
<i>aminocaproic acid oral</i>	T1	
<i>anagrelide hcl</i>	T1	
APHEXDA	T4	
ARANESP (ALBUMIN FREE)	T4	PA
ASTRINGYN	T3	
BALFAXAR	T3	

Drug Name	Drug Tier	Notes
COAGADEX	T4	
CORIFACT	T4	
CYKLOKAPRON	T3	
DOPTELET	T4	PA; SP-ORx
ELOCTATE	T4	
EMPAVELI	T4	PA
ENJAYMO	T4	PA
ESPEROCT	T4	
FABHALTA	T4	PA; QL
FEIBA	T4	
FIBRYGA	T4	
HEMLIBRA	T4	SP-QTZ
HEMOFIL M	T4	
<i>hetastarch-nacl</i>	T1	
HEXTEND	T3	
HUMATE-P	T4	
IDELVION	T4	
IXINITY	T4	
JIVI	T4	
KCENTRA	T3	
KOATE	T4	
KOATE-DVI	T4	
KOGENATE FS	T4	
KOVALTRY	T4	
LEUKINE	T4	PA
LMD IN D5W	T3	
LMD IN NAACL	T3	
MIRCERA	T4	PA
MOZOBIL	T4	
MULPLETA	T4	PA
NEULASTA	T4	PA
NEULASTA ONPRO	T4	PA
NIVESTYM	T4	PA
NOVOEIGHT	T4	
NOVOSEVEN RT	T4	
NPLATE	T4	PA
NUWIQ	T4	
OBIZUR	T4	

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Drug Name	Drug Tier	Notes
<i>plerixafor</i>	T4	
PROCRIT	T4	PA
PROFILNINE	T4	
PROMACTA	T4	PA; SP-QTZ
<i>protamine sulfate intravenous</i>	T1	
PYRUKYND	T4	PA; QL
PYRUKYND TAPER PACK	T4	PA; QL
REBINYN	T4	
REBLOZYL	T4	PA
RECOMBINATE	T4	
RECOTHROM	T3	
RECOTHROM SPRAY KIT	T3	
RETACRIT	T4	PA
RIASTAP	T4	
RIXUBIS	T4	
SOLIRIS	T4	PA
TAVALISSE	T4	PA; SP-ORx
THROMBIN-JMI	T3	
THROMBIN-JMI EPISTAXIS	T3	
THROMBOGEN	T3	
<i>tranexamic acid intravenous</i>	T1	
<i>tranexamic acid oral</i>	T1	
<i>tranexamic acid-nacl</i>	T1	
TRETTEN	T4	
UDENYCA	T4	PA
UDENYCA ONBODY	T4	PA
ULTOMIRIS	T4	PA
VONVENDI	T4	
VOYDEYA	T4	PA; QL
WILATE	T4	
XOLREMDI	T4	PA; QL
ZARXIO	T4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	T3	
ACCURETIC	T3	
<i>acebutolol hcl oral</i>	T1	\$0 HDHP
<i>acetazolamide sodium</i>	T1	

Drug Name	Drug Tier	Notes
<i>adenosine intravenous solution 12 mg/4ml, 6 mg/2ml</i>	T1	
AKOVAZ	T3	
ALDACTONE	T3	
<i>aliskiren fumarate</i>	T1	
<i>alprostadil injection</i>	T1	
ALTOPREV	T3	ST
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1/Value	
<i>amiodarone hcl</i>	T1	
<i>amlodipine besylate oral</i>	T1/Value	
<i>amlodipine besylate-benazepril hcl</i>	T1	
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-atorvastatin</i>	T1	
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
ASCLERA	T3	
ATACAND HCT	T3	PA
<i>atenolol oral</i>	T1/Value	\$0 HDHP
<i>atenolol-chlorthalidone</i>	T1/Value	\$0 HDHP
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1/Value	\$0 HDHP; \$0 if age 40-75
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1/Value	\$0 HDHP
<i>atorvastatin calcium tablet 10 mg oral</i>	T1/Value	\$0 HDHP; \$0 if age 40-75
<i>atorvastatin calcium tablet 20 mg oral</i>	T1/Value	\$0 HDHP; \$0 if age 40-75
<i>atorvastatin calcium tablet 40 mg oral</i>	T1/Value	\$0 HDHP
<i>atorvastatin calcium tablet 80 mg oral</i>	T1/Value	\$0 HDHP
AVALIDE	T3	PA
<i>benazepril hcl oral</i>	T1/Value	\$0 HDHP
<i>benazepril-hydrochlorothiazide</i>	T1	\$0 HDHP
BETAPACE	T3	PA
BETAPACE AF	T3	PA
<i>betaxolol hcl oral</i>	T1	\$0 HDHP
BIDIL	T3	
BIORPHEN	T3	
<i>bisoprolol fumarate oral</i>	T1/Value	\$0 HDHP
<i>bisoprolol-hydrochlorothiazide</i>	T1/Value	\$0 HDHP
BREVIBLOC	T3	
BREVIBLOC IN NAACL	T3	

Drug Name	Drug Tier	Notes
BREVIBLOC PREMIXED	T3	
BREVIBLOC PREMIXED DS	T3	
<i>bumetanide</i>	T1	
BUMEX	T3	
CADUET	T3	PA
<i>candesartan cilexetil</i>	T1	
<i>candesartan cilexetil-hctz</i>	T1	PA
<i>captopril oral</i>	T1	\$0 HDHP
<i>captopril-hydrochlorothiazide</i>	T1	\$0 HDHP
CARDENE IV	T3	
CARDIZEM	T3	PA
CARDIZEM CD	T3	PA
CARDURA	T3	PA
CAROSPIR	T3	PA
<i>cartia xt</i>	T1	
<i>carvedilol</i>	T1/Value	\$0 HDHP
<i>carvedilol phosphate er</i>	T1	PA
<i>chlorothiazide sodium</i>	T1	
<i>chlorthalidone</i>	T1/Value	
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
CLEVIPREX	T3	
<i>clonidine</i>	T1	PA
CLONIDINE ER	T3	PA
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	T1/Value	
<i>clonidine hcl oral tablet 0.3 mg</i>	T1	
<i>colesevelam hcl oral packet</i>	T1	PA
<i>colesevelam hcl oral tablet</i>	T1	
<i>colestipol hcl</i>	T1	
CORLANOR	T3	PA; QL
CORVERT	T3	
DEMSER	T3	PA; QL
DIBENZYLINE	T3	PA
<i>digoxin injection</i>	T1	
<i>digoxin oral solution</i>	T1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1/Value	
<i>digoxin oral tablet 62.5 mcg</i>	T1	
<i>diltiazem hcl er beads</i>	T1	

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Drug Name	Drug Tier	Notes
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T1	PA
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i>	T1	PA
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	T1	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	T1	PA
<i>diltiazem hcl intravenous</i>	T1	
<i>diltiazem hcl oral</i>	T1	
DILTIAZEM HCL-DEXTROSE	T3	
DILTIAZEM HCL-SODIUM CHLORIDE	T3	
<i>dilt-xr</i>	T1	
<i>disopyramide phosphate</i>	T1	
DIURIL	T3	
<i>dobutamine hcl</i>	T1	
<i>dobutamine-dextrose</i>	T1	
<i>dofetilide</i>	T1	
<i>dopamine hcl intravenous</i>	T1	
<i>dopamine-dextrose</i>	T1	
<i>doxazosin mesylate oral</i>	T1/Value	
<i>droxidopa</i>	T4	PA
DYRENIUM	T3	
EDARBI	T3	ST
EDARBYCLOR	T3	ST
EDECIN	T3	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	T3	
<i>enalapril maleate oral solution</i>	T1	PA; \$0 HDHP
<i>enalapril maleate oral tablet</i>	T1/Value	\$0 HDHP
<i>enalaprilat</i>	T1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	T1	\$0 HDHP
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	T1/Value	\$0 HDHP
ENTRESTO	T2	QL

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Drug Name	Drug Tier	Notes
EPANED	T3	PA
<i>ephedrine sulfate (pressors) intravenous solution 50 mg/ml</i>	T1	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 50 MG/10ML INJECTION	T3	
EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 50 MG/5ML INJECTION	T3	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%	T3	
EPHEDRINE SULFATE-NACL SOLUTION PREFILLED SYRINGE 25-0.9 MG/5ML-% INTRAVENOUS	T3	
EPHEDRINE SULFATE-NACL SOLUTION PREFILLED SYRINGE 50-0.9 MG/10ML-% INTRAVENOUS	T3	
EPHEDRINE SULFATE-NACL SOLUTION PREFILLED SYRINGE 50-0.9 MG/5ML-% INTRAVENOUS	T3	
EPINEPHRINE HCL-DEXTROSE	T3	
EPINEPHRINE HCL-NACL	T3	
<i>epinephrine injection solution</i>	T1	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	T3	
EPINEPHRINE INTRAVENOUS SOLUTION	T3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	T3	
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	T1	
<i>epinephrine pf</i>	T1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	T3	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 2-0.9 MG/250ML-%	T3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>eplerenone</i>	T1	

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Drug Name	Drug Tier	Notes
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	T1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	T3	
<i>esmolol hcl-sodium chloride</i>	T1	
<i>ethacrynate sodium</i>	T1	
<i>ethacrynic acid</i>	T1	
ETHAMOLIN	T3	
EVKEEZA	T4	PA
EZALLOR SPRINKLE	T3	ST
<i>ezetimibe</i>	T1	
<i>ezetimibe-simvastatin</i>	T1	
<i>felodipine er</i>	T1	
<i>fenofibrate micronized oral capsule 130 mg</i>	T1	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T1	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T1	PA
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>fenofibric acid oral capsule delayed release</i>	T1	
<i>fenofibric acid oral tablet</i>	T1	PA
FIBRICOR	T3	ST
<i>flecainide acetate</i>	T1	
FLOLIPID	T3	ST; \$0 if age 40-75
<i>fluvastatin sodium</i>	T1	PA; \$0 HDHP; \$0 if age 40-75
<i>fluvastatin sodium er</i>	T1	PA; \$0 HDHP; \$0 if age 40-75
<i>fosinopril sodium</i>	T1/Value	\$0 HDHP
<i>fosinopril sodium-hctz</i>	T1	\$0 HDHP
FUROSEMIDE IN SODIUM CHLORIDE	T3	
<i>furosemide injection</i>	T1	
<i>furosemide oral solution 10 mg/ml</i>	T1/Value	
<i>furosemide oral solution 8 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1/Value	
<i>gemfibrozil oral</i>	T1/Value	
<i>guanfacine hcl</i>	T1/Value	
HEMANGEOL	T3	PA
<i>hydralazine hcl injection</i>	T1	
<i>hydralazine hcl oral</i>	T1/Value	

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Drug Name	Drug Tier	Notes
<i>hydrochlorothiazide oral</i>	T1/Value	
<i>ibutilide fumarate</i>	T1	
<i>icosapent ethyl</i>	T1	PA
IMMPHENTIV	T3	
<i>indapamide</i>	T1/Value	
INSPRA	T3	PA
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
ISORDIL TITRADOSE	T3	
<i>isosorb dinitrate-hydralazine</i>	T1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T1	PA
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>	T1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>	T1/Value	
<i>isradipine</i>	T1	
<i>ivabradine hcl</i>	T1	PA; QL
JUXTAPID	T4	PA; QL
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>labetalol hcl oral</i>	T1	\$0 HDHP
<i>labetalol hcl solution 5 mg/ml intravenous</i>	T1	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	T3	
LANOXIN INJECTION	T3	
LANOXIN ORAL	T2	PA
LANOXIN PEDIATRIC	T3	
LEVOPHED	T3	
LIPOFEN	T3	PA
<i>lisinopril oral</i>	T1/Value	\$0 HDHP
<i>lisinopril-hydrochlorothiazide</i>	T1/Value	\$0 HDHP
LOPID	T3	
LOPRESSOR	T3	
<i>losartan potassium oral</i>	T1/Value	
<i>losartan potassium-hctz</i>	T1/Value	
LOTENSIN	T3	

Drug Name	Drug Tier	Notes
LOTENSIN HCT	T3	
<i>lovastatin oral</i>	T1	\$0 HDHP; \$0 if age 40-75
<i>mannitol intravenous</i>	T1	
<i>matzim la</i>	T1	PA
METHYLDOPA ORAL TABLET 250 MG	T3	
<i>methyldopa tablet 500 mg oral</i>	T1/Value	
METHYLDOPA TABLET 500 MG ORAL	T3	
<i>metolazone</i>	T1	
<i>metoprolol succinate er</i>	T1	\$0 HDHP
<i>metoprolol tartrate intravenous</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1/Value	\$0 HDHP
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	T1	\$0 HDHP
<i>metoprolol-hydrochlorothiazide</i>	T1	\$0 HDHP
<i>metyrosine</i>	T1	PA; QL
<i>mexiletine hcl oral</i>	T1	
<i>midodrine hcl</i>	T1	
<i>milrinone lactate</i>	T1	
<i>milrinone lactate in dextrose</i>	T1	
<i>minoxidil oral</i>	T1	
<i>moexipril hcl</i>	T1	\$0 HDHP
MULTAQ	T3	
<i>nadolol oral</i>	T1	\$0 HDHP
<i>nebivolol hcl</i>	T1	\$0 HDHP
NEXICLON XR	T3	PA
NEXLETOL	T2	PA; QL
NEXLIZET	T2	PA; QL
NEXTERONE	T3	
<i>niacin (antihyperlipidemic)</i>	T1	PA
<i>niacin er (antihyperlipidemic)</i>	T1	
<i>niacor</i>	T1	PA
<i>nicardipine hcl in nacl intravenous solution</i>	T1	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>nicardipine hcl intravenous</i>	T1	
<i>nicardipine hcl oral</i>	T1	PA
<i>nifedipine er</i>	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	

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Drug Name	Drug Tier	Notes
<i>nimodipine oral</i>	T1	
<i>nisoldipine er</i>	T1	PA
NITRO-BID	T3	
NITRO-DUR	T3	PA
<i>nitroglycerin</i>	T1	
<i>nitroglycerin in d5w</i>	T1	
NITROLINGUAL	T3	
<i>nitroprusside sodium</i>	T1	
<i>norepinephrine bitartrate solution 1 mg/ml intravenous</i>	T1	
NOREPINEPHRINE-DEXTROSE	T3	
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 16-0.9 MG/250ML-% INTRAVENOUS	T3	
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 4-0.9 MG/250ML-% INTRAVENOUS	T3	
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 8-0.9 MG/250ML-% INTRAVENOUS	T3	
NORLIQVA	T3	PA
NORPACE	T3	
NORPACE CR	T2	
NORTHERA	T4	PA
NYMALIZE	T3	
<i>olmesartan medoxomil oral</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>olmesartan-amlodipine-hctz</i>	T1	
<i>omega-3-acid ethyl esters</i>	T1	
OSMITROL	T3	
PACERONE	T3	
<i>pentoxifylline er</i>	T1	
<i>perindopril erbumine</i>	T1	\$0 HDHP
<i>phenoxybenzamine hcl oral</i>	T1	PA
<i>phentolamine mesylate injection</i>	T1	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML	T3	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	

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Drug Name	Drug Tier	Notes
<i>phenylephrine hcl (pressors) solution 10 mg/ml intravenous</i>	T1	
PHENYLEPHRINE HCL INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 80-0.9 MG/250ML-%	T3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 10-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 20-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 25-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 40-0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 50-0.9 MG/250ML-% INTRAVENOUS	T3	
<i>pindolol</i>	T1	\$0 HDHP
<i>pitavastatin calcium</i>	T1	\$0 HDHP; \$0 if age 40-75
<i>pravastatin sodium</i>	T1	\$0 HDHP; \$0 if age 40-75
<i>prazosin hcl oral</i>	T1/Value	
PRESTALIA	T3	
<i>prevalite</i>	T1	
<i>procainamide hcl injection</i>	T1	
PROCARDIA XL	T3	PA
<i>propafenone hcl</i>	T1	
<i>propafenone hcl er</i>	T1	
<i>propranolol hcl er</i>	T1	\$0 HDHP
<i>propranolol hcl intravenous</i>	T1	
<i>propranolol hcl oral solution</i>	T1	\$0 HDHP
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T1/Value	\$0 HDHP
<i>propranolol hcl oral tablet 60 mg</i>	T1	\$0 HDHP
PROSTIN VR	T3	
QBRELIS	T3	PA
<i>quinapril hcl</i>	T1/Value	\$0 HDHP
<i>quinapril-hydrochlorothiazide</i>	T1	\$0 HDHP
<i>quinidine gluconate er</i>	T1	

Drug Name	Drug Tier	Notes
<i>quinidine sulfate</i>	T1	
<i>ramipril</i>	T1/Value	\$0 HDHP
<i>ranolazine er</i>	T1	
RECTIV	T3	PA
REPATHA	T2	ST; SP-QTZ; QL
REPATHA PUSHTRONEX SYSTEM	T2	ST; SP-QTZ; QL
REPATHA SURECLICK	T2	ST; SP-QTZ; QL
REZIPRES	T3	
<i>rosuvastatin calcium oral</i>	T1	\$0 HDHP; \$0 if age 40-75
<i>simvastatin oral</i>	T1/Value	\$0 HDHP; \$0 if age 40-75
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	T1	
<i>sotalol hcl (af)</i>	T1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	T1	
<i>sotalol hcl oral tablet 80 mg</i>	T1/Value	
SOTYLIZE	T3	
<i>spironolactone oral suspension</i>	T1	PA
<i>spironolactone oral tablet</i>	T1/Value	
<i>spironolactone-hctz</i>	T1/Value	
SULAR	T3	PA
TEKTURNA	T2	
<i>telmisartan</i>	T1	
<i>telmisartan-amlodipine</i>	T1	
<i>telmisartan-hctz</i>	T1	PA
TENORETIC 100	T3	
TENORETIC 50	T3	
THALITONE	T3	
<i>tiadylt er</i>	T1	
TIAZAC	T3	
<i>timolol maleate oral</i>	T1	\$0 HDHP
<i>torseamide</i>	T1/Value	
<i>trandolapril</i>	T1/Value	\$0 HDHP
<i>trandolapril-verapamil hcl er</i>	T1	
<i>triamterene oral</i>	T1	
<i>triamterene-hctz</i>	T1/Value	
TRILIPIX	T3	
<i>valsartan oral tablet</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	

Drug Name	Drug Tier	Notes
VARITHENA	T3	
VASCEPA	T2	PA
VASERETIC	T3	PA
VASOTEC	T3	PA
VAZCULEP	T3	
VECAMYL	T3	
<i>verapamil hcl er</i>	T1	
<i>verapamil hcl intravenous</i>	T1	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	T1/Value	
<i>verapamil hcl oral tablet 40 mg</i>	T1	
VERELAN	T3	
VERELAN PM	T3	
VERQUVO	T3	PA; QL
VYNDAMAX	T4	PA; SP-ORx; QL
VYNDAQEL	T4	PA; SP-ORx; QL
ZESTORETIC	T3	PA
Central Nervous System Agents		
SKYCLARYS	T4	PA; QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
ADDERALL XR	T3	ST; QL
<i>amphetamine sulfate</i>	T1	QL
<i>amphetamine-dextroamphetamine</i>	T1	QL
<i>amphetamine-dextroamphetamine er</i>	T1	QL
<i>amphet-dextroamphet 3-bead er</i>	T1	QL
APTENSIO XR	T3	ST; QL
<i>atomoxetine hcl</i>	T1	QL
AZSTARYS	T2	ST; QL
<i>clonidine hcl er</i>	T1	
CONCERTA	T3	ST; QL
DESOXYN	T3	ST; QL
DEXEDRINE	T3	ST; QL
<i>dexmethylphenidate hcl</i>	T1	QL
<i>dexmethylphenidate hcl er</i>	T1	QL
<i>dextroamphetamine sulfate</i>	T1	QL
<i>dextroamphetamine sulfate er</i>	T1	QL
<i>guanfacine hcl er</i>	T1	
JORNAY PM	T3	ST; QL

Drug Name	Drug Tier	Notes
<i>lisdexamfetamine dimesylate</i>	T1	QL
<i>methamphetamine hcl</i>	T1	PA; QL
METHYLIN	T3	ST; QL
<i>methylphenidate</i>	T1	PA; QL
<i>methylphenidate hcl er</i>	T1	QL
<i>methylphenidate hcl er (cd)</i>	T1	QL
<i>methylphenidate hcl er (la)</i>	T1	QL
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	T1	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	T3	ST; QL
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	T1	PA; QL
<i>methylphenidate hcl er (xr)</i>	T1	QL
<i>methylphenidate hcl oral</i>	T1	QL
PROCENTRA	T3	ST; QL
RELEXXII	T3	ST; QL
VYVANSE	T3	ST; QL
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	T4	PA; SP-QTZ; QL
AVONEX PREFILLED	T4	PA; SP-QTZ; QL
BETASERON	T4	PA; SP-QTZ; QL
BRIUMVI	T4	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	T4	PA; SP-QTZ; QL
<i>dalfampridine er</i>	T4	PA; QL
<i>dimethyl fumarate oral</i>	T4	PA; SP-QTZ; QL
<i>dimethyl fumarate starter pack</i>	T4	PA; SP-QTZ; QL
<i> fingolimod hcl</i>	T4	PA; SP-QTZ; QL
GILENYA ORAL CAPSULE 0.25 MG	T4	PA; SP-QTZ; QL
<i>glatiramer acetate</i>	T4	PA; SP-QTZ; QL
<i>glatopa</i>	T4	PA; SP-QTZ; QL
KESIMPTA	T4	PA; SP-QTZ; QL
LEMTRADA	T4	PA
MAVENCLAD	T4	PA; SP-ORx
MAYZENT	T4	PA; SP-QTZ; QL
MAYZENT STARTER PACK	T4	PA; SP-QTZ; QL
OCREVUS	T4	PA

Drug Name	Drug Tier	Notes
<i>teriflunomide</i>	T4	PA; SP-QTZ; QL
TYSABRI	T4	PA; QL
VUMERITY	T4	PA; SP-QTZ; QL
ZEPOSIA	T4	PA; SP-QTZ; QL
ZEPOSIA 7-DAY STARTER PACK	T4	PA; SP-QTZ; QL
ZEPOSIA STARTER KIT	T4	PA; SP-QTZ; QL
Central Nervous System Agents - Miscellaneous		
AMVUTTRA	T4	PA; QL
ANECTINE	T3	
<i>atracurium besylate</i>	T1	
AUSTEDO	T4	PA; QL
AUSTEDO XR	T4	PA; QL
AUSTEDO XR PATIENT TITRATION	T4	PA; QL
<i>caffeine citrate</i>	T1	
CAFFEINE-SODIUM BENZOATE	T3	
<i>cisatracurium besylate</i>	T1	
<i>cisatracurium besylate (pf)</i>	T1	
DOPRAM	T3	
<i>edaravone</i>	T4	PA
<i>gabapentin (once-daily)</i>	T1	ST; QL
GRALISE	T3	ST; QL
HORIZANT	T3	PA; QL
INGREZZA	T4	PA; QL
NUEDEXTA	T3	PA
ONPATTRO	T4	PA
<i>pregabalin er</i>	T1	ST; QL
<i>pregabalin oral</i>	T1	QL
QUELICIN	T3	
RADICAVA	T4	PA
RADICAVA ORS	T4	PA
RADICAVA ORS STARTER KIT	T4	PA
<i>riluzole</i>	T1	
<i>rocuronium bromide intravenous solution 50 mg/5ml</i>	T1	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>rocuronium bromide solution 100 mg/10ml intravenous</i>	T1	

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Drug Name	Drug Tier	Notes
SAVELLA	T3	ST; QL
SAVELLA TITRATION PACK	T3	ST; QL
SUCCINYLCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML	T3	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS	T3	
<i>succinylcholine chloride solution 20 mg/ml injection</i>	T1	
SUCCINYLCHOLINE CHLORIDE SOLUTION 20 MG/ML INJECTION	T3	
TEGLUTIK	T2	PA; QL
<i>tetrabenazine</i>	T4	PA
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>vecuronium bromide intravenous solution reconstituted</i>	T1	
WAINUA	T4	PA; QL
XENAZINE	T4	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
AQUORAL	T3	
CAPHOSOL	T3	
<i>cevimeline hcl</i>	T1	
<i>chlorhexidine gluconate mouth/throat</i>	T1/Value	
EVOXAC	T3	PA
KEPIVANCE	T4	
KOURZEQ	T3	
<i>lidocaine viscous hcl</i>	T1/Value	
MI PASTE	T3	
MI PASTE PLUS	T3	
ORALONE	T3	
PERIDEX	T3	
<i>periogard</i>	T1/Value	
<i>pilocarpine hcl oral</i>	T1	
REMESENSE	T3	
SALAGEN	T3	
<i>triamcinolone acetonide mouth/throat</i>	T1	

Drug Name	Drug Tier	Notes
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA LD	T3	PA
<i>accutane</i>	T1	
<i>acitretin</i>	T1	
<i>adapalene-benzoyl peroxide external gel</i>	T1	
ADBRY	T4	PA; SP-ORx; QL
AKLIEF	T3	PA
<i>ala-cort</i>	T1	
<i>alclometasone dipropionate</i>	T1	
ALLEVYN GENTLE	T3	
<i>amcinonide</i>	T1	PA
<i>ammonium lactate external</i>	T1	
<i>amnesteem</i>	T1	
AMZEEQ	T3	
AQUACEL AG BURN	T3	
ATRAPRO DERMAL SPRAY	T3	
<i>azelaic acid external</i>	T1	
AZELEX	T3	PA
B & C	T3	
<i>balsam peru-castor oil</i>	T1	
<i>benzoyl peroxide-erythromycin</i>	T1	
<i>betamethasone dipropionate aug</i>	T1	
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external</i>	T1	
BPCO	T3	
<i>brimonidine tartrate external</i>	T1	
BRYHALI	T3	PA
<i>calcipotriene external cream</i>	T1	
<i>calcipotriene external ointment</i>	T1	
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T1	PA; QL
<i>calcipotriene-betameth diprop external suspension</i>	T1	QL
CALCITRENE	T3	
<i>calcitriol external</i>	T1	
CARAC	T3	
CIBINQO	T4	PA; QL
<i>claravis</i>	T1	

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Drug Name	Drug Tier	Notes
CLEOCIN-T	T3	
<i>clindacin</i>	T1	PA
<i>clindacin etz external swab</i>	T1	
<i>clindacin-p</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i> , 1.2-2.5 %, 1.2-5 %	T1	
<i>clindamycin phosphate external foam</i>	T1	PA
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin phosphate gel 1 % external</i>	T1	
<i>clindamycin phosphate gel 1 % external</i>	T1	PA
<i>clindamycin-tretinoin</i>	T1	PA
<i>clobetasol propionate e</i>	T1	
<i>clobetasol propionate emulsion</i>	T1	PA
<i>clobetasol propionate external</i>	T1	
<i>clocortolone pivalate</i>	T1	PA
<i>clodan</i>	T1	
<i>coal tar external</i>	T1	
CONDYLOX	T3	
CURITY HYPERTONIC NAACL STRIP	T3	
CURITY NAACL DRESSING 6"X6-3/4"	T3	
<i>dapsone external</i>	T1	PA
DERMA-SMOOTH/FS BODY	T3	
DERMA-SMOOTH/FS SCALP	T3	
<i>desonide external cream</i>	T1	
<i>desonide external gel</i>	T1	PA
<i>desonide external lotion</i>	T1	
<i>desonide external ointment</i>	T1	
DESOWEN	T3	
<i>desoximetasone external cream 0.05 %</i>	T1	PA
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external gel</i>	T1	
<i>desoximetasone external liquid</i>	T1	
<i>desoximetasone external ointment 0.05 %</i>	T1	PA
<i>desoximetasone external ointment 0.25 %</i>	T1	
<i>diclofenac sodium gel 3 % external</i>	T1	QL
<i>diflorasone diacetate</i>	T1	PA

Drug Name	Drug Tier	Notes
DIPROLENE	T3	
<i>doxepin hcl external</i>	T1	PA
<i>doxycycline</i>	T1	PA
DRYSOL	T3	
DUPIXENT	T4	PA; SP-QTZ; QL
EFUDEX	T3	
ENSTILAR	T3	QL
EPIDUO FORTE	T3	
EPIFOAM	T3	
<i>ery pad 2%</i>	T1	
ERYGEL	T3	
<i>erythromycin external</i>	T1	
EUCRISA	T2	ST
FILSUVEZ	T4	PA; QL
FINACEA EXTERNAL FOAM	T3	
<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</i>	T1	
<i>fluorouracil external</i>	T1	
<i>flurandrenolide</i>	T1	PA
<i>fluticasone propionate external</i>	T1	
GORDOFILM	T3	
<i>halcinonide</i>	T1	PA
<i>halobetasol propionate external cream</i>	T1	
<i>halobetasol propionate external foam</i>	T1	PA
<i>halobetasol propionate external ointment</i>	T1	
HALOG EXTERNAL SOLUTION	T3	PA
<i>hydrocortisone butyrate external cream</i>	T1	
<i>hydrocortisone butyrate external lotion</i>	T1	PA
<i>hydrocortisone butyrate external ointment</i>	T1	
<i>hydrocortisone butyrate external solution</i>	T1	
<i>hydrocortisone cream 1 % external (rx)</i>	T1	
<i>hydrocortisone external cream 2.5 %</i>	T1/Value	
<i>hydrocortisone external lotion 2 %</i>	T1	PA
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 2.5 %</i>	T1	

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Drug Name	Drug Tier	Notes
HYDROCORTISONE EXTERNAL SOLUTION	T3	PA
<i>hydrocortisone ointment 1 % external (rx)</i>	T1	
<i>hydrocortisone valerate</i>	T1	
HYDROFERA BLUE 4"X4"	T3	
HYDROFERA BLUE 6"X6"	T3	
HYDROFERA BLUE FOAM DRESSING	T3	
HYDROFERA BLUE FOAM/TUNNELING	T3	
HYDROFERA BLUE MRF DRESSING	T3	
HYDROFERA BLUE READY FOAM	T3	
HYDROXATE	T3	PA
HYPOCYN ANTIPRURITIC	T3	
<i>imiquimod external cream 3.75 %</i>	T1	ST
<i>imiquimod external cream 5 %</i>	T1	
<i>imiquimod pump</i>	T1	ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	T1	PA
<i>ivermectin external cream</i>	T1	
KENDALL ALGINATE 12" ROPE	T3	
KENDALL ALGINATE DRESS 2"X2"	T3	
KENDALL ALGINATE DRESS 4"X8"	T3	
KENDALL HYDROGEL GAUZE 2"X2"	T3	
KENDALL HYDROGEL GAUZE 4"X4"	T3	
KENDALL HYDROGEL GAUZE 4"X8"	T3	
KENDALL HYDROGEL WOUND DRESS	T3	
KENDALL ZINC CA ALGINATE 4"X4"	T3	
KERALYT EXTERNAL SHAMPOO	T3	
KLARON	T3	
KLISYRI (250 MG)	T3	ST
KLISYRI (350 MG)	T3	ST
<i>lactic acid e</i>	T1	
<i>lactic acid external</i>	T1	
LEVULAN KERASTICK	T3	
LITFULO	T4	PA; SP-ORx; QL
L-MESITRAN SOFT WOUND	T3	
LOCOID	T3	PA
LUXAMEND	T3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	T3	

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Drug Name	Drug Tier	Notes
MEDIHONEY WOUND/BURN DRESSING EXTERNAL PASTE	T3	
<i>methoxsalen rapid</i>	T1	
METROCREAM	T3	
METROLOTION	T3	
<i>metronidazole external</i>	T1	
MICROCYN EXTERNAL LIQUID	T3	
MIRVASO	T2	
<i>mometasone furoate external</i>	T1	
NEO-SYNALAR	T3	
<i>neuac</i>	T1	
ONEXTON	T1	
PETROLEUM GAUZE NON-WOVEN 3X9"	T3	
<i>pimecrolimus</i>	T1	ST; QL
<i>podofilox external</i>	T1	
PRUDOXIN	T3	PA
PYROGALLIC ACID	T3	
QBREXZA	T3	QL
RADIAPLEXRX	T3	
REGENECARE	T3	
REGRANEX	T3	PA
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	T3	PA
SANTYL	T3	QL
SCENESSE	T4	PA
<i>selenium sulfide external lotion</i>	T1	
SERNIVO	T3	ST
SOOLANTRA	T3	
<i>sulfacetamide sodium (acne)</i>	T1	
<i>sulfacetamide sodium-sulfur external suspension 9-4.25 %</i>	T1	
<i>sulfacetamide sodium-sulfur liquid 10-5 % external</i>	T1	
SYNALAR	T3	
TACLONEX	T3	QL
<i>tacrolimus external</i>	T1	QL
<i>tazarotene external cream</i>	T1	PA
<i>tazarotene external gel</i>	T1	PA
TEXACORT	T3	PA

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Drug Name	Drug Tier	Notes
TOLAK	T3	
TOPICORT EXTERNAL CREAM 0.05 %	T3	PA
TOPICORT EXTERNAL CREAM 0.25 %	T3	
TOPICORT EXTERNAL GEL	T3	
TOPICORT EXTERNAL OINTMENT	T3	
<i>tovet</i>	T1	PA
<i>tretinoin microsphere external gel 0.08 %</i>	T1	
<i>tretinoin microsphere pump external gel 0.08 %</i>	T1	
<i>triamcinolone acetonide external aerosol solution</i>	T1	PA
<i>triamcinolone acetonide external cream</i>	T1/Value	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T1	PA
<i>triamcinolone acetonide external ointment 0.1 %</i>	T1/Value	
<i>triamcinolone acetonide ointment 0.1 % external</i>	T1/Value	
<i>triamcinolone in absorbbase</i>	T1	PA
<i>triderm</i>	T1/Value	
TWYNEO	T3	
<i>urea external cream 20 %</i>	T1	
VANOS	T3	PA
VEELEX	T3	
VEREGEN	T3	PA
VTAMA	T3	PA
WYNZORA	T3	QL
XALIX	T3	
XERAC AC	T3	
XEROFORM OCCLUSIVE GAUZE PATCH	T3	
XEROFORM OCCLUSIVE GAUZE STRIP	T3	
XEROFORM OIL EMULSION 2"X2"	T3	
XEROFORM OIL EMULSION GAUZE	T3	
XEROFORM OIL EMULSION STRIP	T3	
XEROFORM OIL ROLL 4"X9'	T3	
XEROFORM PETROLAT GAUZE 1"X8"	T3	
XEROFORM PETROLAT GAUZE 5"X9"	T3	
XEROFORM PETROLAT PATCH 2"X2"	T3	
XEROFORM PETROLAT PATCH 4"X4"	T3	

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Drug Name	Drug Tier	Notes
XEROFORM PETROLATUM DRES 4"X4"	T3	
XEROFORM PETROLATUM DRES 5"X9"	T3	
XEROFORM PETROLATUM ROLL 4"X9'	T3	
YCANTH	T3	PA
<i>zenatane</i>	T1	
ZILXI	T3	ST
ZONALON	T3	PA
Diabetes - Antidiabetic Agents		
<i>acarbose oral</i>	T1	\$0 HDHP
ACTOPLUS MET	T3	PA
ACTOS	T3	PA
BYDUREON BCISE AUTOINJECTOR	T2	PA; \$0 HDHP; Value; QL
BYETTA 10 MCG PEN	T2	PA; \$0 HDHP; Value; QL
BYETTA 5 MCG PEN	T2	PA; \$0 HDHP; Value; QL
CYCLOSET	T3	ST
DUETACT	T3	
FARXIGA	T2	\$0 HDHP; Value
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1/Value	\$0 HDHP
<i>glimepiride oral tablet 3 mg</i>	T1	PA
<i>glipizide er</i>	T1/Value	\$0 HDHP
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1/Value	\$0 HDHP
<i>glipizide oral tablet 2.5 mg</i>	T1	PA; \$0 HDHP
<i>glipizide xl</i>	T1/Value	\$0 HDHP
<i>glipizide-metformin hcl</i>	T1	\$0 HDHP
GLUCOTROL XL	T3	
<i>glyburide micronized</i>	T1/Value	\$0 HDHP
<i>glyburide oral</i>	T1/Value	\$0 HDHP
<i>glyburide-metformin</i>	T1	\$0 HDHP
GLYXAMBI	T2	\$0 HDHP; Value
JANUMET	T2	ST; \$0 HDHP; Value
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	T2	ST; \$0 HDHP; Value
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	T2	ST
JANUVIA	T2	ST; \$0 HDHP; Value
JARDIANCE	T2	\$0 HDHP; Value
JENTADUETO	T2	ST; \$0 HDHP; Value
JENTADUETO XR	T2	ST; \$0 HDHP; Value
LIRAGLUTIDE	T2	PA; \$0 HDHP; Value; QL

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Drug Name	Drug Tier	Notes
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	T1/Value	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	T1	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral solution</i>	T1	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1/Value	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
<i>miglitol</i>	T1	\$0 HDHP
MOUNJARO	T2	PA; QL
<i>nateglinide</i>	T1	\$0 HDHP
<i>pioglitazone hcl</i>	T1	\$0 HDHP
<i>pioglitazone hcl-glimepiride</i>	T1	\$0 HDHP
<i>pioglitazone hcl-metformin hcl</i>	T1	\$0 HDHP
<i>repaglinide</i>	T1	\$0 HDHP
RIOMET	T3	ST
<i>saxagliptin hcl</i>	T1	ST; \$0 HDHP
<i>saxagliptin-metformin er</i>	T1	ST; \$0 HDHP
SITAGLIPTIN BASE-METFORMIN HCL	T3	PA
SOLIQUA	T2	
SYMLINPEN 120	T3	PA
SYMLINPEN 60	T3	PA
SYNJARDY	T2	\$0 HDHP; Value
SYNJARDY XR	T2	\$0 HDHP; Value
TRADJENTA	T2	ST; \$0 HDHP; Value
TRIJARDY XR	T2	\$0 HDHP; Value
TRULICITY	T2	PA; QL
XIGDUO XR	T2	\$0 HDHP; Value
XULTOPHY	T3	
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	T2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	T2	
ADJUSTABLE LANCING DEVICE	T3	
ADVOCATE LANCING DEVICE	T3	
ADVOCATE RAPID-SAFE LANCING	T3	
AUTOLET II CLINISAFE	T3	
AUTOLET LANCING DEVICE	T3	
AUTOLET LITE CLINISAFE	T3	
AUTOLET LITE STARTER PACK	T3	

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Drug Name	Drug Tier	Notes
AUTOLET MINI	T3	
AUTOLET PLATFORMS	T2	\$0 HDHP; Value
AUTOLET PLUS	T3	
AUTOPEN	T3	
BD PEN	T3	
BD PEN MINI	T3	
CARDIOCOM LANCING DEVICE	T3	
CAREONE ADVANCED LANCING DEV	T3	
CARESENS LANCETS 30G	T2	\$0 HDHP; Value
CARETOUCH LANCING/EJECTOR	T3	
CEQUR SIMPLICITY 2U 10PK	T2	
CEQUR SIMPLICITY INSERTER	T2	
CHEMSTRIP BG LOG BOOK	T3	
CHEMSTRIP K	T3	
CHEMSTRIP UGK	T3	
CHOSEN LANCETS 30G	T2	\$0 HDHP; Value
CHOSEN LANCING DEVICE	T3	
CHOSEN SAFETY LANCETS 28G	T2	\$0 HDHP; Value
CLEVER CHOICE COMFORT EZ	T2	\$0 HDHP; Value
COMFORT TOUCH TWIST LANCET 30G	T2	\$0 HDHP; Value
CVS LANCING DEVICE	T3	
DEXCOM G6 RECEIVER	T2	PA
DEXCOM G6 SENSOR	T2	PA
DEXCOM G6 TRANSMITTER	T2	PA
DEXCOM G7 RECEIVER	T2	PA
DEXCOM G7 SENSOR	T2	PA
DIASTIX	T2	
DIASTIX REAGENT	T2	
DIATHRIVE LANCING DEVICE	T3	
DROPLET GENTEEL LANCING DEVICE	T3	
DROPLET LANCING DEVICE	T3	
EASY MINI EJECT LANCING DEVICE	T3	
EASY MINI LANCING DEVICE	T3	
EASY TOUCH LANCING DEVICE	T3	
EMBRACE LANCING DEVICE/EJECTOR	T3	
ENLITE GLUCOSE SENSOR	T3	PA
FORA LANCING DEVICE	T3	
GENTEEL CONTACT TIPS (BLUE)	T2	\$0 HDHP; Value

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Drug Name	Drug Tier	Notes
GENTEEL CONTACT TIPS (CLEAR)	T2	\$0 HDHP; Value
GENTEEL CONTACT TIPS (GREEN)	T2	\$0 HDHP; Value
GENTEEL CONTACT TIPS (ORANGE)	T2	\$0 HDHP; Value
GENTEEL CONTACT TIPS (RAINBOW)	T2	\$0 HDHP; Value
GENTEEL CONTACT TIPS (VIOLET)	T2	\$0 HDHP; Value
GENTEEL CONTACT TIPS (YELLOW)	T2	\$0 HDHP; Value
GENTEEL LANCING KIT (BLUE)	T3	
GENTEEL NOZZLES	T2	\$0 HDHP; Value
GENTEEL PLUS LANCING (BLACK)	T3	
GENTEEL PLUS LANCING (PURPLE)	T3	
GENTEEL PLUS LANCING (WHITE)	T3	
GENTEEL PLUS LANCING DEV(BLUE)	T3	
GENTEEL PLUS LANCING DEV(PINK)	T3	
GLOBAL LANCING DEVICE	T3	
GLUCOCOM AUTOLINK TELEMONITOR	T3	
GNP LANCING SYSTEM DEVICE	T3	
GOJJI LANCING DEVICE/CLEAR CAP	T3	
GOODSENSE LANCING DEVICE	T3	
GUARDIAN 4 GLUCOSE SENSOR	T3	PA
GUARDIAN 4 TRANSMITTER	T3	PA
GUARDIAN CONNECT TRANSMITTER	T3	PA
GUARDIAN LINK 3 TRANSMITTER	T3	PA
GUARDIAN REAL-TIME CHARGER	T3	
GUARDIAN REAL-TIME REPLACE PED	T3	PA
GUARDIAN REAL-TIME TEST PLUG	T3	
GUARDIAN SENSOR (3)	T3	PA
GUARDIAN SENSOR 3	T3	PA
HEALTH CARE LANCING DEVICE	T3	
H-E-B INCONTROL ADV LANCING	T3	
HYPOLANCE AST LANCING	T3	
IHEALTH LANCING DEVICE	T3	
IN TOUCH LANCING DEVICE	T3	
INSUL-TOTE	T3	
INSUL-TOTE JR	T3	
KETO-DIASTIX	T3	
KETONE CARE	T3	
KETONE TEST	T3	
KETOSTIX	T3	

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Drug Name	Drug Tier	Notes
KROGER AUTOLET LANCING DEVICE	T3	
KROGER LANCING DEVICE	T3	
LANCETS	T2	\$0 HDHP; Value
LANCETS	T3	
LANCETS KIT	T3	
LANCETS SUPER THIN	T2	\$0 HDHP; Value
LANCING DEVICE	T3	
LANZO	T3	
LEADER ADVANCED LANCING DEVICE	T3	
LIBERTY MINI LANCING DEVICE	T3	
LITE TOUCH LANCING PEN	T3	
MICROLET NEXT LANCING DEVICE	T3	
MINI LANCING DEVICE	T3	
MINILINK REAL-TIME TRANSMITTER	T3	PA
MINIMED 630G GUARDIAN PRESS	T3	PA
MM LANCING DEVICE	T3	
NOVA SUREFLEX LANCING DEVICE	T3	
NOVOPEN ECHO	T3	
ONETOUCH DELICA PLUS LANCING	T3	
ONETOUCH DELICA SAFETY LANCING	T2	\$0 HDHP; Value
ONETOUCH ULTRA 2 KIT W/DEVICE	\$0	
ONETOUCH ULTRA BLUE TEST	T2	\$0 HDHP; Value; QL
ONETOUCH ULTRA CONTROL	T2	\$0 HDHP; Value
ONETOUCH ULTRA IN VITRO LIQUID	T2	\$0 HDHP; Value
ONETOUCH ULTRA IN VITRO STRIP	T2	\$0 HDHP; Value; QL
ONETOUCH ULTRA TEST STRIPS	T2	\$0 HDHP; Value; QL
ONETOUCH VERIO FLEX SYSTEM	\$0	
ONETOUCH VERIO IN VITRO LIQUID	T2	\$0 HDHP; Value
ONETOUCH VERIO TEST STRIPS	T2	\$0 HDHP; Value; QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	\$0	
PARADIGM REAL-TIME TRANSMITTER	T3	PA
PERFECT POINT SAFETY LANCETS	T2	\$0 HDHP; Value
PRODIGY LANCING DEVICE	T3	
PX ADVANCED LANCING DEVICE	T3	
QC ADVANCED LANCING DEVICE	T3	
RELION KETONE TEST	T3	
RELION LANCING DEVICE	T3	
RIGHTEST ALTERNATE SITE ADAPT	T2	\$0 HDHP; Value

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Drug Name	Drug Tier	Notes
RIGHTEST GD500 LANCING DEVICE	T3	
SELECT-LITE LANCING DEVICE	T3	
SIMPLE DIAGNOSTICS LANCING DEV	T3	
SM TRUEDRAW LANCING DEVICE	T3	
SMART DIABETES VANTAGE LANCING	T3	
SOLUS V2 LANCING DEVICE	T3	
SUPREME II CONFIDENCE PADDLES	T3	
SURE COMFORT LANCING PEN	T3	
TECHLITE LANCETS 26G	T2	\$0 HDHP; Value
TGT LANCING DEVICE	T3	
TODAYS HEALTH LANCING DEVICE	T3	
TRACER II 3 VOLT BATTERY	T3	
TRUEDRAW LANCING DEVICE	T3	
ULTI-LANCE AUTOMATIC	T3	
UNISTIK NORMAL	T2	\$0 HDHP; Value
VALUE PLUS LANCING DEVICE	T3	
VERIFINE SAFE LANCET MINI 21G	T2	\$0 HDHP; Value
VERIFINE SAFE LANCET MINI 23G	T2	\$0 HDHP; Value
VERIFINE SAFE LANCET MINI 28G	T2	\$0 HDHP; Value
VERIFINE SAFE LANCET MINI 30G	T2	\$0 HDHP; Value
VIVAGUARD LANCETS 30G	T2	\$0 HDHP; Value
VIVAGUARD LANCING DEVICE	T3	
VIVAGUARD SAFETY LANCETS 28G	T2	\$0 HDHP; Value
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	T2	
BAQSIMI TWO PACK	T2	
<i>diazoxide oral</i>	T1	
<i>glucagon emergency kit</i>	T1	
GLUCAGON EMERGENCY KIT	T2	
PROGLYCEM	T3	PA
ZEGALOGUE	T2	
Diabetes - Insulins		
ADMELOG	T1	\$0 HDHP; Value
ADMELOG SOLOSTAR	T1	\$0 HDHP; Value
AFREZZA	T3	PA
APIDRA SOLOSTAR	T1	
APIDRA VIAL	T1	
AQ INSULIN SYRINGE	T2	\$0 HDHP; Value

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Drug Name	Drug Tier	Notes
BD ULTRA-FINE INSULIN SYRINGES 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML	T2	\$0 HDHP; Value
DROPSAFE SAFETY SYRINGE/NEEDLE	T2	\$0 HDHP; Value
FIASP	T1	
FIASP FLEXTOUCH	T1	
FIASP PENFILL	T1	
FIASP PUMPCART	T1	
HUMALOG	T1	\$0 HDHP; Value
HUMALOG KWIKPEN	T1	\$0 HDHP; Value
HUMALOG MIX 50/50 KWIKPEN	T1	\$0 HDHP; Value
HUMALOG MIX 75/25 KWIKPEN	T1	\$0 HDHP; Value
HUMALOG MIX 75/25 VIAL	T1	\$0 HDHP; Value
HUMALOG U-100 JUNIOR KWIKPEN	T1	\$0 HDHP; Value
HUMULIN 70/30 KWIKPEN	T1	\$0 HDHP; Value
HUMULIN 70/30 VIAL	T1	\$0 HDHP; Value
HUMULIN N KWIKPEN	T1	\$0 HDHP; Value
HUMULIN N VIAL	T1	\$0 HDHP; Value
HUMULIN R U-500 KWIKPEN	T1	\$0 HDHP; Value
HUMULIN R U-500 VIAL	T1	\$0 HDHP; Value
HUMULIN R VIAL	T1	\$0 HDHP; Value
INSULIN DEGLUDEC	T3	PA
INSULIN DEGLUDEC FLEXTOUCH	T3	PA
INSULIN GLARGINE-YFGN	T2	\$0 HDHP; Value
INSULIN LISPRO	T1	\$0 HDHP; Value
INSULIN LISPRO (1 UNIT DIAL)	T1	\$0 HDHP; Value
INSULIN LISPRO JUNIOR KWIKPEN	T1	\$0 HDHP; Value
INSULIN LISPRO PROT & LISPRO	T1	\$0 HDHP; Value

Drug Name	Drug Tier	Notes
INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 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	T2	\$0 HDHP; Value
LYUMJEV KWIKPEN	T1	\$0 HDHP; Value
LYUMJEV VIAL	T1	\$0 HDHP; Value
MYXREDLIN	T3	
NOVOLIN 70/30 FLEXPEN	T1	\$0 HDHP; Value
NOVOLIN 70/30 RELION	T1	\$0 HDHP; Value
NOVOLIN 70/30 VIAL	T1	\$0 HDHP; Value
NOVOLIN N FLEXPEN	T1	\$0 HDHP; Value
NOVOLIN N RELION	T1	\$0 HDHP; Value
NOVOLIN N VIAL	T1	\$0 HDHP; Value
NOVOLIN R FLEXPEN	T1	\$0 HDHP; Value
NOVOLIN R RELION	T1	\$0 HDHP; Value
NOVOLIN R VIAL	T1	\$0 HDHP; Value
NOVOLOG 70/30 FLEXPEN RELION	T1	\$0 HDHP; Value
NOVOLOG FLEXPEN	T1	\$0 HDHP; Value
NOVOLOG FLEXPEN RELION	T1	\$0 HDHP; Value
NOVOLOG MIX 70/30 FLEXPEN	T1	\$0 HDHP; Value
NOVOLOG MIX 70/30 RELION	T1	\$0 HDHP; Value
NOVOLOG MIX 70/30 VIAL	T1	\$0 HDHP; Value
NOVOLOG PENFILL	T1	\$0 HDHP; Value
NOVOLOG RELION	T1	\$0 HDHP; Value
NOVOLOG U-100 VIAL	T1	\$0 HDHP; Value
REZVOGLAR KWIKPEN	T2	\$0 before deductible for some plans; Value
ULTICARE INSULIN SYR 1/2 UNIT	T2	\$0 HDHP; Value
ULTIGUARD SAFEPACK SYR/NEEDLE	T2	\$0 HDHP; Value
VERIFINE INSULIN SYRINGE	T2	\$0 HDHP; Value

Drug Name	Drug Tier	Notes
Electrolytes / Minerals / Metals / Vitamins		
AMINO ACID	T3	
AMINO ACID INFUSION IN D10W INTRAVENOUS SOLUTION 3.5 %	T3	
AMINO ACID-CALCIUM-HEP IN D10W SOLUTION 3 % INTRAVENOUS	T3	
AMINOPROTECT	T3	
AMINOSYN II	T3	
AMINOSYN-PF	T3	
AMINOSYN-PF 7%	T3	
AQUASOL A	T3	
ARGININE HCL INJECTION	T3	
CALCIFOL	T3	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	T3	
<i>calcium chloride solution 10 % intravenous</i>	T1	
<i>calcium gluconate intravenous solution</i>	T1	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>calcium gluconate-nacl intravenous solution 1- 0.675 gm/50ml-%</i>	T1	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.8 GM/100ML-%, 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	T3	
<i>calcium gluconate-nacl solution 2-0.675 gm/100ml-% intravenous</i>	T1	
CARBAGLU	T4	PA; SP-ORx
<i>carglumic acid</i>	T4	PA; SP-ORx
CARNITOR INTRAVENOUS	T3	
CHEMET	T3	
<i>chromic chloride intravenous</i>	T1	
CLINIMIX E/DEXTROSE (2.75/5)	T3	
CLINIMIX E/DEXTROSE (4.25/10)	T3	
CLINIMIX E/DEXTROSE (4.25/5)	T3	
CLINIMIX E/DEXTROSE (5/15)	T3	
CLINIMIX E/DEXTROSE (5/20)	T3	
CLINIMIX E/DEXTROSE (8/10)	T3	
CLINIMIX E/DEXTROSE (8/14)	T3	
CLINIMIX/DEXTROSE (4.25/10)	T3	
CLINIMIX/DEXTROSE (4.25/5)	T3	

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Drug Name	Drug Tier	Notes
CLINIMIX/DEXTROSE (5/15)	T3	
CLINIMIX/DEXTROSE (5/20)	T3	
CLINIMIX/DEXTROSE (6/5)	T3	
CLINIMIX/DEXTROSE (8/10)	T3	
CLINIMIX/DEXTROSE (8/14)	T3	
CLINISOL SF	T3	
CLINOLIPID	T3	
<i>cupric chloride</i>	T1	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
<i>cyanocobalamin nasal</i>	T1	
<i>deferasirox</i>	T1	PA
<i>deferasirox granules</i>	T1	PA
<i>deferiprone</i>	T1	PA
DEXPANTHENOL INJECTION	T3	
<i>dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %</i>	T1	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	T3	
<i>dextrose solution 250 mg/ml intravenous</i>	T1	
DEXTROSE SOLUTION 50 % INTRAVENOUS	T3	
<i>dextrose solution 50 % intravenous</i>	T1	
DODEX	T3	
DRISDOL	T3	
EDETATE DISODIUM INTRAVENOUS	T3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	T3	
<i>effe-k oral tablet effervescent 25 meq</i>	T1	
<i>ergocalciferol oral capsule</i>	T1	
EXJADE	T3	PA
FERAHEME	T3	ST
FERRIPROX	T3	PA
FERRIPROX TWICE-A-DAY	T3	PA
FERRLECIT	T3	
<i>ferumoxytol</i>	T1	ST
<i>folic acid injection</i>	T1	
<i>folic acid oral tablet 1 mg</i>	T1	
GALZIN	T3	
<i>glucose (dextrose)</i>	T1	

Drug Name	Drug Tier	Notes
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	T3	
GLUTATHIONE INTRAVENOUS	T3	
GLYCINE INJECTION	T3	
GLYCOPHOS	T3	
<i>hematinic/folic acid</i>	T1	
<i>hydroxocobalamin acetate</i>	T1	
INFED	T3	
INJECTAFER	T3	ST
INTRALIPID	T3	
<i>iodine strong oral</i>	T1	
JADENU	T3	PA
JADENU SPRINKLE	T3	PA
KABIVEN	T3	
KIONEX	T3	
<i>klor-con</i>	T1	
<i>klor-con 10</i>	T1	
<i>klor-con m10</i>	T1	
<i>klor-con m15</i>	T1	
<i>klor-con m20</i>	T1	
K-PHOS	T3	
K-PRIME	T3	
LEVOCARNITINE INJECTION	T3	
<i>levocarnitine intravenous</i>	T1	
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
LIPO	T3	
LIPO-C	T3	
LOKELMA	T3	
LYSINE HCL INJECTION	T3	
<i>magnesium chloride injection</i>	T1	
<i>magnesium sulfate in d5w</i>	T1	
<i>magnesium sulfate injection</i>	T1	
<i>magnesium sulfate intravenous</i>	T1	
MAGNESIUM SULFATE-NACL	T3	
MANGANESE CHLORIDE INTRAVENOUS	T3	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	T3	

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Drug Name	Drug Tier	Notes
MONOFERRIC	T3	ST
MULTRYS	T3	
<i>na ferric gluc cplx in sucrose</i>	T1	
NASCOBAL	T3	
NEOKE ALCAR	T3	
NUTRILIPID	T3	
ORAL CITRATE	T3	
PERIKABIVEN	T3	
<i>phosphorous</i>	T1	
<i>phospho-trin 250 neutral</i>	T1	
PHOSPHO-TRIN K500	T3	
<i>phytonadione injection</i>	T1	
<i>phytonadione oral</i>	T1	
PLENAMINE	T3	
<i>potassium acetate solution 2 meq/ml intravenous</i>	T1	
POTASSIUM ACETATE SOLUTION 2 MEQ/ML INTRAVENOUS	T3	
<i>potassium chloride crys er</i>	T1	
<i>potassium chloride er</i>	T1	
<i>potassium chloride intravenous solution</i>	T1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>potassium chloride oral</i>	T1	
<i>potassium citrate er</i>	T1	
<i>potassium phosphates</i>	T1	
<i>potassium phosphates(66 meq k)</i>	T1	
<i>potassium phosphates(71 meq k)</i>	T1	
PREMASOL	T3	
PRISMASOL B22GK 4/0	T3	
PRISMASOL BGK 0/2.5	T3	
PRISMASOL BGK 2/0	T3	
PRISMASOL BGK 2/3.5	T3	
PRISMASOL BGK 4/2.5	T3	
PRISMASOL BK 0/0/1.2	T3	
PROSOL	T3	
<i>pyridoxine hcl solution 100 mg/ml injection</i>	T1	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	T3	

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Drug Name	Drug Tier	Notes
SAMSCA	T4	PA; SP-ORx; QL
SMOFLIPID	T3	
<i>sod citrate-citric acid</i>	T1	
<i>sodium acetate intravenous</i>	T1	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %</i>	T1	
<i>sodium bicarbonate solution 8.4 % intravenous</i>	T1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	T3	
<i>sodium chloride (pf)</i>	T1	
<i>sodium chloride injection</i>	T1	
<i>sodium chloride intravenous solution 0.45 %, 3 %, 5 %</i>	T1	
<i>sodium chloride solution 0.9 % intravenous</i>	T1	
SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS	T3	
<i>sodium chloride solution 4 meq/ml intravenous</i>	T1	
<i>sodium phosphates</i>	T1	
<i>sodium polystyrene sulfonate</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
TAURINE INJECTION	T3	
THAM	T3	
THE LIQUILIFT TRACE	T3	
<i>thiamine hcl injection</i>	T1	
<i>tolvaptan</i>	T4	PA; QL
TRALEMENT	T3	
TRAVASOL	T3	
TRI-AMINO	T3	
<i>trientine hcl</i>	T4	PA
TRISODIUM CITRATE/CRRT	T3	
TROPHAMINE	T3	
UROKIT-K 10	T3	PA
UROKIT-K 15	T3	PA
VELTASSA	T3	
VENOFER	T3	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	T1	
<i>vitamin k1 injection</i>	T1	
<i>wes-phos 250 neutral</i>	T1	

Drug Name	Drug Tier	Notes
<i>zinc chloride intravenous</i>	T1	
<i>zinc sulfate intravenous</i>	T1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
CARAFATE ORAL SUSPENSION	T3	PA
CYTOTEC	T3	
<i>esomeprazole magnesium oral packet</i>	T1	QL
<i>famotidine oral suspension reconstituted</i>	T1	
<i>misoprostol oral</i>	\$0	
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG	T3	PA; QL
NEXIUM ORAL PACKET 2.5 MG, 5 MG	T3	QL
<i>omeprazole oral capsule delayed release</i>	T1/Value	QL
<i>pantoprazole sodium intravenous</i>	T1	
<i>pantoprazole sodium oral tablet delayed release</i>	T1/Value	QL
PANTOPRAZOLE SODIUM-NACL	T3	
PROTONIX INTRAVENOUS	T3	
<i>sucralfate oral suspension</i>	T1	PA
<i>sucralfate oral tablet</i>	T1/Value	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
<i>alosetron hcl</i>	T1	PA
<i>alvimopan</i>	T1	
<i>amoxicill-clarithro-lansopraz</i>	T1	PA
ANASPAZ	T3	
<i>atropine sulfate injection solution</i>	T1	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	T3	
<i>atropine sulfate intravenous solution</i>	T1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	T3	
<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	
BENTYL	T3	
<i>bis subcit-metronid-tetracyc</i>	T1	

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Drug Name	Drug Tier	Notes
<i>bismuth/metronidaz/tetracyclin</i>	T1	
CHENODAL	T4	PA
<i>chlordiazepoxide-clidinium</i>	T1	PA
CLENPIQ	T3	
<i>constulose</i>	T1/Value	
<i>cromolyn sodium oral</i>	T1	
CUVPOSA	T3	PA
<i>dicyclomine hcl intramuscular</i>	T1	
<i>dicyclomine hcl oral capsule</i>	T1/Value	
<i>dicyclomine hcl oral solution</i>	T1	
<i>dicyclomine hcl oral tablet</i>	T1/Value	
<i>diphenoxylate-atropine</i>	T1	
<i>enulose</i>	T1	
GASTROCROM	T3	PA
GATTEX	T4	PA
<i>gavilyte-c</i>	T1	\$0 for age 45-75 years for 2 fills per year
<i>gavilyte-g</i>	T1	\$0 for age 45-75 years for 2 fills per year
<i>gavilyte-n with flavor pack</i>	T1	\$0 for age 45-75 years for 2 fills per year
<i>generlac</i>	T1	
GLYCATE	T3	PA; QL
<i>glycopyrrolate injection solution</i>	T1	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE	T3	
<i>glycopyrrolate oral solution</i>	T1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	QL
GLYCOPYRROLATE ORAL TABLET 1.5 MG	T3	PA; QL
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	T1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	T3	
GLYCOPYRROLATE SOLUTION PREFILLED SYRINGE 0.6 MG/3ML INTRAVENOUS	T3	
GLYRX-PF	T3	
HELIDAC THERAPY	T3	
<i>hyoscyamine sulfate er</i>	T1	
<i>hyoscyamine sulfate oral elixir</i>	T1	
<i>hyoscyamine sulfate oral tablet</i>	T1	

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Drug Name	Drug Tier	Notes
<i>hyoscyamine sulfate oral tablet dispersible</i>	T1	
<i>hyoscyamine sulfate sublingual</i>	T1	
IQIRVO	T4	PA; QL
KRISTALOSE	T3	PA
<i>lactulose encephalopathy</i>	T1	
<i>lactulose oral packet</i>	T1	PA
<i>lactulose oral solution</i>	T1/Value	
LIBRAX	T3	PA
LINZESS	T2	ST; QL
LOMOTIL	T3	
<i>loperamide hcl oral capsule</i>	T1	
LOTRONEX	T3	PA
<i>lubiprostone</i>	T1	QL
<i>methscopolamine bromide oral</i>	T1	
<i>mineral oil heavy oral</i>	T1	
MOTEGRITY	T3	ST; QL
MYTESI	T3	QL
<i>na sulfate-k sulfate-mg sulf</i>	T1	\$0 for age 45-75 years for 2 fills per year
OMECLAMOX-PAK	T2	
OSCIMIN	T3	
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	\$0 for age 45-75 years for 2 fills per year
<i>peg-3350/electrolytes</i>	T1	\$0 for age 45-75 years for 2 fills per year
<i>peg-3350/electrolytes/ascorbat</i>	T1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1	
PEG-PREP	T3	
PYLERA	T3	
REBYOTA	T4	PA
RESTORA RX	T3	
ROBINUL	T3	PA; QL
ROBINUL-FORTE	T3	PA; QL
SEROSTIM	T4	PA; SP-QTZ
SUFLAVE	T3	
SUPREP BOWEL PREP KIT	T3	
SUREBIOTIC PROBIOTIC SUPPORT	T3	
SUTAB	T3	
SYMPROIC	T2	ST; QL

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Drug Name	Drug Tier	Notes
TALICIA	T3	
URSO FORTE	T3	PA
<i>ursodiol oral capsule 300 mg</i>	T1	
<i>ursodiol oral tablet</i>	T1	
VIBERZI	T3	PA; QL
VOQUEZNA DUAL PAK	T3	PA
VOQUEZNA TRIPLE PAK	T3	PA
XERMELO	T4	PA; QL
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ADZYNMA	T4	PA
ALDURAZYME	T4	PA
AMMONUL	T3	
<i>betaine</i>	T4	
CERDELGA	T4	PA; SP-ORx
CEREZYME	T4	PA
CHOLBAM	T4	PA
CREON	T2	
CRYSVITA	T4	PA
CYSTADANE	T4	
CYSTAGON	T4	
ELAPRASE	T4	PA
ELELYSO	T4	PA
EVRYSDI	T4	PA; QL
FABRAZYME	T4	PA
GALAFOLD	T4	PA; QL
KANUMA	T4	PA
LUMIZYME	T4	PA
MEPSEVII	T4	PA
<i>miglustat</i>	T4	PA
MYALEPT	T4	PA
NAGLAZYME	T4	PA
NEXVIAZYME	T4	PA
<i>nitisinone</i>	T4	PA
NITYR	T4	PA
NULIBRY	T4	PA
OALIVA	T4	PA; QL
OPFOLDA	T4	PA; QL

Drug Name	Drug Tier	Notes
ORFADIN	T4	PA
PHEBURANE	T4	PA
POMBILITI	T4	PA
PROCYSBI	T4	PA
REVCOVI	T4	PA
<i>sapropterin dihydrochloride</i>	T4	PA
<i>sod benz-sod phenylacet</i>	T1	
<i>sodium phenylbutyrate oral</i>	T4	PA
SUCRAID	T4	PA
VIMIZIM	T4	PA
VOXZOGO	T4	PA; QL
VPRIV	T4	PA
XURIDEN	T4	PA; QL
<i>yargesa</i>	T4	PA
ZAVESCA	T4	PA
ZENPEP	T2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	T3	
<i>avanafil</i>	T1	QL
<i>bethanechol chloride oral</i>	T1	
<i>calcium acetate (phos binder)</i>	T1	
<i>calcium acetate oral tablet 667 mg</i>	T1	
CERVIDIL	T3	
<i>darifenacin hydrobromide er</i>	T1	
DEPEN TITRATABS	T4	
DETROL	T3	
DETROL LA	T3	
ENTADFI	T3	ST; QL
<i>fesoterodine fumarate er</i>	T1	PA
FILSPARI	T4	PA; QL
<i>flavoxate hcl</i>	T1	
FOSRENOL	T3	ST
GELNIQUE	T3	ST
INTRAROSA	T3	ST
<i>lanthanum carbonate</i>	T1	PA
LITHOSTAT	T3	
<i>mirabegron er</i>	T1	

Drug Name	Drug Tier	Notes
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	
OXLUMO	T4	PA
<i>oxybutynin chloride er</i>	T1	
<i>oxybutynin chloride oral solution</i>	T1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	T1	PA
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	
OXYTROL	T3	ST; QL
<i>penicillamine oral tablet</i>	T4	
<i>phenazo oral tablet 200 mg</i>	T1/Value	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1/Value	
PREPIDIL	T3	
REVELA	T3	PA
RIVFLOZA	T3	PA; QL
<i>sevelamer carbonate</i>	T1	
<i>sevelamer hcl</i>	T1	
<i>solifenacin succinate</i>	T1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T1	QL
THIOLA	T4	
THIOLA EC	T4	
<i>tiopronin</i>	T4	
<i>tolterodine tartrate</i>	T1	
<i>tolterodine tartrate er</i>	T1	
TRIMO-SAN	T3	
<i>trospium chloride</i>	T1	
<i>trospium chloride er</i>	T1	
Genitourinary Agents - Drugs for Prostate Conditions		
<i>alfuzosin hcl er</i>	T1	
CARDURA XL	T3	ST
<i>dutasteride oral</i>	T1	
<i>dutasteride-tamsulosin hcl</i>	T1	
<i>finasteride oral tablet 5 mg</i>	T1/Value	
PROSCAR	T3	
RAPAFLO	T3	PA
<i>silodosin</i>	T1	
<i>tamsulosin hcl</i>	T1/Value	
<i>terazosin hcl</i>	T1/Value	
UROXATRAL	T3	PA

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Drug Name	Drug Tier	Notes
Hormonal Agents - Adrenal		
AGAMREE	T4	PA
<i>betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection</i>	T1	
BETAMETHASONE SODIUM PHOSPHATE INJECTION	T3	
BLT-25	T3	
CELESTONE SOLUSPAN	T3	
<i>deflazacort</i>	T4	PA
DEPO-MEDROL	T3	
DEXABLISS	T3	PA
DEXAMETHASONE (LA)	T3	
<i>dexamethasone intensol</i>	T1/Value	
<i>dexamethasone oral elixir</i>	T1/Value	
<i>dexamethasone oral solution</i>	T1/Value	
<i>dexamethasone oral tablet</i>	T1/Value	
<i>dexamethasone oral tablet therapy pack</i>	T1	
<i>dexamethasone sod phos +rfid</i>	T1	
DEXAMETHASONE SOD PHOS-NACL	T3	
<i>dexamethasone sod phosphate pf</i>	T1	
<i>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml</i>	T1	
<i>dexamethasone sodium phosphate injection solution prefilled syringe</i>	T1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	T3	
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	T1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	T3	
<i>dexamethasone sodium phosphate solution 4 mg/ml injection</i>	T1	
<i>fludrocortisone acetate oral</i>	T1	
HIDEX 6-DAY	T3	PA
<i>hydrocortisone oral</i>	T1/Value	
<i>hydrocortisone sod suc (pf)</i>	T1	
KENALOG-10	T3	
KENALOG-80	T3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	T3	
MEDROL ORAL TABLET 2 MG	T2	

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Drug Name	Drug Tier	Notes
MEDROL ORAL TABLET THERAPY PACK	T3	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	T3	
<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	T1	
METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION	T3	
<i>methylprednisolone acetate suspension 80 mg/ml injection</i>	T1	
METHYLPREDNISOLONE ACETATE SUSPENSION 80 MG/ML INJECTION	T3	
<i>methylprednisolone oral</i>	T1/Value	
<i>methylprednisolone sodium succ</i>	T1	
METHYLPREDNISOLONE-BUPIVACAINE	T3	
ORAPRED ODT	T3	PA
PEDIAPRED	T3	
<i>prednisolone oral solution</i>	T1/Value	
<i>prednisolone oral tablet</i>	T1	PA
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	T1	PA
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml</i>	T1/Value	
<i>prednisolone sodium phosphate oral tablet dispersible</i>	T1	PA
<i>prednisone intensol</i>	T1	PA
<i>prednisone oral solution</i>	T1	
<i>prednisone oral tablet</i>	T1/Value	
<i>prednisone oral tablet therapy pack</i>	T1/Value	
SOLU-CORTEF	T3	
SOLU-MEDROL	T3	
SOLU-MEDROL (PF)	T3	
TAPERDEX 12-DAY	T3	PA
TAPERDEX 6-DAY	T3	PA
TAPERDEX 7-DAY	T3	PA
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	T1	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	T3	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	T3	
TRIAMCINOLONE-BUPIVACAINE	T3	

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Drug Name	Drug Tier	Notes
Hormonal Agents - Men's Health		
<i>danazol oral</i>	T1	
KYZATREX	T3	PA; \$0 for gender identity-related dx
METHITEST	T3	PA
<i>methyltestosterone oral</i>	T1	PA
<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</i>	T1	PA; \$0 for gender identity-related dx
Hormonal Agents - Pituitary		
ACTHAR	T4	PA; SP-ORx
<i>cabergoline</i>	T1	
<i>carboprost tromethamine intramuscular solution</i>	T1	
<i>cetorelix acetate</i>	T4	PA
CHORIONIC GONADOTROPIN INTRAMUSCULAR	T4	PA
CLOMID	T3	
<i>clomiphene citrate oral</i>	T1/Value	
CORTROPHIN	T4	PA; SP-ORx
DDAVP	T3	PA
DDAVP PF	T3	PA
<i>desmopressin ace spray refrig</i>	T1	
<i>desmopressin acetate injection</i>	T1	
<i>desmopressin acetate oral</i>	T1	
<i>desmopressin acetate pf</i>	T1	
<i>desmopressin acetate spray</i>	T1	
EGRIFTA SV	T4	PA; SP-ORx; QL
ELIGARD	T4	PA; QL
FENSOLVI (6 MONTH)	T4	PA; QL
FIRMAGON	T4	PA; QL
FIRMAGON (240 MG DOSE)	T4	PA; QL
FOLLISTIM AQ	T4	PA
FYREMADEL	T4	PA
<i>ganirelix acetate</i>	T4	PA
GONAL-F	T4	PA
GONAL-F RFF	T4	PA

Drug Name	Drug Tier	Notes
GONAL-F RFF REDIJECT	T4	PA
HEMABATE	T3	
INCRELEX	T4	PA; SP-ORx
<i>lanreotide acetate</i>	T4	PA
LEUPROLIDE ACETATE (3 MONTH)	T4	PA; QL
<i>leuprolide acetate injection</i>	T4	PA
LEUPROLIDE ACETATE-BUPIVACAINE	T3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	T4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	T4	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	T4	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	T4	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	T4	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	T4	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG	T4	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG, 7.5 MG	T4	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	T4	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG	T4	PA
LUPRON DEPOT-PED (6-MONTH)	T4	PA
MENOPUR	T4	PA
NGENLA	T4	PA; SP-QTZ
NOCDURNA	T3	PA
NORDITROPIN FLEXPRO	T4	PA; SP-QTZ
NOVAREL	T4	PA
NUTROPIN AQ NUSPIN 10	T4	PA; SP-QTZ
NUTROPIN AQ NUSPIN 20	T4	PA; SP-QTZ
NUTROPIN AQ NUSPIN 5	T4	PA; SP-QTZ
<i>octreotide acetate</i>	T4	PA
OMNITROPE	T4	PA; SP-QTZ
ORILISSA	T2	PA; QL
OVIDREL	T4	PA
<i>oxytocin injection</i>	T1	

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Drug Name	Drug Tier	Notes
OXYTOCIN-LACTATED RINGERS	T3	
OXYTOCIN-SODIUM CHLORIDE	T3	
PITOCIN	T3	
PREGNYL	T4	PA
SANDOSTATIN LAR DEPOT	T4	PA
SIGNIFOR LAR	T4	PA; QL
SKYTROFA	T4	PA
SOMATULINE DEPOT	T4	PA
SOMAVERT	T4	PA; SP-ORx
SUPPRELIN LA	T4	PA; QL
SYNAREL	T2	
TEPEZZA	T4	PA
TRELSTAR MIXJECT	T4	PA; QL
TRIPTODUR	T4	PA; QL
<i>vasopressin</i>	T1	
<i>vasopressin +rfid</i>	T1	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS	T3	
VASOSTRICT SOLUTION 20 UNIT/ML INTRAVENOUS	T3	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	T4	QL
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	T4	QL
Hormonal Agents - Prostaglandins		
KORLYM	T4	PA; QL
MIFEPREX	T3	
<i>mifepristone oral tablet 200 mg</i>	\$0	
<i>mifepristone oral tablet 300 mg</i>	T4	PA; QL
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	T3	
OSPHENA	T3	
<i>raloxifene hcl</i>	T1	\$0 for breast cancer PX
Hormonal Agents - Sex Hormones and Birth Control		
ACTIVELLA	T3	
<i>afirmelle</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
ALORA	T3	ST
<i>altavera</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>alyacen 1/35</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>alyacen 7/7/7</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>amethyst</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
ANGELIQ	T3	
ANNOVERA	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>apri</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>aranelle</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>ashlyna</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>aubra eq</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>aurovela 1.5/30</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>aurovela 1/20</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>aurovela 24 fe</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>aurovela fe 1.5/30</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>aurovela fe 1/20</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>aviane</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>ayuna</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>azurette</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
BALCOLTRA	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>balziva</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
BIJUVA	T3	
<i>blisovi 24 fe</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>blisovi fe 1.5/30</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>blisovi fe 1/20</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>briellyn</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>camila</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>camrese</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>camrese lo</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>charlotte 24 fe</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>chateal eq</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
CLIMARA PRO	T2	
COMBIPATCH	T3	
CRINONE	T3	QL
<i>cryselle-28</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>cyred eq</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>dasetta 1/35</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>dasetta 7/7/7</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>daysee</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>deblitane</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>delyla</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
DEPO-ESTRADIOL	T3	\$0 for gender identity-related dx
DEPO-PROVERA	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
DEPO-SUBQ PROVERA 104	\$0	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>desogestrel-ethinyl estradiol</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
DIVIGEL	T3	
<i>dolishale</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>dotti</i>	T1	
<i>drospiren-eth estrad-levomefol</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>drospirenone-ethinyl estradiol</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
DUAVEE	T2	
ELESTRIN	T3	
<i>elinest</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
ELLA	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>eluryng</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>emzahh</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
ENDOMETRIN	T2	
<i>enilloring</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>enpresse-28</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>enskyce</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>errin</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>estarylla</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>estradiol oral</i>	T1/Value	
<i>estradiol transdermal</i>	T1	
<i>estradiol vaginal</i>	T1	
<i>estradiol valerate intramuscular</i>	T1	\$0 for gender identity-related dx
<i>estradiol-norethindrone acet</i>	T1	
ESTRING	T3	QL
ESTROGEL	T3	
<i>ethynodiol diac-eth estradiol</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>etonogestrel-ethinyl estradiol</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
EVAMIST	T3	
<i>falmina</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
FEMRING	T3	ST; QL
<i>finzala</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>fyavolv</i>	T1	
<i>gallifrey</i>	T1	
<i>gemmily</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>hailey 1.5/30</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>hailey 24 fe</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>hailey fe 1.5/30</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>hailey fe 1/20</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>haloette</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>heather</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>iclevia</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
IMVEXXY MAINTENANCE PACK	T2	
IMVEXXY STARTER PACK	T2	
<i>incassia</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>introvale</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>isibloom</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>jaimiess</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>jasmiel</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>jencycla</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>jinteli</i>	T1	
<i>jolessa</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>joyeaux</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>juleber</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>junel 1.5/30</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>junel 1/20</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>junel fe 1.5/30</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>junel fe 1/20</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>junel fe 24</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>kaitlib fe</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>kalliga</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>kariva</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>kelnor 1/35</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>kelnor 1/50</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>kurvelo</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
KYLEENA	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>larin 1.5/30</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>larin 1/20</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>larin 24 fe</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>larin fe 1.5/30</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>larin fe 1/20</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>layolis fe</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>leena</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>lessina</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>levonest</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>levonorgest-eth est & eth est</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL

Drug Name	Drug Tier	Notes
<i>levonorgest-eth estrad 91-day</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>levonorgest-eth estradiol-iron</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>levonorg-eth estrad triphasic</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>levora 0.15/30 (28)</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
LILETTA (52 MG)	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
LO LOESTRIN FE	\$0	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>lojaimiess</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>loryna</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>low-ogestrel</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>lo-zumandimine</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>lutra</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>lyleq</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>lyllana</i>	T1	
<i>lyza</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>marlissa</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>medroxyprogesterone acetate intramuscular</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>medroxyprogesterone acetate oral</i>	T1/Value	
<i>megestrol acetate oral suspension</i>	T1	
<i>megestrol acetate oral tablet 20 mg</i>	T1/Value	
<i>megestrol acetate oral tablet 40 mg</i>	T1	
MENEST	T2	
MENOSTAR	T3	ST
<i>merzee</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>mibelas 24 fe</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>microgestin 1.5/30</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>microgestin 1/20</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>microgestin fe 1.5/30</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>microgestin fe 1/20</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>mili</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>mimvey</i>	T1	
MINIVELLE	T3	ST
MIRENA (52 MG)	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>mono-lynyah</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
MYFEMBREE	T2	PA; QL
NATAZIA	T2	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>necon 0.5/35 (28)</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
NEXPLANON	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
NEXTSTELLIS	\$0	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>nikki</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nora-be</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norelgestromin-eth estradiol</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norethin ace-eth estrad-fe</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norethindrone acetate oral</i>	T1	
<i>norethindrone acet-ethinyl est</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norethindrone oral</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norethindrone-eth estradiol</i>	T1	
<i>norethindron-ethinyl estrad-fe</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norethin-eth estradiol-fe</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>norlyroc</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nortrel 0.5/35 (28)</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nortrel 1/35 (21)</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nortrel 1/35 (28)</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nortrel 7/7/7</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
NUVARING	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nylia 1/35</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nylia 7/7/7</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>ocella</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
OPILL	\$0	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
ORIAHNN	T2	PA; QL
PARAGARD INTRAUTERINE COPPER	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>philith</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>pimtrea</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>portia-28</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
PREMARIN INJECTION	T3	
PREMARIN ORAL	T2	
PREMARIN VAGINAL	T2	
PREMPHASE	T2	
PREMPRO	T2	
<i>progesterone intramuscular</i>	T1	
<i>progesterone oral</i>	T1	
PROVERA	T3	
<i>reclipsen</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>rivelsa</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>setlakin</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>sharobel</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>simliya</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>simpesse</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL

Drug Name	Drug Tier	Notes
SKYLA	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
SLYND	\$0	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>sprintec 28</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>sronyx</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>syeda</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tarina 24 fe</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tarina fe 1/20 eq</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>taysofy</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TAYTULLA	T3	ST; Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tilia fe</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-estarylla</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>tri-legest fe</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-linyah</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-lo-estarylla</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-lo-marzia</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-lo-mili</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-lo-sprintec</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-mili</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-sprintec</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>trivora (28)</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-vylibra</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-vylibra lo</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>turqoz</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TWIRLA	\$0	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TYBLUME	\$0	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tydemy</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>velivet</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>vestura</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>vienva</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>viorele</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>volnea</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>vyfemla</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>vylibra</i>	T1/Value	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>wera</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>wymzya fe</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>xulane</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>yuvafem</i>	T1	
<i>zafemy</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>zovia 1/35 (28)</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>zumandimine</i>	T1	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
Hormonal Agents - Thyroid		
ADTHYZA	T3	
ARMOUR THYROID	T3	
<i>euthyrox</i>	T1/Value	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1/Value	
<i>levo-t oral tablet 300 mcg</i>	T1	
<i>levothyroxine sodium intravenous</i>	T1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1/Value	
<i>levothyroxine sodium oral tablet 300 mcg</i>	T1	
<i>levoxyl</i>	T1/Value	
<i>liothyronine sodium intravenous</i>	T1	
<i>liothyronine sodium oral</i>	T1	
<i>methimazole oral</i>	T1	
NIVA THYROID	T3	
<i>np thyroid</i>	T1	

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Drug Name	Drug Tier	Notes
<i>propylthiouracil oral</i>	T1	
SODIUM IODIDE I-131	T3	
<i>thyroid oral</i>	T1	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1/Value	
<i>unithroid oral tablet 300 mcg</i>	T1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	T4	PA; SP-QTZ; QL
ACTEMRA INTRAVENOUS	T4	PA
ACTEMRA SUBCUTANEOUS	T4	PA; SP-QTZ; QL
ACTIMMUNE	T4	PA; SP-ORx
ADALIMUMAB-ADAZ	T4	PA; SP-QTZ; QL
ADALIMUMAB-FKJP (2 PEN)	T4	PA; SP-QTZ; QL
ADALIMUMAB-FKJP (2 SYRINGE)	T4	PA; SP-QTZ; QL
ARAVA	T3	PA
ARCALYST	T4	PA
ASTAGRAF XL	T3	
AVSOLA	T4	PA
AZASAN	T3	
<i>azathioprine oral</i>	T1	
<i>azathioprine sodium</i>	T1	
BENLYSTA INTRAVENOUS	T4	PA
BENLYSTA SUBCUTANEOUS	T4	PA; SP-QTZ
BERINERT	T4	PA; SP-ORx; QL
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	Due to Health Care Reform- Beyfortus may be available at \$0 copay for members ages 24 months and younger; QL
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T2	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
BIMZELX	T4	PA; SP-QTZ; QL
BIVIGAM	T4	PA
CELLCEPT	T3	
CELLCEPT INTRAVENOUS	T3	
CIMZIA	T4	PA; SP-QTZ; QL
CIMZIA (2 SYRINGE)	T4	PA; SP-QTZ; QL

Drug Name	Drug Tier	Notes
CIMZIA-STARTER	T4	PA; SP-QTZ; QL
CNJ-016	T3	
COSENTYX (300 MG DOSE)	T4	PA; SP-QTZ; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL
COSENTYX SENSOREADY (300 MG)	T4	PA; SP-QTZ; QL
COSENTYX SENSOREADY PEN	T4	PA; SP-QTZ; QL
COSENTYX UNOREADY	T4	PA; SP-QTZ; QL
CUTAQUIG	T4	PA
CUVITRU	T4	PA
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral</i>	T1	
ENBREL	T4	PA; SP-QTZ; QL
ENBREL MINI	T4	PA; SP-QTZ; QL
ENBREL SURECLICK	T4	PA; SP-QTZ; QL
ENSPRYNG	T4	PA; SP-QTZ
ENTYVIO	T4	PA
ENTYVIO PEN	T4	PA; SP-QTZ; QL
ENVARUSUS XR	T3	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T1	
FLEBOGAMMA DIF	T4	PA
GAMASTAN	T4	PA
GAMIFANT	T4	PA
GAMMAGARD	T4	PA
GAMMAGARD S/D LESS IGA	T4	PA
GAMMAKED	T4	PA
GAMMAPLEX	T4	PA
GAMUNEX-C	T4	PA
<i>gengraf</i>	T1	
HADLIMA	T4	PA; SP-QTZ; QL
HADLIMA PUSH TOUCH	T4	PA; SP-QTZ; QL
HAEGARDA	T4	PA
HIZENTRA	T4	PA
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT	T2	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	T4	
HYQVIA	T4	PA

Drug Name	Drug Tier	Notes
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML	T4	PA; SP-QTZ; QL
HYRIMOZ-CROHNS/UC STARTER	T4	PA; SP-QTZ; QL
HYRIMOZ-PED<40KG CROHN STARTER	T4	PA; SP-QTZ; QL
HYRIMOZ-PED>=40KG CROHN START	T4	PA; SP-QTZ; QL
HYRIMOZ-PLAQ PSOR/UEVIT START	T4	PA; SP-QTZ; QL
<i>icatibant acetate</i>	T4	PA; QL
ILARIS	T4	PA; QL
ILUMYA	T4	PA; QL
IMURAN	T3	
INFLECTRA	T4	PA
JYLAMVO	T3	PA
KALBITOR	T4	PA; QL
KEVZARA	T4	PA; SP-QTZ; QL
KINERET	T4	PA
<i>leflunomide oral</i>	T1	
<i>methotrexate sodium</i>	T1	
<i>methotrexate sodium (pf)</i>	T1	
MICRHOGAM ULTRA-FILTERED PLUS	T2	
<i>mycophenolate mofetil hcl</i>	T1	
<i>mycophenolate mofetil intravenous</i>	T1	
<i>mycophenolate mofetil oral</i>	T1	
<i>mycophenolate sodium</i>	T1	
<i>mycophenolic acid</i>	T1	
MYFORTIC	T3	
MYHIBBIN	T3	
NEORAL	T3	
NULOJIX	T3	
OCTAGAM	T4	PA
OLUMIANT	T4	PA; SP-QTZ; QL
OMVOH INTRAVENOUS	T4	PA; QL

Drug Name	Drug Tier	Notes
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP-QTZ; QL
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; QL
ORENCIA CLICKJECT	T4	PA; SP-QTZ; QL
ORENCIA INTRAVENOUS	T4	PA
ORENCIA SUBCUTANEOUS	T4	PA; SP-QTZ; QL
ORLADEYO	T4	PA; QL
OTEZLA	T4	PA; SP-QTZ; QL
PANZYGA	T4	PA
PEMGARDA	T3	QL
PRIVIGEN	T4	PA
PROGRAF	T3	
RAPAMUNE	T3	
RASUVO	T2	PA; QL
RHOGAM ULTRA-FILTERED PLUS	T2	
RHOPHYLAC	T2	
RIDAURA	T4	
RINVOQ	T4	PA; SP-QTZ; QL
RINVOQ LQ	T4	PA; SP-QTZ; QL
RUCONEST	T4	PA; QL
SANDIMMUNE INTRAVENOUS	T2	
SANDIMMUNE ORAL	T3	
SAPHNELO	T4	PA
SILIQ	T4	PA; SP-QTZ; QL
SIMPONI	T4	PA; SP-QTZ; QL
SIMPONI ARIA	T4	PA
SIMULECT	T3	
<i>sirolimus oral</i>	T1	
SKYRIZI INTRAVENOUS	T4	PA
SKYRIZI PEN	T4	PA; SP-QTZ; QL
SKYRIZI SUBCUTANEOUS	T4	PA; SP-QTZ; QL
SOTYKTU	T4	PA; QL
SPEVIGO	T4	PA; QL
STELARA INTRAVENOUS	T4	PA
STELARA SUBCUTANEOUS	T4	PA; SP-QTZ; QL
SYNAGIS	T4	PA
<i>tacrolimus oral</i>	T1	
TAKHZYRO	T4	PA; SP-ORx

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Drug Name	Drug Tier	Notes
<i>temsirolimus</i>	T4	
THYMOGLOBULIN	T3	
TORISEL	T4	
TREMFYA INTRAVENOUS	T4	PA
TREMFYA SUBCUTANEOUS	T4	PA; SP-QTZ; QL
TREXALL	T3	
UPLIZNA	T4	PA
VEOPOZ	T4	PA
WINRHO SDF	T2	
XATMEP	T3	PA
XELJANZ	T4	PA; SP-QTZ; QL
XELJANZ XR	T4	PA; SP-QTZ; QL
XEMBIFY	T4	PA
ZINPLAVA	T3	PA
ZORTRESS	T3	
Immunological Agents - Drugs for Vaccination		
ADACEL	\$0	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
BOOSTRIX	\$0	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
ENGERIX-B	\$0	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
GARDASIL 9	\$0	Due to healthcare reform- HPV vaccine may be available at \$0 copay for members ages 9 - 45 years.
HAVRIX	\$0	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
M-M-R II	\$0	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.

Drug Name	Drug Tier	Notes
PREVNAR 20	\$0	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
SHINGRIX	\$0	Due to Health Care Reform- this product is available at zero copay through the pharmacy benefit for members age 19 years and older.
Inflammatory Bowel Disease Agents		
ANUSOL-HC EXTERNAL	T3	PA
APRISO	T1	
AZULFIDINE	T3	
AZULFIDINE EN-TABS	T3	
<i>balsalazide disodium</i>	T1	
<i>budesonide er</i>	T1	PA
<i>budesonide oral</i>	T1	
<i>budesonide rectal</i>	T1	
COLAZAL	T3	PA
CORTENEMA	T3	
CORTIFOAM	T3	
EOHILIA	T3	PA; QL
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	T1	
<i>hydrocortisone rectal</i>	T1	
<i>lidocaine-hydrocort (perianal)</i>	T1	
<i>mesalamine er oral capsule 500 mg</i>	T1	
<i>mesalamine oral capsule delayed release 400 mg</i>	T1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T1	
<i>mesalamine oral tablet delayed release 800 mg</i>	T1	PA
<i>mesalamine rectal</i>	T1	
<i>mesalamine-cleanser</i>	T1	
PROCTOCORT EXTERNAL	T3	PA
PROCTOFOAM HC	T2	
<i>procto-med hc</i>	T1	
PROCTOSOL HC	T3	PA
PROCTOZONE-HC	T3	PA
ROWASA	T3	
SFROWASA	T2	

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Drug Name	Drug Tier	Notes
<i>sulfasalazine oral</i>	T1	
UCERIS RECTAL	T3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	T3	PA; QL
<i>alendronate sodium oral solution</i>	T1	\$0 HDHP
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	T1	\$0 HDHP
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	T1/Value	\$0 HDHP; QL
AELVIA	T3	QL
BINOSTO	T3	PA; QL
<i>calcitonin (salmon) injection</i>	T1	\$0 HDHP
<i>calcitonin (salmon) nasal</i>	T1	\$0 HDHP; QL
EVENITY	T4	PA; QL
FOSAMAX	T3	QL
FOSAMAX PLUS D	T3	PA; QL
<i>ibandronate sodium intravenous</i>	T1	QL
<i>ibandronate sodium oral</i>	T1	\$0 HDHP; QL
MIACALCIN	T3	
<i>pamidronate disodium</i>	T4	
PROLIA	T4	PA; QL
RECLAST	T4	PA
<i>risedronate sodium oral tablet 150 mg, 35 mg</i>	T1	\$0 HDHP; QL
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	T1	\$0 HDHP
<i>risedronate sodium oral tablet delayed release</i>	T1	\$0 HDHP; QL
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	T4	PA
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	T4	PA
TYMLOS	T4	PA
XGEVA	T4	PA
<i>zoledronic acid</i>	T4	
Metabolic Bone Disease Agents - Other		
<i>calcitriol intravenous</i>	T1	
<i>calcitriol oral</i>	T1	
<i>cinacalcet hcl</i>	T1	PA
<i>doxercalciferol intravenous</i>	T1	
<i>doxercalciferol oral</i>	T1	PA
HECTOROL	T3	
<i>paricalcitol</i>	T1	

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Drug Name	Drug Tier	Notes
PARSABIV	T4	
RAYALDEE	T3	
ROCALTROL	T3	
ZEMPLAR	T3	
Miscellaneous Therapeutic Agents		
ACETADOTE	T3	
<i>acetylcysteine intravenous</i>	T1	
ADA	T3	
ADAKVEO	T4	PA
ADVOCATE DUO	T3	
ADVOCATE INSULIN PEN NEEDLE	T2	\$0 HDHP; Value
AEROCHAMBER HOLDING CHAMBER	T2	\$0 HDHP; Value
AEROCHAMBER MINI CHAMBER	T2	\$0 HDHP; Value
AEROCHAMBER MV	T2	\$0 HDHP; Value
AEROCHAMBER PLS FLOVU MTHPIECE	T2	\$0 HDHP; Value
AEROCHAMBER PLUS FLO-VU INTERM	T2	\$0 HDHP; Value
AEROCHAMBER PLUS FLO-VU LARGE	T2	\$0 HDHP; Value
AEROCHAMBER PLUS FLO-VU MEDIUM	T2	\$0 HDHP; Value
AEROCHAMBER PLUS FLO-VU SMALL	T2	\$0 HDHP; Value
AEROCHAMBER PLUS FLOW VU	T2	\$0 HDHP; Value
AEROCHAMBER W/FLOWSIGNAL	T2	\$0 HDHP; Value
AEROCHAMBER Z-STAT PLUS	T2	\$0 HDHP; Value
AEROCHAMBER Z-STAT PLUS CHAMBR	T2	\$0 HDHP; Value
AEROCHAMBER Z-STAT PLUS/LARGE	T2	\$0 HDHP; Value
AEROCHAMBER Z-STAT PLUS/MEDIUM	T2	\$0 HDHP; Value
AEROCHAMBER Z-STAT PLUS/SMALL	T2	\$0 HDHP; Value
AEROVENT PLUS	T2	\$0 HDHP; Value
ALCOHOL BASE GEL	T3	
ALCOHOL PREP PADS PAD , 70 %	T3	
ALCOHOL PREP PADS SHEET 70 %	T3	
ALCOH-WIPE	T3	
ALPHA-LIPOIC ACID INJECTION	T3	
AMD FOAM DRESSING	T3	
AMD FOAM DRESSING TOPSHEET	T3	
AMPHADASE	T3	
ANDEXXA	T3	
ANHYDROUS BASE	T3	
ANHYDROUS CREAM BASE	T3	

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Drug Name	Drug Tier	Notes
AQINJECT PEN NEEDLE	T2	\$0 HDHP; Value
ARTISS	T3	
ASSURE ID DUO PRO PEN NEEDLES	T2	\$0 HDHP; Value
ASSURE ID PRO PEN NEEDLES	T2	\$0 HDHP; Value
AUM ALCOHOL PREP PADS	T3	
AUM INSULIN SAFETY PEN NEEDLE	T2	\$0 HDHP; Value
AUM MINI INSULIN PEN NEEDLE	T2	\$0 HDHP; Value
AUM PEN NEEDLE	T2	\$0 HDHP; Value
AUM READYGARD DUO PEN NEEDLE	T2	\$0 HDHP; Value
AUM SAFETY PEN NEEDLE	T2	\$0 HDHP; Value
BACTERIOSTATIC WATER(BENZ ALC)	T3	
BD AUTOSHIELD DUO PEN NEEDLES	T2	\$0 HDHP; Value
BD ULTRA-FINE PEN NEEDLES	T2	\$0 HDHP; Value
<i>boric acid external</i>	T1	
BOTOX	T3	PA
BREATHE COMFORT CHAMBER/ADULT	T2	\$0 HDHP; Value
BREATHE COMFORT CHAMBER/CHILD	T2	\$0 HDHP; Value
BREATHE EASE LARGE	T2	\$0 HDHP; Value
BREATHE EASE MEDIUM	T2	\$0 HDHP; Value
BREATHE EASE SMALL	T2	\$0 HDHP; Value
BREATHERITE VALVED MDI CHAMBER	T2	\$0 HDHP; Value
BRIDION SOLUTION 200 MG/2ML INTRAVENOUS	T3	
BYLVAY	T4	PA
BYLVAY (PELLETS)	T4	PA
CAPSULE #0 CLEAR/CLEAR VEG	T3	
CAPSULE #0 WHITE/WHITE OPQ VEG	T3	
CAPSULE #1 CLEAR/CLEAR VEG	T3	
CAPSULE #1 WHITE/WHITE OPQ VEG	T3	
CAPSULE #3 CLEAR/CLEAR VEG	T3	
CAPSULE #3 WHITE/WHITE OPQ VEG	T3	
CAPSULE 0 CLEAR DR	T3	
CAPSULE CONI-SNAP #0 BLU/WHITE	T3	
CAPSULE CONI-SNAP #0 CLEAR	T3	
CAPSULE CONI-SNAP #0 CLEAR VEG	T3	
CAPSULE CONI-SNAP #0 DARK BLUE	T3	
CAPSULE CONI-SNAP #0 GREEN/CLR	T3	
CAPSULE CONI-SNAP #0 PINK	T3	

Drug Name	Drug Tier	Notes
CAPSULE CONI-SNAP #0 PURPLE	T3	
CAPSULE CONI-SNAP #0 RED/WHITE	T3	
CAPSULE CONI-SNAP #0 WHITE	T3	
CAPSULE CONI-SNAP #00 CLEAR	T3	
CAPSULE CONI-SNAP #00 WHITE	T3	
CAPSULE CONI-SNAP #000 CLEAR	T3	
CAPSULE CONI-SNAP #1 AQUA BLUE	T3	
CAPSULE CONI-SNAP #1 BLUE	T3	
CAPSULE CONI-SNAP #1 BLUE/PINK	T3	
CAPSULE CONI-SNAP #1 BLUE/WHT	T3	
CAPSULE CONI-SNAP #1 BROWN	T3	
CAPSULE CONI-SNAP #1 BRWN/IVRY	T3	
CAPSULE CONI-SNAP #1 CLEAR	T3	
CAPSULE CONI-SNAP #1 DK GRN/OR	T3	
CAPSULE CONI-SNAP #1 DRK GREEN	T3	
CAPSULE CONI-SNAP #1 GREY/PINK	T3	
CAPSULE CONI-SNAP #1 GRN/YLW	T3	
CAPSULE CONI-SNAP #1 ORANGE	T3	
CAPSULE CONI-SNAP #1 PINK	T3	
CAPSULE CONI-SNAP #1 PINK/BLUE	T3	
CAPSULE CONI-SNAP #1 PINK/CLR	T3	
CAPSULE CONI-SNAP #1 PINK/WHIT	T3	
CAPSULE CONI-SNAP #1 PINK/YLLW	T3	
CAPSULE CONI-SNAP #1 PURPLE	T3	
CAPSULE CONI-SNAP #1 RED/BLUE	T3	
CAPSULE CONI-SNAP #1 RED/WHITE	T3	
CAPSULE CONI-SNAP #1 VEGGIE	T3	
CAPSULE CONI-SNAP #1 WHITE	T3	
CAPSULE CONI-SNAP #1 WHITE/GRN	T3	
CAPSULE CONI-SNAP #1 WHT/CLR	T3	
CAPSULE CONI-SNAP #1 YELLOW	T3	
CAPSULE CONI-SNAP #1 YELLOW/GR	T3	
CAPSULE CONI-SNAP #2 CLEAR	T3	
CAPSULE CONI-SNAP #2 WHITE	T3	
CAPSULE CONI-SNAP #3 BLU/CLEAR	T3	
CAPSULE CONI-SNAP #3 BRN/BLUE	T3	
CAPSULE CONI-SNAP #3 CLEAR	T3	
CAPSULE CONI-SNAP #3 CLEAR VEG	T3	

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Drug Name	Drug Tier	Notes
CAPSULE CONI-SNAP #3 GRAY/YLW	T3	
CAPSULE CONI-SNAP #3 GREEN/BLU	T3	
CAPSULE CONI-SNAP #3 GREY/PINK	T3	
CAPSULE CONI-SNAP #3 MARON/BLU	T3	
CAPSULE CONI-SNAP #3 MINT GRN	T3	
CAPSULE CONI-SNAP #3 OLIVE/CLR	T3	
CAPSULE CONI-SNAP #3 ORANGE	T3	
CAPSULE CONI-SNAP #3 PINK/PINK	T3	
CAPSULE CONI-SNAP #3 PNK/CLEAR	T3	
CAPSULE CONI-SNAP #3 RED/CLEAR	T3	
CAPSULE CONI-SNAP #3 RED/RED	T3	
CAPSULE CONI-SNAP #3 WHITE	T3	
CAPSULE CONI-SNAP #3 WHT/CLR	T3	
CAPSULE CONI-SNAP #3 YELLOW	T3	
CAPSULE CONI-SNAP #4 BLACK/GRN	T3	
CAPSULE CONI-SNAP #4 CLEAR	T3	
CAPSULE CONI-SNAP #4 WHITE	T3	
CAPSULE EZEEFIT #0 CLEAR	T3	
CAPSULE EZEEFIT #00 CLEAR	T3	
CARBOGEL 940	T3	
CARBOHOL 940	T3	
CARBOMER AQUEOUS	T3	
CARBOMER HYDROALCOHOLIC	T3	
CAYA	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
CHERRY	T3	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	T3	
CLEVER CHEK AUTO-CODE	T3	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	T2	\$0 HDHP; Value
CLEVER CHOICE HOLDING CHAMBER	T2	\$0 HDHP; Value
COLLODION FLEXIBLE	T3	
COMFORT EZ PRO PEN NEEDLES	T2	\$0 HDHP; Value
COMPACT SPACE CHAMBER	T2	\$0 HDHP; Value
COMPACT SPACE CHAMBER/LG MASK	T2	\$0 HDHP; Value
COMPACT SPACE CHAMBER/MED MASK	T2	\$0 HDHP; Value

Drug Name	Drug Tier	Notes
COMPACT SPACE CHAMBER/SM MASK	T2	\$0 HDHP; Value
CORN (SYRUP)	T3	
CREAM BASE WITH LIPOSOME	T3	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	T3	
CURITY AMD ANTIMICROBIAL STRIP	T3	
CURITY IODOFORM PACKING STRIP	T3	
CURITY WOUND CLOSURE 1/2"X4"	T3	
CURITY WOUND CLOSURE 1/4"X1.5"	T3	
CURITY WOUND CLOSURE 1/4"X3"	T3	
CURITY WOUND CLOSURE 1/4"X4"	T3	
CURITY WOUND CLOSURE 1/8"X3"	T3	
CYANOKIT	T3	
CYTOTINE ORAL POWDER	T3	
<i>deferoxamine mesylate</i>	T1	
DESFERAL	T3	
<i>dexmedetomidine hcl</i>	T1	
<i>dexmedetomidine hcl in nacl intravenous solution</i>	T1	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
DEXMEDETOMIDINE HCL-DEXTROSE	T3	
DIASCREEN 10	T3	
DIASCREEN 1B	T3	
DIASCREEN 1G	T3	
DIASCREEN 1K	T3	
DIASCREEN 2GK	T3	
DIASCREEN 2GP	T3	
DIASCREEN 3	T3	
DIASCREEN 4NL	T3	
DIASCREEN 4OBL	T3	
DIASCREEN 4PH	T3	
DIASCREEN 5	T3	
DIASCREEN 6	T3	
DIASCREEN 7	T3	
DIASCREEN 8	T3	
DIASCREEN 9	T3	
DIASCREEN LIQUID URINE CONTROL	T3	

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Drug Name	Drug Tier	Notes
DIGIFAB	T3	
<i>diluent for treprostinil</i>	T1	
DRCAPS SIZE 00	T3	
DRCAPS SIZE 1	T3	
DROPLET MICRON	T2	\$0 HDHP; Value
DROPSAFE ALCOHOL PREP	T3	
DUO-CARE	T3	
DYSPORT	T2	PA
EASIVENT	T2	\$0 HDHP; Value
EASIVENT MASK LARGE	T2	\$0 HDHP; Value
EASIVENT MASK MEDIUM	T2	\$0 HDHP; Value
EASIVENT MASK SMALL	T2	\$0 HDHP; Value
EDETATE CALCIUM DISODIUM INJECTION	T3	
EMBRACE PEN NEEDLES	T2	\$0 HDHP; Value
EMPTY CAPSULE SIZE 0 CLEAR	T3	
EMPTY CAPSULE SIZE 0 PINK	T3	
EMPTY CAPSULE SIZE 0 PURP/WHT	T3	
EMPTY CAPSULE SIZE 0 PURPLE	T3	
EMPTY CAPSULE SIZE 0 WHITE/OPA	T3	
EMPTY CAPSULE SIZE 00 BLUE OPQ	T3	
EMPTY CAPSULE SIZE 00 CLEAR	T3	
EMPTY CAPSULE SIZE 1 BRN/IVORY	T3	
EMPTY CAPSULE SIZE 1 CLEAR	T3	
EMPTY CAPSULE SIZE 1 DRK GREEN	T3	
EMPTY CAPSULE SIZE 1 GREY/PINK	T3	
EMPTY CAPSULE SIZE 1 GRN/ORNGE	T3	
EMPTY CAPSULE SIZE 1 GRN/WHITE	T3	
EMPTY CAPSULE SIZE 1 GRN/YLLW	T3	
EMPTY CAPSULE SIZE 1 IVORY	T3	
EMPTY CAPSULE SIZE 1 MAROON/CL	T3	
EMPTY CAPSULE SIZE 1 MINT GRN	T3	
EMPTY CAPSULE SIZE 1 ORANGE	T3	
EMPTY CAPSULE SIZE 1 ORGE/CLR	T3	
EMPTY CAPSULE SIZE 1 ORGE/YLLW	T3	
EMPTY CAPSULE SIZE 1 PINK	T3	
EMPTY CAPSULE SIZE 1 PINK/CLR	T3	
EMPTY CAPSULE SIZE 1 PINK/YLLW	T3	
EMPTY CAPSULE SIZE 1 PNK/WHITE	T3	

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Drug Name	Drug Tier	Notes
EMPTY CAPSULE SIZE 1 PWDR BLUE	T3	
EMPTY CAPSULE SIZE 1 RED	T3	
EMPTY CAPSULE SIZE 1 RED/BLUE	T3	
EMPTY CAPSULE SIZE 1 RED/WHITE	T3	
EMPTY CAPSULE SIZE 1 VEG CLEAR	T3	
EMPTY CAPSULE SIZE 1 WHITE	T3	
EMPTY CAPSULE SIZE 1 WHITE/OPA	T3	
EMPTY CAPSULE SIZE 1 WHT/CLEAR	T3	
EMPTY CAPSULE SIZE 1 YELLOW	T3	
EMPTY CAPSULE SIZE 2 CLEAR	T3	
EMPTY CAPSULE SIZE 3 BLACK/GRN	T3	
EMPTY CAPSULE SIZE 3 BLUE OPQ	T3	
EMPTY CAPSULE SIZE 3 BLUE/CLR	T3	
EMPTY CAPSULE SIZE 3 BLUE/WHT	T3	
EMPTY CAPSULE SIZE 3 CLEAR	T3	
EMPTY CAPSULE SIZE 3 DARK GRN	T3	
EMPTY CAPSULE SIZE 3 GREY/PINK	T3	
EMPTY CAPSULE SIZE 3 GREY/YLLW	T3	
EMPTY CAPSULE SIZE 3 GRN/BLUE	T3	
EMPTY CAPSULE SIZE 3 MARN/BLUE	T3	
EMPTY CAPSULE SIZE 3 MARN/CLR	T3	
EMPTY CAPSULE SIZE 3 MINT GRN	T3	
EMPTY CAPSULE SIZE 3 OLIVE/CLR	T3	
EMPTY CAPSULE SIZE 3 ORANGE	T3	
EMPTY CAPSULE SIZE 3 ORANGE/WH	T3	
EMPTY CAPSULE SIZE 3 PINK	T3	
EMPTY CAPSULE SIZE 3 PINK/BLUE	T3	
EMPTY CAPSULE SIZE 3 PINK/WH	T3	
EMPTY CAPSULE SIZE 3 PINK/YLLW	T3	
EMPTY CAPSULE SIZE 3 PNK/CLEAR	T3	
EMPTY CAPSULE SIZE 3 PRPLE/CLR	T3	
EMPTY CAPSULE SIZE 3 PURPLE	T3	
EMPTY CAPSULE SIZE 3 PWDR BLUE	T3	
EMPTY CAPSULE SIZE 3 RED	T3	
EMPTY CAPSULE SIZE 3 RED/CLEAR	T3	
EMPTY CAPSULE SIZE 3 RED/WHITE	T3	
EMPTY CAPSULE SIZE 3 WHITE	T3	
EMPTY CAPSULE SIZE 3 WHITE/CLR	T3	

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Drug Name	Drug Tier	Notes
EMPTY CAPSULE SIZE 3 WHITE/OPA	T3	
EMPTY CAPSULE SIZE 3 YELLOW	T3	
EMPTY CAPSULE SIZE 3 YELLW/CLR	T3	
EMPTY CAPSULE SIZE 4 CLEAR	T3	
EMPTY CAPSULE SIZE 4 PURPLE	T3	
EMPTY CAPSULE SIZE 4 RED/WHITE	T3	
EMPTY CAPSULE SIZE 4 WHITE	T3	
EMPTY CAPSULE SIZE 4 YELLOW	T3	
EMPTY CAPSULE SIZE 5 CLEAR	T3	
EMPTY CAPSULE SIZE 7 CLEAR	T3	
ENDARI	T3	PA
EQ SPACE CHAMBER ANTI-STATIC	T2	\$0 HDHP; Value
EQ SPACE CHAMBER ANTI-STATIC L	T2	\$0 HDHP; Value
EQ SPACE CHAMBER ANTI-STATIC M	T2	\$0 HDHP; Value
EQ SPACE CHAMBER ANTI-STATIC S	T2	\$0 HDHP; Value
<i>ergoloid mesylates oral</i>	T1	
ESPUMIL	T3	
EUA PATIENT ASSESSMENT	T3	
EXCILON AMD DRAIN SPONGES	T3	
FEMCAP	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
FLAVOR BLEND	T3	
FLAVOR PLUS	T3	
FLAVOR SWEET	T3	
FLEXICHAMBER	T2	\$0 HDHP; Value
FLEXICHAMBER ADULT MASK/SMALL	T2	\$0 HDHP; Value
FLEXICHAMBER CHILD MASK/LARGE	T2	\$0 HDHP; Value
FLEXICHAMBER CHILD MASK/SMALL	T2	\$0 HDHP; Value
<i>flumazenil intravenous</i>	T1	
FOAMIL	T3	
<i>fomepizole</i>	T1	
FOOD COLOR BLUE ORAL	T3	
FORA D10 2-IN-1 MONITOR	T3	
FORA D15G 2-IN-1 MONITOR	T3	
FORA D20 2-IN-1 MONITOR	T3	
FORA D40 GLUCOSE/PRESSURE	T3	
FORA D40G GLUCOSE/PRESSURE	T3	

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Drug Name	Drug Tier	Notes
<i>formaldehyde solution 37 % external (rx)</i>	T1	
<i>glutaraldehyde external</i>	T1	
GNP ULTIGUARD SAFEPACK NEEDLE	T2	\$0 HDHP; Value
GOHIBIC	T3	
GOODSENSE ALCOHOL SWABS	T3	
GRASTEK	T3	PA; QL
HYLENEX	T3	
IGALMI	T3	PA
INCONTROL ULTICARE PEN NEEDLES	T2	\$0 HDHP; Value
INSPIREASE	T2	\$0 HDHP; Value
INSPIREASE RESERVOIR BAGS	T2	\$0 HDHP; Value
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	T2	\$0 HDHP; Value
IWILFIN	T4	PA
J-TIP KIT W/VIAL ADAPTERS	T3	
KERENDIA	T3	PA; QL
KERLIX AMD ANTIMICROBIAL	T3	
KERLIX AMD SUPER SPONGES	T3	
KORSUVA	T4	PA; SP-ORx
KRISGEL 100	T3	
LANOLIN ANHYDROUS	T3	
LECITHIN ORGANOGEL	T3	
<i>l-glutamine oral packet</i>	T1	PA
LIPOLAYER	T3	
LOZIBASE S	T3	
MASK VORTEX	T2	\$0 HDHP; Value
MASK VORTEX/CHILD/FROG	T2	\$0 HDHP; Value
MASK VORTEX/TODDLER/LADYBUG	T2	\$0 HDHP; Value
MEDIHOL BASE	T3	
METHERGINE	T3	QL
<i>methylene blue intravenous solution</i>	T1	
<i>methylergonovine maleate injection</i>	T1	
<i>methylergonovine maleate oral</i>	T1	QL
MICROCHAMBER	T2	\$0 HDHP; Value
MICROSPACER	T2	\$0 HDHP; Value

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Drug Name	Drug Tier	Notes
MYOBLOC	T2	PA
NEOKE MCT70	T3	
NEOKE RA LIPOIC	T3	
NEUTEK 2TEK GLUCOSE/PRESSURE	T3	
NEXAVIR	T3	
NITHIODOTE	T3	
NON GELATIN CAPSULES (EMPTY)	T3	
NOVOFINE PEN NEEDLE	T2	\$0 HDHP; Value
NOVOFINE PLUS PEN NEEDLE	T2	\$0 HDHP; Value
ODACTRA	T3	PA; QL
OMNIFLEX DIAPHRAGM	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	T2	
OMNIPOD 5 LIBRE2 PLUS G6	T2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T2	
OMNIPOD DASH INTRO (GEN 4)	T2	
OMNIPOD DASH PDM (GEN 4)	T2	
OMNIPOD DASH PODS (GEN 4)	T2	
OPTICHAMBER DIAMOND	T2	\$0 HDHP; Value
OPTICHAMBER DIAMOND-LG MASK	T2	\$0 HDHP; Value
OPTICHAMBER DIAMOND-MD MASK	T2	\$0 HDHP; Value
OPTICHAMBER DIAMOND-SM MASK	T2	\$0 HDHP; Value
ORA-BLEND	T3	
ORA-BLEND SF	T3	
ORALAIR	T3	PA; QL
ORALAIR ADULT STARTER PACK	T3	PA; QL
ORALAIR CHILDRENS STARTER PACK	T3	PA; QL
ORAPENN SD ANHYD SWEETENED	T3	
ORA-PLUS	T3	
ORA-SWEET	T3	
ORA-SWEET SF	T3	
PANDA MASK LARGE	T2	\$0 HDHP; Value
PANDA MASK MEDIUM	T2	\$0 HDHP; Value
PANDA MASK SMALL	T2	\$0 HDHP; Value
PARI VORTEX ADULT MASK	T2	\$0 HDHP; Value
PCCA ACACIA SYRUP BASE	T3	

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Drug Name	Drug Tier	Notes
PCCA ANHYDROUS BASE	T3	
PCCA COBASE #1	T3	
PCCA ELLAGE VAGINAL	T3	
PCCA LIPOSOMIC BASE DRY	T3	
PCCA LIPOSOMIC BASE NORMAL	T3	
PCCA LIPOSOMIC BASE OILY	T3	
PCCA LIPOSOMIC BASE SENSITIVE	T3	
PCCA SWEET-SF	T3	
PCCA SYRUP VEHICLE	T3	
PCCA-PLUS	T3	
PEDIATRIC PANDA MASK	T2	\$0 HDHP; Value
PEDMARK	T3	PA
PEG OINTMENT BASE	T3	
PEN NEEDLE/5-BEVEL TIP	T2	\$0 HDHP; Value
PENTETATE CALCIUM TRISODIUM	T3	
PENTETATE ZINC TRISODIUM	T3	
PENTIPS GENERIC PEN NEEDLES	T2	\$0 HDHP; Value
PETROLATUM WHITE EXTERNAL OINTMENT	T3	
PHEXXI	\$0	PA; Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
PHOTREXA-PHOTREXA VISCOUS KIT	T3	
PIP PEN NEEDLES 31G X 5MM	T2	\$0 HDHP; Value
PIP PEN NEEDLES 32G X 4MM	T2	\$0 HDHP; Value
PLO GEL - MEDIFLO	T3	
PLO GEL - MEDIFLO 30	T3	
PLO GEL - MEDIFLO 30 PRE-MIXED	T3	
PLO GEL - MEDIFLO PRE-MIXED	T3	
PLO20 FLOWABLE	T3	
PLO20 NON-FLOWABLE	T3	
POCKET CHAMBER	T2	\$0 HDHP; Value
POCKET SPACER	T2	\$0 HDHP; Value
POLYETHYLENE GLYCOL 8000 EXTERNAL	T3	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML	T3	
PRECEDEX SOLUTION 1000 MCG/250ML INTRAVENOUS	T3	
PREVDUO	T3	

Drug Name	Drug Tier	Notes
PRO COMFORT SPACER ADULT	T2	\$0 HDHP; Value
PRO COMFORT SPACER CHILD	T2	\$0 HDHP; Value
PRO COMFORT SPACER INFANT	T2	\$0 HDHP; Value
PROCARE SPACER/ADULT MASK	T2	\$0 HDHP; Value
PROCARE SPACER/CHILD MASK	T2	\$0 HDHP; Value
PROCHAMBER VHC	T2	\$0 HDHP; Value
PROTOPAM CHLORIDE	T3	
PROVAYBLUE	T3	
PURE COMFORT SAFETY PEN NEEDLE	T2	\$0 HDHP; Value
PURE COMFORT SPACER CHAMBER	T2	\$0 HDHP; Value
PURIFIED WATER	T3	
RADIOGARDASE	T3	
RAGWITEK	T3	PA; QL
RASPBERRY SYRUP	T3	
RAYA SURE PEN NEEDLE	T2	\$0 HDHP; Value
RHEOSPRAY	T3	
RITEFLO	T2	\$0 HDHP; Value
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML	T4	PA; SP-QTZ
RYSTIGGO SUBCUTANEOUS SOLUTION 420 MG/3ML, 560 MG/4ML, 840 MG/6ML	T4	PA; SP-QTZ; QL
SAFETY PEN NEEDLES	T2	\$0 HDHP; Value
<i>saline bacteriostatic</i>	T1	
SALINE-PHENOL	T3	
SIMPLE SYRUP	T3	
<i>sodium chloride bacteriostatic</i>	T1	
<i>sodium nitrite intravenous</i>	T1	
<i>sodium saccharin</i>	T1	
<i>sodium thiosulfate intravenous</i>	T1	
SOHONOS	T4	PA; QL
STERILE DILUENT FLOLAN PH 12	T3	
STERILE DILUENT FOR REMODULIN	T3	
<i>sterile water for injection</i>	T1	
SUSPENDRX W/BITTERBLOC SWEET	T3	
SUSPENDRX W/BITTERBLOC UNSWEET	T3	
SUSPENSION VEHICLE	T3	
SYRPALTA	T3	
SYRPALTA (RED)	T3	
SYRSPEND SF ORAL LIQUID	T3	

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Drug Name	Drug Tier	Notes
SYRSPEND SF PH4	T3	
SYRUP VEHICLE	T3	
SYRUP VEHICLE SF	T3	
TACHOSIL	T3	
TECHLITE PLUS PEN NEEDLES	T2	\$0 HDHP; Value
TELFA AMD ISLAND DRESSING	T3	
TELFA AMD NON-ADHERENT	T3	
TISSEEL	T3	
TRICHOSOL	T3	
UDSX MEDICATED SYSTEM	T3	
UDSXMP MEDICATED SYSTEM	T3	
U-MILD	T3	
UNIFINE PROTECT PEN NEEDLE	T2	\$0 HDHP; Value
UNISPEND ANHYDROUS SWEETENED	T3	
UNIVERSAL WATER	T3	
URESTA STARTER KIT	T3	
VASELINE	T3	
VEGETABLE CAPSULE #0 GREEN	T3	
VEGETABLE CAPSULE #0 WHITE	T3	
VEGETABLE CAPSULE #00 WHITE	T3	
VEGETABLE CAPSULE #1 WHITE	T3	
VEGETABLE CAPSULE #2 WHITE	T3	
VEGETABLE CAPSULE #3 WHITE	T3	
VEGETABLE CAPSULE #4 WHITE	T3	
VERIFINE INSULIN PEN NEEDLE	T2	\$0 HDHP; Value
VERIFINE PLUS PEN NEEDLE	T2	\$0 HDHP; Value
VERSAFREE	T3	
VERSAPLUS	T3	
VERSAPRO EXTERNAL SHAMPOO	T3	
VERSAPRO FOAM	T3	
VISTOGARD	T3	
VORTEX HOLD CHMBR/MASK/CHILD	T2	\$0 HDHP; Value
VORTEX HOLD CHMBR/MASK/TODDLER	T2	\$0 HDHP; Value
VORTEX VALVED HOLDING CHAMBER	T2	\$0 HDHP; Value
VYVGART	T4	PA
VYVGART HYTRULO	T4	PA
WATER BASE GEL	T3	
<i>white petrolatum external gel</i>	T1	

Drug Name	Drug Tier	Notes
WHITE PETROLATUM OINTMENT EXTERNAL (RX)	T3	
WIDE-SEAL DIAPHRAGM 60	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
WIDE-SEAL DIAPHRAGM 65	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
WIDE-SEAL DIAPHRAGM 70	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
WIDE-SEAL DIAPHRAGM 75	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
WIDE-SEAL DIAPHRAGM 80	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
WIDE-SEAL DIAPHRAGM 85	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
WIDE-SEAL DIAPHRAGM 90	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
WIDE-SEAL DIAPHRAGM 95	T3	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
XEOMIN	T2	PA
XIAFLEX	T4	PA
YELLOW PETROLATUM	T3	
ZILBRYSQ	T4	PA
ZOKINVY	T4	PA; QL
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	T3	
ACULAR LS	T3	
ACUVAIL	T3	PA
ALOCRIL	T3	PA

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Drug Name	Drug Tier	Notes
ALOMIDE	T3	
ALREX	T3	PA
AZASITE	T3	
<i>bacitracin ophthalmic</i>	T1	
BESIVANCE	T3	
BETADINE OPHTHALMIC PREP	T3	
<i>bromfenac sodium (once-daily)</i>	T1	QL
<i>bromfenac sodium ophthalmic</i>	T1	ST; QL
CILOXAN	T3	PA
<i>ciprofloxacin hcl ophthalmic</i>	T1	
CLOBETASOL PROPIONATE OPHTHALMIC	T3	PA; QL
<i>cromolyn sodium ophthalmic</i>	T1	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
<i>diclofenac sodium ophthalmic</i>	T1	
<i>difluprednate</i>	T1	
DUREZOL	T3	PA
<i>epinastine hcl</i>	T1	
<i>erythromycin ophthalmic</i>	T1	
EYSUVIS	T3	PA
FLAREX	T3	
<i>fluorometholone</i>	T1	
<i>flurbiprofen sodium</i>	T1	
FML FORTE	T3	
FML LIQUIFILM	T3	
<i>gatifloxacin ophthalmic</i>	T1	
<i>gentamicin sulfate ophthalmic</i>	T1	
INVELTYS	T3	
<i>ketorolac tromethamine ophthalmic</i>	T1	
<i>levofloxacin ophthalmic</i>	T1	
LOTEMAX OPHTHALMIC GEL	T3	PA; QL
LOTEMAX OPHTHALMIC OINTMENT	T3	PA; QL
LOTEMAX SM	T3	
<i>loteprednol etabonate ophthalmic gel</i>	T1	QL
<i>loteprednol etabonate ophthalmic suspension</i>	T1	PA
MAXIDEX	T3	
MAXITROL OPHTHALMIC OINTMENT	T3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 %	T3	

Drug Name	Drug Tier	Notes
MITOSOL	T3	
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic</i>	T1	
NATACYN	T2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1/Value	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1/Value	
<i>neomycin-polymyxin-hc ophthalmic</i>	T1	
OCUFLOX	T3	
<i>ofloxacin ophthalmic</i>	T1	
POVIDONE-IODINE OPHTHALMIC	T3	
PRED MILD	T3	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>sulfacetamide sodium ophthalmic</i>	T1	
TOBRADEX	T3	
TOBRADEX ST	T3	
<i>tobramycin ophthalmic</i>	T1/Value	
<i>tobramycin-dexamethasone</i>	T1	
TOBEX	T3	
<i>trifluridine</i>	T1	
UPNEEQ	T3	PA
ZIRGAN	T3	
Ophthalmic Agents - Drugs for Glaucoma		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>apraclonidine hcl</i>	T1	
<i>betaxolol hcl ophthalmic</i>	T1	
BETIMOL	T3	
BETOPTIC-S	T3	PA
<i>bimatoprost ophthalmic</i>	T1	QL
<i>brimonidine tartrate ophthalmic</i>	T1	
<i>brimonidine tartrate-timolol</i>	T1	
<i>brinzolamide</i>	T1	
<i>carteolol hcl</i>	T1	
<i>dichlorphenamide</i>	T4	PA; QL
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	T3	

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Drug Name	Drug Tier	Notes
<i>dorzolamide hcl solution 2 % ophthalmic</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
<i>dorzolamide hcl-timolol mal pf</i>	T1	
IOPIDINE	T3	
ISTALOL	T3	PA
KEVEYIS	T4	PA; QL
<i>latanoprost ophthalmic</i>	T1	
<i>levobunolol hcl</i>	T1	
LUMIGAN	T2	QL
<i>methazolamide oral</i>	T1	
ORMALVI	T4	PA; QL
PHOSPHOLINE IODIDE	T3	PA
<i>pilocarpine hcl ophthalmic</i>	T1	
RHOPRESSA	T3	QL
ROCKLATAN	T3	QL
SIMBRINZA	T2	
<i>tafluprost (pf)</i>	T1	QL
<i>timolol hemihydrate</i>	T1	
<i>timolol maleate (once-daily)</i>	T1	
<i>timolol maleate ocudose</i>	T1	PA
<i>timolol maleate ophthalmic gel forming solution</i>	T1	PA
<i>timolol maleate ophthalmic solution</i>	T1/Value	
<i>timolol maleate pf</i>	T1	PA
<i>travoprost (bak free)</i>	T1	QL
XELPROS	T3	ST; QL
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
AKTEN	T3	
ALCAINE	T3	
ALTACAINE	T3	
<i>altafrin</i>	T1	
<i>atropine sulfite ophthalmic ointment</i>	T1	
<i>atropine sulfite ophthalmic solution 1 %</i>	T1/Value	
ATROPINE SULFATE SOLUTION 0.025 % OPTHALMIC	T3	
ATROPINE SULFATE SOLUTION 0.05 % OPTHALMIC	T3	
<i>bacitracin-polymyxin b</i>	T1	
<i>bacitra-neomycin-polymyxin-hc</i>	T1	

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Drug Name	Drug Tier	Notes
CEQUA	T3	PA
CYCLOGYL	T3	
CYCLOMYDRIL	T3	
<i>cyclopentolate hcl ophthalmic</i>	T1	
CYSTADROPS	T4	QL
CYSTARAN	T4	QL
HOMATROPAIRE	T3	
MIEBO	T2	PA; QL
<i>neomycin-bacitracin zn-polymyx</i>	T1	
<i>neomycin-polymyxin-gramicidin</i>	T1	
NEO-POLYCIN	T3	
NEO-POLYCIN HC	T3	
OXERVATE	T4	PA; QL
<i>phenylephrine hcl ophthalmic</i>	T1	
POLYCIN	T3	
<i>polymyxin b-trimethoprim</i>	T1/Value	
<i>proparacaine hcl ophthalmic</i>	T1	
RESTASIS	T1	PA
RESTASIS MULTIDOSE	T2	PA
<i>sulfacetamide-prednisolone</i>	T1	
<i>tetracaine hcl ophthalmic</i>	T1	
TYRVAYA	T3	PA; QL
VISUDYNE	T4	
XIIDRA	T2	PA
ZYLET	T3	
Otic Agents - Drugs for Ear Conditions		
<i>acetic acid otic</i>	T1	
CETRAXAL	T3	ST
CIPRO HC	T3	PA
<i>ciprofloxacin hcl otic</i>	T1	
<i>ciprofloxacin-dexamethasone</i>	T1	
CIPROFLOXACIN-FLUOCINOLONE PF	T3	PA
CORTISPORIN-TC	T3	
DERMOTIC	T3	
<i>flac</i>	T1	
<i>fluocinolone acetonide otic</i>	T1	
<i>hydrocortisone-acetic acid</i>	T1	
<i>neomycin-polymyxin-hc otic</i>	T1	

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Drug Name	Drug Tier	Notes
<i>ofloxacin otic</i>	T1	
OTOVEL	T3	PA
PRAMOTIC	T3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
<i>azelastine hcl nasal</i>	T1	QL
<i>azelastine-fluticasone</i>	T1	QL
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1/Value	
<i>benzonatate oral capsule 150 mg</i>	T1	
<i>bromphen-pseudoeph-dm</i>	T1	
CARBINOXAMINE MALEATE ER	T3	PA
<i>carbinoxamine maleate oral solution</i>	T1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T1	PA
CINQAIR	T4	PA
<i>clemastine fumarate oral syrup</i>	T1	PA
<i>clemastine fumarate oral tablet</i>	T1	
<i>cyproheptadine hcl oral</i>	T1	
<i>diphenhydramine hcl injection</i>	T1	
<i>diphenhydramine hcl oral elixir</i>	T1	
DYMISTA	T2	QL
HYCODAN	T3	PA; QL
<i>hydrocod poli-chlorphe poli er</i>	T1	PA; QL
<i>hydrocodone bit-homatrop mbr</i>	T1	PA; QL
<i>hydromet</i>	T1	PA; QL
HYPERSAL	T3	
<i>ipratropium bromide nasal</i>	T1/Value	
KARBINAL ER	T3	PA
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	T3	
NEOTUSS PLUS	T3	PA
<i>olopatadine hcl nasal</i>	T1	PA; QL
<i>promethazine-codeine oral solution</i>	T1	PA; QL
<i>promethazine-dm</i>	T1/Value	
<i>pseudoephedrine-bromphen-dm</i>	T1	
PULMOSAL	T3	
RYALTRIS	T3	QL
RYCLORA	T3	
<i>ryvent</i>	T1	PA

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Drug Name	Drug Tier	Notes
<i>sodium chloride inhalation</i>	T1	
TUXARIN ER	T3	PA; QL
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ACCOLATE	T3	
<i>acetylcysteine inhalation</i>	T1	
ADRENALIN INJECTION SOLUTION 1 MG/ML	T3	
ADRENALIN INJECTION SOLUTION 30 MG/30ML	T3	PA
ADVAIR HFA	T1	\$0 HDHP; Value; QL
AIRSUPRA	T2	QL
<i>albuterol sulfate hfa</i>	T1	QL
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	QL
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	T1/Value	QL
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	T1/Value	QL
<i>albuterol sulfate oral</i>	T1	
<i>aminophylline</i>	T1	
ANORO ELLIPTA	T2	QL
ARALAST NP	T4	PA
<i>arformoterol tartrate</i>	T1	QL
ARNUIITY ELLIPTA	T2	\$0 HDHP; Value; QL
ATROVENT HFA	T3	QL
AUVI-Q	T3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	T1	\$0 HDHP; Value; QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH	T1	\$0 HDHP; QL
BREZTRI AEROSPHERE	T2	QL
<i>budesonide inhalation</i>	T1	\$0 HDHP; QL
COMBIVENT RESPIMAT	T2	QL
<i>cromolyn sodium inhalation</i>	T1	
DALIRESP	T3	PA
<i>elixophyllin</i>	T1	
<i>epinephrine (anaphylaxis)</i>	T1	
<i>epinephrine injection solution auto-injector</i>	T1	

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Drug Name	Drug Tier	Notes
EPIPEN 2-PAK	T3	ST
FASENRA	T4	PA; QL
FASENRA PEN	T4	PA; SP-QTZ; QL
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T1	ST; \$0 HDHP; QL
<i>formoterol fumarate inhalation</i>	T1	QL
GLASSIA	T4	PA
<i>ipratropium bromide inhalation</i>	T1/Value	QL
<i>ipratropium-albuterol</i>	T1	QL
<i>isoproterenol hcl injection</i>	T1	
<i>levalbuterol hcl inhalation</i>	T1	QL
<i>montelukast sodium oral packet</i>	T1	
<i>montelukast sodium oral tablet</i>	T1/Value	
<i>montelukast sodium oral tablet chewable</i>	T1/Value	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP-QTZ; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP-QTZ; QL
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; QL
OFEV	T4	PA; SP-QTZ
PERFOROMIST	T3	QL
<i>pirfenidone</i>	T4	PA; SP-QTZ
PROLASTIN-C	T4	PA
QVAR REDIHALER	T2	\$0 HDHP; Value; QL
<i>roflumilast</i>	T1	PA
SEREVENT DISKUS	T2	QL
SPIRIVA HANDIHALER	T1	QL
SPIRIVA RESPIMAT	T2	QL
STIOLTO RESPIMAT	T2	QL
STRIVERDI RESPIMAT	T2	QL
SYMBICORT	T1	\$0 HDHP; Value; QL
<i>terbutaline sulfate injection</i>	T1	
<i>terbutaline sulfate oral</i>	T1	
TEZSPIRE	T4	PA; SP-QTZ; QL
THEO-24	T3	
<i>theophylline er</i>	T1	
<i>theophylline oral</i>	T1	

Drug Name	Drug Tier	Notes
TRELEGY ELLIPTA	T2	QL
<i>wixela inhub</i>	T1	ST; \$0 HDHP; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP-QTZ; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP-QTZ; QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA
YUPELRI	T3	QL
<i>zafirlukast</i>	T1	
ZEMAIRA	T4	PA
<i>zileuton er</i>	T1	ST
ZYFLO	T3	ST
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
KALYDECO ORAL PACKET	T4	PA; SP-ORx; QL
KALYDECO ORAL TABLET	T4	PA; SP-ORx
ORKAMBI	T4	PA; SP-ORx; QL
PULMOZYME	T4	PA
SYMDEKO	T4	PA; SP-ORx; QL
TOBI PODHALER	T4	QL
<i>tobramycin inhalation</i>	T4	
TRIKAFTA	T4	PA; SP-ORx; QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	T4	PA; QL
<i>alyq</i>	T4	PA; QL
<i>ambrisentan</i>	T4	PA; QL
<i>bosentan</i>	T4	PA; QL
<i>epoprostenol sodium</i>	T4	PA
FLOLAN	T4	PA
OPSUMIT	T4	PA; QL
ORENITRAM	T4	PA
ORENITRAM MONTH 1	T4	PA; QL
ORENITRAM MONTH 2	T4	PA; QL
ORENITRAM MONTH 3	T4	PA; QL
<i>sildenafil citrate intravenous</i>	T4	PA
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; QL
<i>sildenafil citrate oral tablet 20 mg</i>	T4	PA; QL

Drug Name	Drug Tier	Notes
<i>tadalafil (pah)</i>	T4	PA; QL
TRACLEER 32 MG	T4	PA; SP-ORx; QL
<i>treprostinil</i>	T4	PA
TYVASO	T4	PA; QL
TYVASO DPI INSTITUTIONAL KIT	T4	PA; QL
TYVASO DPI MAINTENANCE KIT	T4	PA; QL
TYVASO DPI TITRATION KIT	T4	PA; QL
TYVASO REFILL KIT	T4	PA; QL
TYVASO STARTER KIT	T4	PA; QL
UPTRAVI INTRAVENOUS	T4	PA
UPTRAVI ORAL	T4	PA; QL
UPTRAVI TITRATION	T4	PA; QL
VELETRI	T4	PA
VENTAVIS	T4	PA; QL
WINREVAIR	T4	PA; QL
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
<i>baclofen oral suspension</i>	T1	PA
<i>baclofen oral tablet 10 mg</i>	T1/Value	
<i>baclofen oral tablet 15 mg, 20 mg, 5 mg</i>	T1	
<i>carisoprodol oral</i>	T1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	T1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	T1	
<i>cyclobenzaprine hcl er</i>	T1	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1/Value	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	T1	PA
DANTRIUM INTRAVENOUS	T3	
DANTRIUM ORAL	T3	PA
<i>dantrolene sodium intravenous</i>	T1	
<i>dantrolene sodium oral</i>	T1	
FEXMID	T3	PA
<i>metaxalone</i>	T1	PA
<i>methocarbamol injection</i>	T1	
<i>methocarbamol oral tablet 1000 mg</i>	T1	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1/Value	
<i>orphenadrine citrate er</i>	T1	QL
<i>orphenadrine citrate injection</i>	T1	
<i>orphenadrine-aspirin-caffeine</i>	T1	PA; QL

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Drug Name	Drug Tier	Notes
<i>revonto</i>	T1	
ROBAXIN	T3	
RYANODEX	T3	
TANLOR	T3	PA
<i>tizanidine hcl oral capsule 2 mg, 4 mg</i>	T1	PA
<i>tizanidine hcl oral capsule 6 mg</i>	T1	
<i>tizanidine hcl oral tablet</i>	T1	
Sleep Disorder Agents		
<i>armodafinil</i>	T1	PA; QL
BELSOMRA	T3	ST; QL
DAYVIGO	T3	ST; QL
<i>doxepin hcl oral tablet</i>	T1	QL
EDLUAR	T3	ST; QL
<i>eszopiclone</i>	T1	QL
<i>flurazepam hcl</i>	T1	PA; QL
<i>modafinil oral</i>	T1	PA; QL
<i>ramelteon</i>	T1	QL
ROZEREM	T3	PA; QL
SILENOR	T3	PA; QL
SODIUM OXYBATE	T4	PA; QL
SUNOSI	T2	PA; QL
<i>tasimelteon</i>	T4	PA; SP-ORx; QL
<i>temazepam</i>	T1	QL
WAKIX	T4	PA; QL
XYWAV	T4	PA; QL
<i>zaleplon</i>	T1	QL
<i>zolpidem tartrate er</i>	T1	QL
<i>zolpidem tartrate oral tablet</i>	T1	QL
<i>zolpidem tartrate sublingual</i>	T1	PA; QL

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<i>lidocaine-epinephrine</i>	10	<i>lorazepam</i>	DOSE).....
LIDOCAINE-EPINEPHRINE (3		<i>lorazepam intensol</i>	LYUMJEV KWIKPEN.....
ML).....	10	LORBRENA.....	LYUMJEV VIAL.....
LIDOCAINE-EPINEPHRINE		<i>loryna</i>	<i>lyza</i>
(PF).....	10	<i>losartan potassium</i>	MACROBID.....
<i>lidocaine-epinephrine (pf)</i>	10	<i>losartan potassium-hctz</i>	MACRODANTIN.....
<i>lidocaine-hydrocort (perianal)</i>	118	LOTEMAX.....	<i>mafenide acetate</i>
<i>lidocaine-prilocaine</i>	10	LOTEMAX SM.....	<i>magnesium chloride</i>
LIDOCAINE-SODIUM		LOTENSIN.....	<i>magnesium sulfate</i>
BICARBONATE.....	10	LOTENSIN HCT.....	<i>magnesium sulfate in d5w</i>
LIDO-RACEPINEPHRINE-		<i>loteprednol etabonate</i>	MAGNESIUM SULFATE-
TETRACAINE.....	10	LOTRONEX.....	NACL.....
LILETTA (52 MG).....	103	<i>lovastatin</i>	MALARONE.....
LINCOCIN.....	15	LOVENOX.....	<i>malathion</i>
<i>lincomycin hcl</i>	15	<i>low-ogestrel</i>	MANGANESE CHLORIDE.....
<i>linezolid</i>	15	<i>loxapine succinate</i>	<i>mannitol</i>
<i>linezolid in sodium chloride</i>	15	LOZIBASE S.....	<i>maraviroc</i>
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<i>liothyronine sodium</i>	112	<i>lubiprostone</i>	MARCAINE PRESERVATIVE
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LIPO-C.....	80	LUGOLS STRONG IODINE.....	MARCAINE/EPINEPHRINE.....
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<i>lithium carbonate</i>	47	LUPRON DEPOT (6-MONTH)	MASK
<i>lithium carbonate er</i>	47	INTRAMUSCULAR KIT 45MG..	VORTEX/TODDLER/LADYBU
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<i>meclofenamate sodium</i>	8	<i>methotrexate sodium (pf)</i>	115	<i>microgestin 1/20</i>	105
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