



# 2025 Small Group Commercial 6-Tier Drug Formulary (Iowa)

## **QuartzBenefits.com**

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

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# 2025 Quartz Small Group Commercial 6-Tier Drug Formulary (Iowa)

## Information

This Formulary serves members with a Quartz Small Group Commercial (less than 50 employees) employer-sponsored health plan based in Iowa.

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

**Small Group 6-Tier Formulary Tier Key:** how formulary tiers match up to Non-standard plan cost shares.\*

<b>Tier Abbreviation</b>	<b>Tier Description</b>
T1 (\$0)	Zero-dollar cost share – covered at \$0
T2 (PG)	Preferred Generic drugs – covered at the tier 2 cost share
T3 (G)	Non-preferred Generic drugs – covered at the tier 3 cost share
T4 (PB)	Preferred Brand drugs – covered at the tier 4 cost share
T5 (NP)	Non-Preferred drugs – includes brand formulations and high-cost generics – covered at the tier 5 cost share
T6 (SP)	Specialty drugs – covered at the tier 6 cost share
T3 PV	Preventative Non-preferred Generic drugs – covered at \$0 cost share as listed in the formulary Notes (if not specified = \$0 for all populations)
T4 PV	Preventative Preferred Brand drugs – covered at \$0 cost share as listed in the formulary Notes (if not specified = \$0 for all populations)
T5 PV	Preventative Non-preferred drugs – covered at \$0 cost share as listed in the formulary Notes (if not specified = \$0 for all populations)

**\*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).**

## 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, 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 Iowa 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](http://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.

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

# Preventive care medications for Individual/Family and Small Group

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

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"> <li>To prevent the conversion of prediabetes to diabetes</li> <li>Covered at \$0 cost-share for persons aged 35-70 years when the pharmacy submits a submission clarification code indicating a diagnosis of prediabetes</li> </ul>

## 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"> <li>Nicotine gum (OTC)</li> <li>Nicotine lozenges (OTC)</li> <li>Nicotine patches (OTC)</li> <li>Bupropion 150 mg sustained release tab</li> <li>Nicotine inhaler</li> <li>Nicotine nasal spray</li> <li>Varenicline</li> </ul>

## 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"> <li>Descovy</li> <li>Emtricitabine-tenofovir 200/300 mg (generic Truvada)</li> <li>Tenofovir (generic Viread)</li> </ul>	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"> <li>Anastrozole</li> <li>Exemestane</li> <li>Raloxifene</li> <li>Tamoxifen</li> </ul>	<ul style="list-style-type: none"> <li>Covered for persons aged 35 or older at increased risk for the first occurrence of breast cancer</li> <li>A copay waiver must be submitted for a \$0 cost-share to apply</li> </ul>

## 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"> <li>Atorvastatin 10 mg and 20 mg</li> <li>Lovastatin – all strengths</li> <li>Pravastatin – all strengths</li> <li>Rosuvastatin – all strengths</li> <li>Simvastatin – all strengths</li> </ul>	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
Combination birth control pills		Wide-Seal
		Natazia
	Afimelle, Aubra, Aviane, Delyla, Falmina, Lessina, Levorgestrel/ethinyl estradiol, Lutera, Orsythia, Sronyx, Tyblume, Vienva	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
		OPILL (OTC)
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, Opcicon, Option 2, React, Take Action (OTC)	Plan B

\*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 films		VCF vaginal (OTC)
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, Moderna COVID-19 6M-11Y, Pfizer COVID-19 6M-4Y and 5Y-11Y, 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"> <li>FluMist is covered for persons aged 2-49 years</li> <li>Fluad and Fluzone HD are covered for persons aged 65 years and older</li> </ul>
Haemophilus influenzae type b (Acthib, Hiberix, PedavaxHB)	Covered for persons aged 6 years and younger
Hepatitis A (Havrix, Vaqta)	
Hepatitis B (Engerix-B, Hepelisav-B, PreHevbrio, Recombivax-HB)	Hepelisav-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)	<ul style="list-style-type: none"> <li>• Abrysvo is covered for persons aged 60 years and older or when the pharmacy enters a submission clarification code confirming pregnancy</li> <li>• Arexvy is covered for persons aged 60 years and older</li> <li>• Beyfortus is covered for persons aged 24 months and younger</li> </ul>
Rotavirus (Rotarix, Rotateq)	Covered for persons aged 8 months and younger
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.

# 2025 Non-Standard 6-Tier Formulary

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Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>		
<i>acetaminophen-codeine</i>	T3 (G)	QL
<i>apap-caff-dihydrocodeine</i>	T5 (NP)	PA; QL
<i>ascomp-codeine</i>	T5 (NP)	
<i>bac</i>	T3 (G)	
<i>buprenorphine</i>	T5 (NP)	PA; QL
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T3 (G)	
<i>butalbital-apap-caff-cod</i>	T5 (NP)	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T3 (G)	
<i>butalbital-apap-caffeine oral tablet</i>	T3 (G)	
<i>butalbital-asa-caff-codeine</i>	T5 (NP)	
<i>butalbital-aspirin-caffeine</i>	T3 (G)	
<i>butorphanol tartrate injection</i>	T3 (G)	
<i>butorphanol tartrate nasal</i>	T5 (NP)	QL
<i>codeine sulfate</i>	T3 (G)	QL
<i>endocet</i>	T3 (G)	QL
<i>fentanyl citrate buccal lozenge on a handle</i>	T5 (NP)	PA; QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 75 mcg/hr</i>	T5 (NP)	PA; QL
<i>fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr</i>	T3 (G)	PA; QL
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T5 (NP)	PA; QL
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T3 (G)	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>	T3 (G)	QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	T5 (NP)	QL
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	T3 (G)	QL
<i>hydromorphone hcl er</i>	T5 (NP)	PA; QL
<i>hydromorphone hcl injection solution 4 mg/ml</i>	T5 (NP)	
<i>hydromorphone hcl oral liquid</i>	T5 (NP)	QL
<i>hydromorphone hcl oral tablet</i>	T3 (G)	QL
<i>hydromorphone hcl pf</i>	T5 (NP)	
<i>hydromorphone hcl solution 1 mg/ml injection</i>	T5 (NP)	
<i>hydromorphone hcl solution 2 mg/ml injection</i>	T5 (NP)	
<i>meperidine hcl oral tablet</i>	T5 (NP)	QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>methadone hcl intensol</i>	T3 (G)	
<i>methadone hcl oral concentrate</i>	T3 (G)	
<i>methadone hcl oral solution</i>	T3 (G)	
<i>methadone hcl oral tablet</i>	T3 (G)	PA
<i>mitigo</i>	T5 (NP)	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T3 (G)	QL
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml</i>	T5 (NP)	
<i>morphine sulfate (pf) injection solution 10 mg/ml, 8 mg/ml</i>	T3 (G)	
<i>morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml</i>	T5 (NP)	
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	T5 (NP)	PA; QL
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	T3 (G)	PA; QL
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	T5 (NP)	
<i>morphine sulfate intravenous solution 4 mg/ml</i>	T5 (NP)	
<i>morphine sulfate oral</i>	T3 (G)	QL
NUCYNTA	T5 (NP)	PA; QL
NUCYNTA ER	T5 (NP)	PA; QL
<i>oxycodone hcl oral capsule</i>	T3 (G)	QL
<i>oxycodone hcl oral solution</i>	T3 (G)	QL
<i>oxycodone hcl oral tablet</i>	T3 (G)	QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T3 (G)	QL
OXYCONTIN	T4 (PB)	PA; QL
<i>oxymorphone hcl</i>	T3 (G)	QL
<i>oxymorphone hcl er</i>	T5 (NP)	PA; QL
<i>pentazocine-naloxone hcl</i>	T5 (NP)	QL
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	T5 (NP)	PA; QL
<i>tramadol hcl er</i>	T5 (NP)	PA; QL
<i>tramadol hcl oral tablet 50 mg</i>	T3 (G)	QL
<i>tramadol-acetaminophen</i>	T3 (G)	QL
XTAMPZA ER	T4 (PB)	PA; QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
<i>aspirin 81</i>	T3 PV	\$0 for age less than 55 years

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>aspirin adult low dose</i>	T3 PV	\$0 for age less than 55 years
<i>aspirin adult low strength</i>	T3 PV	\$0 for age less than 55 years
<i>aspirin childrens</i>	T3 PV	\$0 for age less than 55 years
<i>aspirin ec adult low dose</i>	T3 PV	\$0 for age less than 55 years
<i>aspirin ec adult low strength oral tablet delayed release 81 mg</i>	T3 PV	\$0 for age less than 55 years
<i>aspirin ec low dose</i>	T3 PV	\$0 for age less than 55 years
<i>aspirin ec low strength</i>	T3 PV	\$0 for age less than 55 years
<i>aspirin low dose</i>	T3 PV	\$0 for age less than 55 years
<i>aspirin oral tablet chewable</i>	T3 PV	\$0 for age less than 55 years
<i>aspirin oral tablet delayed release 81 mg</i>	T3 PV	\$0 for age less than 55 years
<i>aspirin regimen</i>	T3 PV	\$0 for age less than 55 years
BAYER ASPIRIN EC LOW DOSE	T5 PV	\$0 for age less than 55 years
BAYER LOW DOSE	T5 PV	\$0 for age less than 55 years
<i>celecoxib oral</i>	T3 (G)	QL
<i>childrens aspirin</i>	T3 PV	\$0 for age less than 55 years
<i>cvs aspirin adult low dose</i>	T3 PV	\$0 for age less than 55 years
<i>cvs aspirin adult low strength</i>	T3 PV	\$0 for age less than 55 years
<i>cvs aspirin ec</i>	T3 PV	\$0 for age less than 55 years
<i>cvs aspirin low dose</i>	T3 PV	\$0 for age less than 55 years
<i>cvs aspirin low strength</i>	T3 PV	\$0 for age less than 55 years
<i>diclofenac potassium oral tablet 50 mg</i>	T3 (G)	
<i>diclofenac sodium er</i>	T5 (NP)	
<i>diclofenac sodium external solution 1.5 %</i>	T3 (G)	PA
<i>diclofenac sodium gel 1 % external (rx)</i>	T3 (G)	QL
<i>diclofenac sodium oral</i>	T3 (G)	
<i>diflunisal oral</i>	T5 (NP)	
ECOTRIN LOW STRENGTH	T5 PV	\$0 for age less than 55 years
<i>eq adult aspirin low strength oral tablet delayed release 81 mg</i>	T3 PV	\$0 for age less than 55 years
<i>eq aspirin adult low dose</i>	T3 PV	\$0 for age less than 55 years
<i>eq aspirin low dose</i>	T3 PV	\$0 for age less than 55 years
<i>eq aspirin low dose oral tablet 81 mg</i>	T3 PV	\$0 for age less than 55 years
<i>eql aspirin low dose</i>	T3 PV	\$0 for age less than 55 years
<i>eql childrens aspirin oral tablet chewable 81 mg</i>	T3 PV	\$0 for age less than 55 years
<i>etodolac</i>	T3 (G)	
<i>etodolac er</i>	T3 (G)	
<i>fenoprofen calcium oral tablet</i>	T3 (G)	
<i>flurbiprofen oral</i>	T3 (G)	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>ft aspirin low dose</i>	T3 PV	\$0 for age less than 55 years
<i>ft aspirin oral tablet chewable</i>	T3 PV	\$0 for age less than 55 years
<i>gnp adult aspirin low strength</i>	T3 PV	\$0 for age less than 55 years
<i>gnp aspirin low dose</i>	T3 PV	\$0 for age less than 55 years
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T3 PV	\$0 for age less than 55 years
<i>goodsense aspirin adult low st oral tablet chewable 81 mg</i>	T3 PV	\$0 for age less than 55 years
<i>goodsense aspirin low dose</i>	T3 PV	\$0 for age less than 55 years
<i>goodsense aspirin oral tablet chewable</i>	T3 PV	\$0 for age less than 55 years
<i>h-e-b aspirin</i>	T3 PV	\$0 for age less than 55 years
<i>ibuprofen oral suspension 100 mg/5ml</i>	T3 (G)	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T2 (PG)	
<i>indomethacin er</i>	T3 (G)	
<i>indomethacin oral capsule 25 mg</i>	T2 (PG)	
<i>indomethacin oral capsule 50 mg</i>	T3 (G)	
<i>ketoprofen oral</i>	T3 (G)	
<i>ketorolac tromethamine injection</i>	T3 (G)	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	T3 (G)	
<i>ketorolac tromethamine oral</i>	T3 (G)	QL
<i>kls aspirin low dose</i>	T3 PV	\$0 for age less than 55 years
<i>kp aspirin</i>	T3 PV	\$0 for age less than 55 years
<i>meclofenamate sodium oral</i>	T5 (NP)	
<i>mefenamic acid oral</i>	T5 (NP)	
<i>meloxicam oral tablet</i>	T2 (PG)	
<i>mm aspirin</i>	T3 PV	\$0 for age less than 55 years
<i>nabumetone oral</i>	T3 (G)	
<i>naproxen oral tablet 250 mg</i>	T3 (G)	
<i>naproxen oral tablet 375 mg, 500 mg</i>	T2 (PG)	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T3 (G)	
<i>oxaprozin oral tablet</i>	T3 (G)	
<i>piroxicam oral</i>	T3 (G)	
<i>qc aspirin low dose</i>	T3 PV	\$0 for age less than 55 years
<i>qc childrens aspirin</i>	T3 PV	\$0 for age less than 55 years
<i>ra aspirin adult low dose</i>	T3 PV	\$0 for age less than 55 years
<i>ra aspirin adult low strength</i>	T3 PV	\$0 for age less than 55 years
<i>ra aspirin childrens</i>	T3 PV	\$0 for age less than 55 years
<i>ra aspirin ec adult low st</i>	T3 PV	\$0 for age less than 55 years
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T3 PV	\$0 for age less than 55 years

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Drug Name	Drug Tier	Notes
<i>sb childrens aspirin</i>	T3 PV	\$0 for age less than 55 years
<i>sb low dose asa ec</i>	T3 PV	\$0 for age less than 55 years
<i>sm aspirin adult low strength</i>	T3 PV	\$0 for age less than 55 years
<i>sm aspirin ec low strength</i>	T3 PV	\$0 for age less than 55 years
<i>sm aspirin low dose</i>	T3 PV	\$0 for age less than 55 years
<i>sm childrens aspirin oral tablet chewable 81 mg</i>	T3 PV	\$0 for age less than 55 years
ST JOSEPH ASPIRIN	T5 PV	\$0 for age less than 55 years
ST JOSEPH LOW DOSE	T5 PV	\$0 for age less than 55 years
<i>sulindac oral</i>	T3 (G)	
<i>tolmetin sodium</i>	T3 (G)	
<b>Anesthetics</b>		
<i>glydo</i>	T3 (G)	
<i>lidocaine external patch 5 %</i>	T3 (G)	
<i>lidocaine hcl urethral/mucosal</i>	T3 (G)	
<i>lidocaine ointment 5 % external</i>	T3 (G)	
<i>lidocaine-prilocaine external cream</i>	T3 (G)	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium</i>	T5 (NP)	
<i>buprenorphine hcl sublingual</i>	T3 (G)	QL
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	T5 (NP)	QL
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T3 (G)	QL
<i>bupropion hcl er (smoking det)</i>	T3 PV	\$0 for 180 days/year; QL
COMMIT MOUTH/THROAT LOZENGE 2 MG, 4 MG	T5 PV	\$0 for 180 days/year; QL
<i>cvs nicotine</i>	T3 PV	\$0 for 180 days/year; QL
<i>cvs nicotine polacrilex</i>	T3 PV	\$0 for 180 days/year; QL
<i>disulfiram oral</i>	T5 (NP)	
<i>eq nicotine</i>	T3 PV	\$0 for 180 days/year; QL
<i>eq nicotine polacrilex</i>	T3 PV	\$0 for 180 days/year; QL
<i>eq nicotine step 3</i>	T3 PV	\$0 for 180 days/year; QL
<i>folding paddle walker</i>	T3 PV	\$0 for 180 days/year; QL
<i>ft nicotine</i>	T3 PV	\$0 for 180 days/year; QL
<i>ft nicotine mini</i>	T3 PV	\$0 for 180 days/year; QL
<i>gnp nicotine</i>	T3 PV	\$0 for 180 days/year; QL
<i>gnp nicotine mini</i>	T3 PV	\$0 for 180 days/year; QL
<i>gnp nicotine polacrilex</i>	T3 PV	\$0 for 180 days/year; QL
<i>goodsense nicotine</i>	T3 PV	\$0 for 180 days/year; QL

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Drug Name	Drug Tier	Notes
<i>habitrol</i>	T3 PV	\$0 for 180 days/year; QL
<i>hm nicotine polacrilex</i>	T3 PV	\$0 for 180 days/year; QL
KLOXXADO	T4 (PB)	
<i>kls quit2</i>	T3 PV	\$0 for 180 days/year; QL
<i>kls quit4</i>	T3 PV	\$0 for 180 days/year; QL
<i>naloxone hcl injection solution</i>	T3 (G)	
<i>naloxone hcl injection solution cartridge</i>	T3 (G)	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	T3 (G)	
<i>naloxone hcl nasal</i>	T3 (G)	
<i>naltrexone hcl oral</i>	T3 (G)	
NICODERM CQ	T5 PV	\$0 for 180 days/year; QL
NICORETTE	T5 PV	\$0 for 180 days/year; QL
NICORETTE MINI	T5 PV	\$0 for 180 days/year; QL
NICORETTE STARTER KIT	T5 PV	\$0 for 180 days/year; QL
<i>nicotine</i>	T3 PV	\$0 for 180 days/year; QL
<i>nicotine mini</i>	T3 PV	\$0 for 180 days/year; QL
<i>nicotine polacrilex mini</i>	T3 PV	\$0 for 180 days/year; QL
<i>nicotine polacrilex mouth/throat</i>	T3 PV	\$0 for 180 days/year; QL
<i>nicotine step 1</i>	T3 PV	\$0 for 180 days/year; QL
<i>nicotine step 2</i>	T3 PV	\$0 for 180 days/year; QL
<i>nicotine step 3</i>	T3 PV	\$0 for 180 days/year; QL
NICOTROL	T5 PV	ST; \$0 for 180 days/year; QL
NICOTROL NS	T5 PV	ST; \$0 for 180 days/year; QL
<i>qc nicotine transdermal system</i>	T3 PV	\$0 for 180 days/year; QL
<i>ra mini nicotine</i>	T3 PV	\$0 for 180 days/year; QL
<i>ra nicotine</i>	T3 PV	\$0 for 180 days/year; QL
<i>ra nicotine gum</i>	T3 PV	\$0 for 180 days/year; QL
<i>ra nicotine polacrilex</i>	T3 PV	\$0 for 180 days/year; QL
<i>sm nicotine</i>	T3 PV	\$0 for 180 days/year; QL
<i>sm nicotine polacrilex</i>	T3 PV	\$0 for 180 days/year; QL
THRIVE	T5 PV	\$0 for 180 days/year; QL
<i>varenicline tartrate</i>	T3 PV	\$0 for 180 days/year; QL
<i>varenicline tartrate (starter)</i>	T3 PV	\$0 for 180 days/year; QL
<i>varenicline tartrate(continue)</i>	T3 PV	\$0 for 180 days/year; QL
VIVITROL	T6 (SP)	
<b>Antibacterials</b>		
<i>amoxicillin</i>	T2 (PG)	



Drug Name	Drug Tier	Notes
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T3 (G)	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	T5 (NP)	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	T3 (G)	
<i>amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg</i>	T3 (G)	
<i>ampicillin</i>	T3 (G)	
<i>ampicillin sodium</i>	T3 (G)	
<i>ampicillin-sulbactam sodium</i>	T3 (G)	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	T5 (NP)	
AVIDOXY	T3 (G)	
<i>azithromycin intravenous</i>	T3 (G)	
<i>azithromycin oral</i>	T2 (PG)	
<i>aztreonam injection solution reconstituted 1 gm</i>	T3 (G)	
<i>aztreonam injection solution reconstituted 2 gm</i>	T5 (NP)	
BAXDELA ORAL	T5 (NP)	
<i>benzalkonium chloride external solution</i>	T3 (G)	
BICILLIN L-A	T5 (NP)	
<i>cefaclor</i>	T3 (G)	
<i>cefadroxil oral capsule</i>	T3 (G)	
<i>cefadroxil oral suspension reconstituted</i>	T5 (NP)	
<i>cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	T3 (G)	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	T3 (G)	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	T3 (G)	
<i>cefdinir</i>	T3 (G)	
<i>cefepime hcl injection</i>	T5 (NP)	
<i>cefepime hcl intravenous solution 1 gm/50ml</i>	T5 (NP)	
<i>cefepime hcl solution reconstituted 2 gm intravenous</i>	T5 (NP)	
<i>cefotetan disodium</i>	T3 (G)	
<i>cefoxitin sodium</i>	T3 (G)	
<i>cefpodoxime proxetil</i>	T5 (NP)	
<i>cefprozil</i>	T3 (G)	
<i>ceftazidime injection</i>	T3 (G)	

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Drug Name	Drug Tier	Notes
<i>ceftazidime intravenous</i>	T3 (G)	
<i>ceftriaxone sodium injection</i>	T3 (G)	
<i>ceftriaxone sodium intravenous</i>	T3 (G)	
<i>cefuroxime axetil</i>	T3 (G)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T2 (PG)	
<i>cephalexin oral suspension reconstituted</i>	T3 (G)	
CIPRO ORAL SUSPENSION RECONSTITUTED	T5 (NP)	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	T2 (PG)	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	T3 (G)	
<i>ciprofloxacin in d5w</i>	T5 (NP)	
<i>clarithromycin oral suspension reconstituted</i>	T5 (NP)	
<i>clarithromycin oral tablet</i>	T3 (G)	
<i>clindamycin hcl oral</i>	T3 (G)	
<i>clindamycin palmitate hcl</i>	T3 (G)	
<i>clindamycin phosphate in d5w</i>	T3 (G)	
<i>clindamycin phosphate injection</i>	T3 (G)	
<i>clindamycin phosphate vaginal</i>	T3 (G)	
<i>daptomycin</i>	T5 (NP)	
<i>demeclocycline hcl</i>	T5 (NP)	
<i>dicloxacillin sodium</i>	T2 (PG)	
DIFICID ORAL SUSPENSION RECONSTITUTED	T5 (NP)	
<i>doxy 100</i>	T3 (G)	
<i>doxycycline hyclate intravenous</i>	T3 (G)	
<i>doxycycline hyclate oral capsule</i>	T3 (G)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T3 (G)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T3 (G)	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T5 (NP)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	T3 (G)	
<i>ertapenem sodium</i>	T5 (NP)	
<i>erythromycin base oral</i>	T5 (NP)	
<i>erythromycin ethylsuccinate oral</i>	T5 (NP)	
<i>erythromycin oral</i>	T5 (NP)	
<i>gentamicin sulfate external</i>	T3 (G)	
HUMATIN	T4 (PB)	



Drug Name	Drug Tier	Notes
<i>imipenem-cilastatin</i>	T5 (NP)	
<i>iodine tincture tincture 2 % external (rx)</i>	T3 (G)	
<i>levofloxacin intravenous</i>	T5 (NP)	
<i>levofloxacin oral solution</i>	T5 (NP)	
<i>levofloxacin oral tablet</i>	T3 (G)	
<i>linezolid in sodium chloride</i>	T3 (G)	
<i>linezolid intravenous</i>	T3 (G)	
<i>linezolid oral suspension reconstituted</i>	T5 (NP)	QL
<i>linezolid oral tablet</i>	T4 (PB)	QL
<i>mafenide acetate external</i>	T3 (G)	
<i>methenamine hippurate</i>	T5 (NP)	
<i>metronidazole intravenous</i>	T3 (G)	
<i>metronidazole oral tablet</i>	T2 (PG)	
<i>metronidazole vaginal</i>	T3 (G)	
MINOCIN	T5 (NP)	
<i>minocycline hcl oral capsule</i>	T3 (G)	
MONDOXYNE NL	T3 (G)	
<i>moxifloxacin hcl in nacl</i>	T3 (G)	
<i>moxifloxacin hcl oral</i>	T3 (G)	
<i>mupirocin ointment</i>	T3 (G)	
<i>nafcillin sodium</i>	T3 (G)	
<i>neomycin sulfate oral</i>	T2 (PG)	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T3 (G)	
<i>nitrofurantoin monohydrate macrocrystals</i>	T3 (G)	
<i>ofloxacin oral</i>	T5 (NP)	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	T3 (G)	
<i>penicillin v potassium</i>	T2 (PG)	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	T3 (G)	
<i>polymyxin b sulfate injection</i>	T3 (G)	
<i>silver sulfadiazine external</i>	T3 (G)	
ssd	T3 (G)	
<i>streptomycin sulfate intramuscular</i>	T5 (NP)	
<i>sulfadiazine oral</i>	T5 (NP)	
<i>sulfamethoxazole-trimethoprim intravenous</i>	T3 (G)	

Drug Name	Drug Tier	Notes
<i>sulfamethoxazole-trimethoprim oral</i>	T2 (PG)	
<i>sulfatrim pediatric</i>	T2 (PG)	
<i>tazicef injection</i>	T3 (G)	
<i>tazicef intravenous solution reconstituted</i>	T3 (G)	
<i>tetracycline hcl oral capsule</i>	T5 (NP)	
<i>tinidazole oral</i>	T3 (G)	
<i>trimethoprim oral</i>	T2 (PG)	
VABOMERE	T5 (NP)	
<i>vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm, 100 gm, 500 mg, 750 mg</i>	T3 (G)	
<i>vancomycin hcl oral</i>	T5 (NP)	
<i>vancomycin hcl solution reconstituted 1 gm intravenous</i>	T3 (G)	
XIFAXAN ORAL TABLET 550 MG	T5 (NP)	PA
<b>Anticoagulants</b>		
<i>dabigatran etexilate mesylate</i>	T4 (PB)	QL
ELIQUIS	T4 (PB)	QL
ELIQUIS DVT/PE STARTER PACK	T4 (PB)	QL
<i>enoxaparin sodium</i>	T5 (NP)	
<i>fondaparinux sodium</i>	T5 (NP)	
FRAGMIN	T5 (NP)	
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	T3 (G)	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	T5 (NP)	
<i>jantoven</i>	T2 (PG)	
PRADAXA ORAL CAPSULE 110 MG	T4 (PB)	QL
SAVAYSA	T5 (NP)	
<i>warfarin sodium oral</i>	T2 (PG)	
XARELTO	T4 (PB)	QL
XARELTO STARTER PACK	T4 (PB)	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
BRIVIACT ORAL	T5 (NP)	PA; ST
<i>carbamazepine er</i>	T5 (NP)	
<i>carbamazepine oral suspension</i>	T3 (G)	
<i>carbamazepine oral tablet</i>	T2 (PG)	
<i>carbamazepine oral tablet chewable 100 mg</i>	T3 (G)	
<i>clobazam oral tablet</i>	T4 (PB)	PA

Drug Name	Drug Tier	Notes
DIACOMIT	T6 (SP)	PA
<i>diazepam rectal</i>	T5 (NP)	QL
DILANTIN ORAL CAPSULE 30 MG	T5 (NP)	
<i>divalproex sodium er</i>	T3 (G)	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T5 (NP)	
<i>divalproex sodium oral tablet delayed release</i>	T3 (G)	
EPIDIOLEX	T6 (SP)	PA
<i>epitol</i>	T2 (PG)	
<i>ethosuximide oral capsule</i>	T3 (G)	
<i>ethosuximide oral solution</i>	T5 (NP)	
<i>fosphenytoin sodium injection solution 500 mg pe/10ml</i>	T3 (G)	
FYCOMPA	T5 (NP)	
<i>gabapentin oral capsule</i>	T3 (G)	
<i>gabapentin oral solution</i>	T3 (G)	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T3 (G)	
<i>lacosamide oral solution</i>	T3 (G)	
<i>lacosamide oral tablet</i>	T5 (NP)	
<i>lamotrigine er</i>	T5 (NP)	
<i>lamotrigine oral tablet</i>	T3 (G)	
<i>lamotrigine oral tablet chewable</i>	T3 (G)	
<i>lamotrigine oral tablet dispersible</i>	T5 (NP)	
<i>levetiracetam er</i>	T5 (NP)	
<i>levetiracetam oral</i>	T3 (G)	
<i>methsuximide</i>	T4 (PB)	
NAYZILAM	T5 (NP)	
<i>oxcarbazepine oral suspension</i>	T5 (NP)	
<i>oxcarbazepine oral tablet</i>	T3 (G)	
<i>pentobarbital sodium injection</i>	T3 (G)	
<i>phenobarbital oral</i>	T3 (G)	
<i>phenobarbital sodium injection</i>	T3 (G)	
<i>phenytek</i>	T5 (NP)	
<i>phenytoin infatabs</i>	T3 (G)	
<i>phenytoin oral</i>	T3 (G)	
<i>phenytoin sodium extended oral capsule 100 mg</i>	T3 (G)	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	T5 (NP)	
<i>phenytoin sodium injection</i>	T3 (G)	

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Drug Name	Drug Tier	Notes
<i>primidone oral tablet 250 mg, 50 mg</i>	T2 (PG)	
<i>roweepra</i>	T3 (G)	
<i>rufinamide</i>	T5 (NP)	PA
<i>subvenite</i>	T3 (G)	
<i>tiagabine hcl</i>	T5 (NP)	
<i>topiramate oral capsule sprinkle 15 mg</i>	T3 (G)	
<i>topiramate oral capsule sprinkle 25 mg</i>	T5 (NP)	
<i>topiramate oral tablet</i>	T3 (G)	
<i>valproate sodium intravenous</i>	T3 (G)	
<i>valproic acid oral</i>	T2 (PG)	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T5 (NP)	
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG	T5 (NP)	
<i>zonisamide oral</i>	T3 (G)	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
<i>donepezil hcl</i>	T3 (G)	
<i>galantamine hydrobromide</i>	T3 (G)	
<i>galantamine hydrobromide er</i>	T3 (G)	
<i>memantine hcl er</i>	T5 (NP)	QL
<i>memantine hcl oral solution</i>	T5 (NP)	
<i>memantine hcl oral tablet</i>	T3 (G)	
<i>rivastigmine</i>	T5 (NP)	
<i>rivastigmine tartrate</i>	T3 (G)	
<b>Antidepressants</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	T2 (PG)	
<i>amitriptyline hcl oral tablet 150 mg</i>	T5 (NP)	
<i>amoxapine</i>	T5 (NP)	
<i>bupropion hcl er (sr)</i>	T3 (G)	QL
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	T3 (G)	QL
<i>bupropion hcl oral</i>	T3 (G)	
<i>chlordiazepoxide-amitriptyline</i>	T3 (G)	
<i>citalopram hydrobromide oral tablet</i>	T2 (PG)	\$0 HDHP
<i>clomipramine hcl oral</i>	T5 (NP)	
<i>desipramine hcl oral</i>	T5 (NP)	

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Drug Name	Drug Tier	Notes
<i>desvenlafaxine succinate er</i>	T5 (NP)	QL
<i>doxepin hcl oral capsule 10 mg, 50 mg</i>	T2 (PG)	
<i>doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 75 mg</i>	T5 (NP)	
<i>doxepin hcl oral concentrate</i>	T5 (NP)	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T3 (G)	QL
<i>escitalopram oxalate oral tablet</i>	T3 (G)	\$0 HDHP
FETZIMA	T5 (NP)	PA; ST; QL
FETZIMA TITRATION	T5 (NP)	PA; ST; QL
<i>fluoxetine hcl oral capsule</i>	T2 (PG)	\$0 HDHP
<i>fluvoxamine maleate er</i>	T5 (NP)	QL
<i>fluvoxamine maleate oral tablet 100 mg, 50 mg</i>	T4 (PB)	
<i>fluvoxamine maleate oral tablet 25 mg</i>	T5 (NP)	
<i>imipramine hcl oral</i>	T3 (G)	
MARPLAN	T5 (NP)	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	T2 (PG)	
<i>nefazodone hcl</i>	T5 (NP)	
<i>nortriptyline hcl oral capsule</i>	T2 (PG)	
<i>nortriptyline hcl oral solution</i>	T5 (NP)	
<i>paroxetine hcl oral tablet</i>	T2 (PG)	\$0 HDHP
<i>perphenazine-amitriptyline</i>	T5 (NP)	
<i>phenelzine sulfate oral</i>	T5 (NP)	
<i>protriptyline hcl</i>	T5 (NP)	
<i>sertraline hcl oral concentrate</i>	T3 (G)	\$0 HDHP
<i>sertraline hcl oral tablet</i>	T3 (G)	\$0 HDHP
<i>tranylcypromine sulfate</i>	T5 (NP)	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	T2 (PG)	
<i>trimipramine maleate oral</i>	T5 (NP)	
TRINTELLIX	T5 (NP)	PA; ST; QL
<i>venlafaxine hcl</i>	T3 (G)	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T3 (G)	QL
<i>vilazodone hcl</i>	T3 (G)	PA; QL
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
ANZEMET	T5 (NP)	QL
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	T5 (NP)	QL
COMPRO	T5 (NP)	
<i>dimenhydrinate injection</i>	T3 (G)	

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Drug Name	Drug Tier	Notes
<i>dronabinol</i>	T5 (NP)	PA; QL
<i>droperidol injection</i>	T3 (G)	
<i>fosaprepitant dimeglumine</i>	T3 (G)	
<i>granisetron hcl intravenous</i>	T3 (G)	
<i>granisetron hcl oral</i>	T3 (G)	QL
<i>meclizine hcl oral tablet 50 mg</i>	T4 (PB)	
<i>meclizine hcl tablet 12.5 mg oral (rx)</i>	T2 (PG)	
<i>meclizine hcl tablet 25 mg oral (rx)</i>	T2 (PG)	
<i>metoclopramide hcl injection</i>	T3 (G)	
<i>metoclopramide hcl oral solution</i>	T2 (PG)	
<i>metoclopramide hcl oral tablet</i>	T2 (PG)	
<i>ondansetron hcl injection</i>	T3 (G)	
<i>ondansetron hcl oral solution</i>	T3 (G)	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T3 (G)	
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>	T3 (G)	
<i>palonosetron hcl intravenous solution 0.25 mg/2ml</i>	T3 (G)	
<i>perphenazine oral</i>	T4 (PB)	
<i>prochlorperazine</i>	T5 (NP)	
<i>prochlorperazine maleate oral tablet 10 mg</i>	T2 (PG)	
<i>prochlorperazine maleate oral tablet 5 mg</i>	T3 (G)	
<i>promethazine hcl oral solution</i>	T2 (PG)	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	T3 (G)	
<i>promethazine hcl oral tablet 25 mg</i>	T2 (PG)	
<i>promethazine hcl rectal</i>	T5 (NP)	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T5 (NP)	
<i>scopolamine</i>	T4 (PB)	
<b>Antifungals</b>		
ABELCET	T5 (NP)	
<i>amphotericin b intravenous</i>	T3 (G)	
<i>amphotericin b liposome</i>	T5 (NP)	
<i>casprofungin acetate</i>	T5 (NP)	
<i>ciclodan</i>	T3 (G)	
<i>ciclopirox external</i>	T3 (G)	
<i>ciclopirox olamine external</i>	T3 (G)	
<i>clotrimazole external</i>	T2 (PG)	
<i>clotrimazole mouth/throat</i>	T3 (G)	

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Drug Name	Drug Tier	Notes
<i>clotrimazole-betamethasone external cream</i>	T3 (G)	
<i>econazole nitrate external</i>	T3 (G)	
ERTACZO	T5 (NP)	PA
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	T3 (G)	
<i>fluconazole oral</i>	T2 (PG)	
<i>flucytosine oral capsule 250 mg</i>	T3 (G)	
<i>flucytosine oral capsule 500 mg</i>	T5 (NP)	
<i>griseofulvin microsize oral</i>	T5 (NP)	
<i>griseofulvin ultramicrosize</i>	T5 (NP)	
GYNAZOLE-1	T5 (NP)	
<i>itraconazole oral capsule</i>	T5 (NP)	PA
<i>ketoconazole external cream</i>	T3 (G)	
<i>ketoconazole external shampoo</i>	T3 (G)	
<i>ketoconazole oral</i>	T2 (PG)	
<i>klayesta</i>	T3 (G)	
LULICONAZOLE	T5 (NP)	PA
<i>miconazole 3</i>	T3 (G)	
<i>naftifine hcl external cream 1 %</i>	T4 (PB)	
<i>nyamyc</i>	T3 (G)	
<i>nystatin external cream</i>	T2 (PG)	
<i>nystatin external ointment</i>	T3 (G)	
<i>nystatin external powder</i>	T3 (G)	
<i>nystatin mouth/throat</i>	T3 (G)	
<i>nystatin oral</i>	T5 (NP)	
<i>nystatin-triamcinolone</i>	T3 (G)	
<i>nystop</i>	T3 (G)	
<i>oxiconazole nitrate</i>	T5 (NP)	
SULCONAZOLE NITRATE EXTERNAL CREAM	T5 (NP)	PA
<i>terbinafine hcl oral</i>	T2 (PG)	QL
<i>terconazole vaginal cream</i>	T3 (G)	
<i>voriconazole oral tablet</i>	T5 (NP)	PA
<b>Antigout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T2 (PG)	
<i>allopurinol sodium</i>	T3 (G)	
<i>colchicine oral tablet</i>	T3 (G)	
<i>colchicine-probenecid</i>	T4 (PB)	
<i>febuxostat</i>	T5 (NP)	PA; ST

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Drug Name	Drug Tier	Notes
<i>probenecid</i>	T4 (PB)	
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	T4 (PB)	PA; QL
AJOVY	T4 (PB)	PA; QL
<i>almotriptan malate</i>	T4 (PB)	QL
<i>dihydroergotamine mesylate injection</i>	T5 (NP)	PA; QL
<i>eletriptan hydrobromide</i>	T4 (PB)	QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4 (PB)	PA; QL
ERGOMAR	T5 (NP)	
<i>ergotamine-caffeine</i>	T5 (NP)	PA; QL
<i>frovatriptan succinate</i>	T4 (PB)	QL
<i>naratriptan hcl</i>	T3 (G)	QL
NURTEC	T4 (PB)	PA; QL
<i>rizatriptan benzoate</i>	T3 (G)	QL
<i>sumatriptan nasal</i>	T4 (PB)	QL
<i>sumatriptan succinate oral</i>	T3 (G)	QL
<i>sumatriptan succinate subcutaneous</i>	T4 (PB)	QL
<i>zolmitriptan oral tablet</i>	T3 (G)	QL
<i>zolmitriptan oral tablet dispersible</i>	T4 (PB)	QL
<b>Antimyasthenic Agents</b>		
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	T5 (NP)	
<i>pyridostigmine bromide oral tablet</i>	T3 (G)	
<b>Antimycobacterials</b>		
<i>cycloserine oral</i>	T3 (G)	
<i>dapsone oral</i>	T5 (NP)	
<i>ethambutol hcl oral</i>	T5 (NP)	
<i>isoniazid injection</i>	T3 (G)	
<i>isoniazid oral syrup</i>	T3 (G)	
<i>isoniazid oral tablet 100 mg</i>	T3 (G)	
<i>isoniazid oral tablet 300 mg</i>	T2 (PG)	
PRETOMANID	T4 (PB)	
PRIFTIN	T5 (NP)	
<i>pyrazinamide oral</i>	T3 (G)	
<i>rifabutin</i>	T5 (NP)	
<i>rifampin intravenous</i>	T3 (G)	
<i>rifampin oral</i>	T4 (PB)	

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Drug Name	Drug Tier	Notes
SIRTURO	T5 (NP)	
TRECTOR	T5 (NP)	
<b>Antineoplastics - Drugs for Cancer</b>		
<i>abiraterone acetate</i>	T6 (SP)	PA; SP-QTZ
ADCETRIS	T6 (SP)	PA
ALECENSA	T6 (SP)	PA; SP-QTZ
<i>anastrozole oral</i>	T3 (G)	\$0 for breast cancer PX
BELEODAQ	T6 (SP)	PA
<i>bexarotene</i>	T6 (SP)	PA; SP-QTZ
<i>bicalutamide</i>	T3 (G)	
BOSULIF ORAL TABLET	T6 (SP)	PA; SP-QTZ
<i>busulfan</i>	T6 (SP)	
CABOMETYX ORAL TABLET 20 MG	T6 (SP)	PA; SP-QTZ; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	T6 (SP)	PA; SP-QTZ
<i>capecitabine</i>	T6 (SP)	SP-QTZ
CAPRELSA ORAL TABLET 100 MG	T6 (SP)	PA; QL
CAPRELSA ORAL TABLET 300 MG	T6 (SP)	PA
COMETRIQ	T6 (SP)	PA; SP-ORx
COTELLIC	T6 (SP)	PA; SP-QTZ
<i>cyclophosphamide injection</i>	T6 (SP)	
<i>cyclophosphamide oral capsule</i>	T5 (NP)	
CYCLOPHOSPHAMIDE ORAL TABLET	T4 (PB)	
<i>dasatinib</i>	T6 (SP)	PA; SP-QTZ
<i>daunorubicin hcl</i>	T6 (SP)	
<i>decitabine</i>	T6 (SP)	
DROXIA	T5 (NP)	
ENHERTU	T6 (SP)	PA
ERIVEDGE	T6 (SP)	PA; SP-QTZ
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	T6 (SP)	PA; SP-QTZ
<i>erlotinib hcl oral tablet 25 mg</i>	T6 (SP)	PA; SP-QTZ; QL
<i>etoposide oral</i>	T6 (SP)	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T6 (SP)	PA; SP-QTZ; QL
<i>everolimus oral tablet soluble</i>	T6 (SP)	PA; SP-QTZ
<i>exemestane</i>	T3 (G)	\$0 for breast cancer PX
<i>fludarabine phosphate</i>	T6 (SP)	
<i>fluorouracil intravenous</i>	T6 (SP)	
GILOTRIF	T6 (SP)	PA; SP-QTZ; QL

Drug Name	Drug Tier	Notes
GLEOSTINE	T6 (SP)	
HYCANTIN ORAL	T6 (SP)	SP-QTZ
<i>hydroxyurea oral</i>	T3 (G)	
IBRANCE	T6 (SP)	PA; SP-QTZ
ICLUSIG ORAL TABLET 10 MG, 15 MG	T6 (SP)	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	T6 (SP)	PA
<i>imatinib mesylate</i>	T6 (SP)	PA; SP-QTZ
IMBRUVICA ORAL CAPSULE	T6 (SP)	PA; SP-QTZ; QL
IMBRUVICA ORAL SUSPENSION	T6 (SP)	PA; SP-QTZ
IMBRUVICA ORAL TABLET	T6 (SP)	PA; SP-QTZ; QL
INLYTA	T6 (SP)	PA; SP-QTZ
IXEMPRA KIT	T6 (SP)	
JAKAFI ORAL TABLET 10 MG, 5 MG	T6 (SP)	PA; SP-QTZ; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	T6 (SP)	PA; SP-QTZ
KISQALI (200 MG DOSE)	T6 (SP)	PA; SP-QTZ
KISQALI (400 MG DOSE)	T6 (SP)	PA; SP-QTZ
KISQALI (600 MG DOSE)	T6 (SP)	PA; SP-QTZ
KOSELUGO	T6 (SP)	PA; SP-QTZ
<i>lapatinib ditosylate</i>	T6 (SP)	PA; SP-QTZ
<i>lenalidomide</i>	T6 (SP)	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	T6 (SP)	PA; SP-ORx
<i>letrozole oral</i>	T3 (G)	\$0 for breast cancer PX
<i>leucovorin calcium injection solution reconstituted</i>	T3 (G)	
<i>leucovorin calcium oral tablet 10 mg, 5 mg</i>	T3 (G)	
<i>leucovorin calcium oral tablet 15 mg, 25 mg</i>	T5 (NP)	
LEUKERAN	T4 (PB)	
LYNPARZA	T6 (SP)	PA; SP-QTZ
LYSODREN	T5 (NP)	
MATULANE	T6 (SP)	
MEKINIST	T6 (SP)	PA; SP-QTZ
<i>melphalan hcl</i>	T6 (SP)	
<i>mercaptopurine oral</i>	T3 (G)	
MESNEX ORAL	T6 (SP)	
<i>mitomycin intravenous</i>	T6 (SP)	
<i>mitoxantrone hcl</i>	T6 (SP)	PA

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Drug Name	Drug Tier	Notes
MUTAMYCIN	T6 (SP)	
MYLERAN	T4 (PB)	
<i>nilutamide</i>	T6 (SP)	SP-QTZ
NINLARO	T6 (SP)	PA; SP-QTZ
OGSIVEO	T6 (SP)	PA
ONUREG	T6 (SP)	PA; SP-QTZ
ORGOVYX	T6 (SP)	PA
ORSERDU	T6 (SP)	PA
<i>paclitaxel</i>	T6 (SP)	
<i>pazopanib hcl</i>	T6 (SP)	PA; SP-QTZ
PIQRAY	T6 (SP)	PA; SP-QTZ
POMALYST ORAL CAPSULE 1 MG, 2 MG	T6 (SP)	PA; SP-QTZ; QL
POMALYST ORAL CAPSULE 3 MG, 4 MG	T6 (SP)	PA; SP-QTZ
PROLEUKIN	T6 (SP)	
QINLOCK	T6 (SP)	PA
REVLIMID	T6 (SP)	PA; SP-QTZ
ROZLYTREK ORAL CAPSULE	T6 (SP)	PA; SP-QTZ
RUXIENCE	T5 (NP)	PA
RYDAPT	T6 (SP)	PA
<i>sorafenib tosylate</i>	T6 (SP)	PA; SP-QTZ
SPRYCEL	T6 (SP)	PA; SP-QTZ
STIVARGA	T6 (SP)	PA; SP-QTZ
<i>sunitinib malate</i>	T6 (SP)	PA; SP-QTZ
TABRECTA	T6 (SP)	PA; SP-QTZ
TAFINLAR	T6 (SP)	PA; SP-QTZ
TAGRISSO ORAL TABLET 40 MG	T6 (SP)	PA; SP-QTZ; QL
TAGRISSO ORAL TABLET 80 MG	T6 (SP)	PA; SP-QTZ
<i>tamoxifen citrate oral</i>	T3 (G)	\$0 for breast cancer PX
TASIGNA	T6 (SP)	PA; SP-QTZ
<i>temozolomide</i>	T6 (SP)	PA
THALOMID	T6 (SP)	PA; SP-QTZ
<i>toremifene citrate</i>	T5 (NP)	
<i>torpenz</i>	T6 (SP)	PA; SP-QTZ; QL
<i>tretinoin oral</i>	T6 (SP)	
TUKYSA	T6 (SP)	PA; SP-QTZ
TURALIO	T6 (SP)	PA
VENCLEXTA	T6 (SP)	PA; SP-QTZ
VENCLEXTA STARTING PACK	T6 (SP)	PA; SP-QTZ

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Drug Name	Drug Tier	Notes
VERZENIO	T6 (SP)	PA; SP-QTZ
VORANIGO ORAL TABLET 10 MG	T6 (SP)	PA; SP-QTZ; QL
VORANIGO ORAL TABLET 40 MG	T6 (SP)	PA; SP-QTZ
VOTRIENT	T6 (SP)	PA
XALKORI ORAL CAPSULE	T6 (SP)	PA; SP-QTZ
XTANDI	T6 (SP)	PA; SP-QTZ
ZANOSAR	T6 (SP)	
ZELBORAF	T6 (SP)	PA; SP-QTZ
ZOLINZA	T6 (SP)	PA; SP-QTZ
ZYDELIG	T6 (SP)	PA; SP-QTZ
ZYKADIA	T6 (SP)	PA; SP-QTZ
<b>Antiparasitics</b>		
<i>albendazole oral</i>	T5 (NP)	PA
<i>atovaquone</i>	T5 (NP)	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	T5 (NP)	
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	T3 (G)	
BENZNIDAZOLE	T5 (NP)	
<i>chloroquine phosphate oral</i>	T5 (NP)	
COARTEM	T5 (NP)	
CROTAN	T6 (SP)	
EMVERM	T4 (PB)	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg</i>	T3 (G)	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T2 (PG)	
<i>hydroxychloroquine sulfate oral tablet 400 mg</i>	T4 (PB)	
IMPAVIDO	T5 (NP)	
<i>ivermectin oral</i>	T5 (NP)	
<i>malathion</i>	T5 (NP)	
<i>mefloquine hcl</i>	T3 (G)	
<i>nitazoxanide oral</i>	T5 (NP)	
<i>permethrin external</i>	T3 (G)	
<i>praziquantel oral</i>	T5 (NP)	
<i>primaquine phosphate</i>	T3 (G)	
<i>pyrimethamine oral</i>	T6 (SP)	PA
<i>quinine sulfate</i>	T4 (PB)	
<i>spinosad</i>	T5 (NP)	
<i>sulfurated lime</i>	T3 (G)	

Drug Name	Drug Tier	Notes
<b>Antiparkinson Agents</b>		
<i>amantadine hcl oral capsule</i>	T3 (G)	
<i>amantadine hcl oral solution</i>	T3 (G)	
<i>apomorphine hcl subcutaneous</i>	T6 (SP)	PA; SP-ORx; QL
<i>benztropine mesylate injection</i>	T3 (G)	
<i>benztropine mesylate oral</i>	T2 (PG)	
<i>bromocriptine mesylate oral</i>	T5 (NP)	
<i>carbidopa oral</i>	T5 (NP)	
<i>carbidopa-levodopa</i>	T3 (G)	
<i>carbidopa-levodopa er</i>	T3 (G)	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 25-100-200 mg, 50-200-200 mg</i>	T5 (NP)	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg, 31.25-125-200 mg, 37.5-150- 200 mg</i>	T3 (G)	
<i>entacapone</i>	T5 (NP)	
NEUPRO	T5 (NP)	
<i>pramipexole dihydrochloride</i>	T3 (G)	
<i>rasagiline mesylate oral</i>	T5 (NP)	
<i>ropinirole hcl</i>	T3 (G)	
<i>ropinirole hcl er</i>	T5 (NP)	
<i>selegiline hcl oral</i>	T3 (G)	
<i>tolcapone</i>	T3 (G)	
<i>trihexyphenidyl hcl oral solution</i>	T3 (G)	
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	T2 (PG)	
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	T3 (G)	
<b>Antiplatelets</b>		
<i>aspirin-dipyridamole er</i>	T5 (NP)	
BRILINTA	T4 (PB)	
CABLIVI	T6 (SP)	PA; SP-QTZ; QL
<i>cilostazol</i>	T3 (G)	
<i>clopidogrel bisulfate oral</i>	T3 (G)	
<i>dipyridamole oral</i>	T4 (PB)	
<i>prasugrel hcl</i>	T5 (NP)	
ZONTIVITY	T5 (NP)	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY MAINTENA	T5 (NP)	
<i>aripiprazole oral tablet</i>	T3 (G)	QL

Drug Name	Drug Tier	Notes
<i>asenapine maleate</i>	T5 (NP)	QL
<i>chlorpromazine hcl oral tablet</i>	T5 (NP)	
<i>clozapine oral tablet</i>	T5 (NP)	QL
FANAPT	T5 (NP)	PA; ST; QL
FANAPT TITRATION PACK	T5 (NP)	PA; ST; QL
<i>fluphenazine hcl oral tablet</i>	T5 (NP)	
<i>haloperidol decanoate intramuscular</i>	T3 (G)	
<i>haloperidol lactate injection</i>	T3 (G)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	T3 (G)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	T2 (PG)	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	T3 (G)	
INVEGA HAFYERA	T5 (NP)	PA; ST
INVEGA SUSTENNA	T5 (NP)	
INVEGA TRINZA	T5 (NP)	
<i>loxapine succinate</i>	T5 (NP)	
<i>lurasidone hcl</i>	T3 (G)	QL
<i>olanzapine intramuscular</i>	T5 (NP)	
<i>olanzapine oral tablet</i>	T3 (G)	QL
<i>paliperidone er</i>	T5 (NP)	QL
<i>pimozide</i>	T5 (NP)	
<i>quetiapine fumarate</i>	T3 (G)	QL
<i>quetiapine fumarate er</i>	T3 (G)	QL
REXULTI	T5 (NP)	QL
<i>risperidone oral tablet</i>	T3 (G)	QL
<i>thioridazine hcl oral</i>	T3 (G)	
<i>thiothixene</i>	T5 (NP)	
<i>trifluoperazine hcl</i>	T5 (NP)	
<i>ziprasidone hcl</i>	T5 (NP)	QL
<b>Antivirals</b>		
<i>abacavir sulfate oral solution</i>	T5 (NP)	SP-QTZ
<i>abacavir sulfate oral tablet</i>	T3 (G)	SP-QTZ
<i>abacavir sulfate-lamivudine</i>	T5 (NP)	SP-QTZ; QL
<i>acyclovir external ointment</i>	T3 (G)	QL
<i>acyclovir oral capsule</i>	T2 (PG)	
<i>acyclovir oral suspension</i>	T5 (NP)	
<i>acyclovir oral tablet</i>	T2 (PG)	
<i>acyclovir sodium</i>	T3 (G)	
<i>adefovir dipivoxil</i>	T5 (NP)	

Drug Name	Drug Tier	Notes
APRETUDE	T5 (NP)	Due to healthcare reform this medication may be available at \$0 copay for members at high risk for first infection with Human Immunodeficiency Virus (HIV) and meet the clinical criteria for preventive use.
APTIVUS	T6 (SP)	SP-QTZ
<i>atazanavir sulfate</i>	T5 (NP)	SP-QTZ
BARACLUDE ORAL SOLUTION	T5 (NP)	QL
BIKTARVY	T5 (NP)	SP-QTZ; QL
<i>cidofovir intravenous</i>	T3 (G)	
CIMDUO	T4 (PB)	SP-QTZ; QL
COMPLERA	T5 (NP)	SP-QTZ; QL
<i>darunavir</i>	T3 (G)	SP-QTZ
DELSTRIGO	T4 (PB)	SP-QTZ
DESCOVY ORAL TABLET 200-25 MG	T5 (NP)	PA; SP-QTZ; \$0 copay for HIV PX
DOVATO	T4 (PB)	SP-QTZ; QL
EDURANT	T5 (NP)	SP-QTZ
<i>efavirenz</i>	T5 (NP)	SP-QTZ
<i>efavirenz-emtricitab-tenofo df</i>	T5 (NP)	SP-QTZ; QL
<i>efavirenz-lamivudine-tenofovir</i>	T5 (NP)	SP-QTZ; QL
<i>emtricitabine</i>	T5 (NP)	SP-QTZ
<i>emtricitabine-tenofovir df oral tablet 100-150 mg</i>	T5 (NP)	SP-QTZ; \$0 copay for HIV PX for MN plans; QL
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	T5 (NP)	SP-QTZ; QL
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T5 (NP)	SP-QTZ; \$0 copay for HIV PX; QL
EMTRIVA ORAL SOLUTION	T4 (PB)	SP-QTZ
<i>entecavir</i>	T3 (G)	QL
EPCLUSA ORAL PACKET	T4 (PB)	PA; SP-QTZ; QL
EPCLUSA ORAL TABLET 200-50 MG	T4 (PB)	PA; SP-QTZ; QL
EPCLUSA ORAL TABLET 400-100 MG	T6 (SP)	PA; SP-QTZ; QL
<i>etravirine</i>	T5 (NP)	SP-QTZ
EVOTAZ	T4 (PB)	SP-QTZ; QL
<i>famciclovir oral</i>	T3 (G)	
<i>fosamprenavir calcium</i>	T5 (NP)	SP-QTZ
FUZEON	T4 (PB)	SP-QTZ
HARVONI	T6 (SP)	PA; SP-QTZ; QL

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Drug Name	Drug Tier	Notes
INTELENCE ORAL TABLET 25 MG	T5 (NP)	SP-QTZ
ISENTRESS	T4 (PB)	SP-QTZ; \$0 copay for HIV PX for MN plans
ISENTRESS HD	T4 (PB)	SP-QTZ
JULUCA	T4 (PB)	SP-QTZ; QL
LAGEVRIO	T5 (NP)	QL
<i>lamivudine oral solution</i>	T5 (NP)	SP-QTZ
<i>lamivudine oral tablet 100 mg</i>	T3 (G)	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T3 (G)	SP-QTZ
<i>lamivudine-zidovudine</i>	T5 (NP)	SP-QTZ; QL
<i>lopinavir-ritonavir oral solution</i>	T5 (NP)	SP-QTZ
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	T3 (G)	SP-QTZ
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	T5 (NP)	SP-QTZ
<i>maraviroc</i>	T3 (G)	PA; SP-QTZ
MAVYRET	T5 (NP)	PA; SP-QTZ; QL
<i>nevirapine</i>	T5 (NP)	SP-QTZ
<i>nevirapine er</i>	T5 (NP)	SP-QTZ
NORVIR ORAL PACKET	T4 (PB)	SP-QTZ
ODEFSEY	T5 (NP)	SP-QTZ; QL
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg</i>	T4 (PB)	QL
<i>oseltamivir phosphate oral capsule 75 mg</i>	T5 (NP)	QL
<i>oseltamivir phosphate oral suspension reconstituted</i>	T5 (NP)	QL
PAXLOVID (150/100)	T5 (NP)	QL
PAXLOVID (300/100)	T5 (NP)	QL
PEGASYS	T6 (SP)	PA; SP-QTZ
<i>penciclovir</i>	T5 (NP)	
PIFELTRO	T5 (NP)	SP-QTZ
PREZCOBIX	T4 (PB)	SP-QTZ; QL
PREZISTA ORAL SUSPENSION	T4 (PB)	SP-QTZ
PREZISTA ORAL TABLET 150 MG, 75 MG	T4 (PB)	SP-QTZ
RELENZA DISKHALER	T5 (NP)	QL
REYATAZ ORAL PACKET	T4 (PB)	SP-QTZ
<i>ribavirin oral</i>	T6 (SP)	
<i>rimantadine hcl</i>	T3 (G)	
<i>ritonavir</i>	T5 (NP)	SP-QTZ
RUKOBIA	T4 (PB)	SP-QTZ
SELZENTRY ORAL SOLUTION	T4 (PB)	PA; SP-QTZ

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Drug Name	Drug Tier	Notes
SOVALDI ORAL TABLET 400 MG	T6 (SP)	PA; SP-QTZ
SYMTUZA	T5 (NP)	SP-QTZ; QL
<i>tenofovir disoproxil fumarate</i>	T3 (G)	SP-QTZ; \$0 copay for HIV PX
TIVICAY	T4 (PB)	SP-QTZ
TIVICAY PD	T4 (PB)	SP-QTZ; \$0 copay for HIV PX for MN plans
TRIUMEQ	T4 (PB)	SP-QTZ; QL
TYBOST	T4 (PB)	SP-QTZ
<i>valacyclovir hcl oral</i>	T3 (G)	QL
<i>valganciclovir hcl</i>	T5 (NP)	
VEMLIDY	T6 (SP)	
VIRACEPT	T6 (SP)	SP-QTZ
VIREAD ORAL POWDER	T4 (PB)	SP-QTZ
VIREAD ORAL TABLET 150 MG	T5 (NP)	SP-QTZ
VIREAD ORAL TABLET 200 MG, 250 MG	T4 (PB)	SP-QTZ
ZEPATIER	T6 (SP)	PA; SP-QTZ; QL
<i>zidovudine oral capsule</i>	T5 (NP)	SP-QTZ
<i>zidovudine oral syrup</i>	T5 (NP)	SP-QTZ
<i>zidovudine oral tablet</i>	T5 (NP)	
<b>Anxiolytics - Drugs for Anxiety</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 2 mg, 3 mg</i>	T4 (PB)	QL
<i>alprazolam er oral tablet extended release 24 hour 1 mg</i>	T3 (G)	QL
<i>alprazolam oral tablet</i>	T3 (G)	QL
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 2 mg, 3 mg</i>	T4 (PB)	QL
<i>alprazolam xr oral tablet extended release 24 hour 1 mg</i>	T3 (G)	QL
<i>bupirone hcl oral tablet 10 mg, 5 mg</i>	T2 (PG)	
<i>bupirone hcl oral tablet 15 mg, 30 mg</i>	T3 (G)	
<i>chlordiazepoxide hcl</i>	T3 (G)	QL
<i>clonazepam oral tablet</i>	T3 (G)	QL
<i>clorazepate dipotassium</i>	T5 (NP)	QL
<i>diazepam intensol</i>	T4 (PB)	
<i>diazepam oral concentrate</i>	T4 (PB)	
<i>diazepam oral solution</i>	T4 (PB)	
<i>diazepam oral tablet</i>	T3 (G)	
<i>estazolam</i>	T3 (G)	QL

Drug Name	Drug Tier	Notes
<i>hydroxyzine hcl oral</i>	T2 (PG)	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	T5 (NP)	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	T2 (PG)	
<i>lorazepam injection</i>	T3 (G)	
<i>lorazepam intensol</i>	T5 (NP)	QL
<i>lorazepam oral concentrate 2 mg/ml</i>	T5 (NP)	QL
<i>lorazepam oral tablet</i>	T3 (G)	QL
<i>meprobamate</i>	T5 (NP)	
<i>midazolam hcl injection solution 2 mg/2ml</i>	T5 (NP)	
<i>oxazepam</i>	T5 (NP)	QL
<i>quazepam</i>	T5 (NP)	QL
<i>triazolam</i>	T3 (G)	QL
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
<i>lithium</i>	T3 (G)	
<i>lithium carbonate er</i>	T2 (PG)	
<i>lithium carbonate oral</i>	T2 (PG)	
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
<i>aminocaproic acid oral tablet</i>	T5 (NP)	
<i>anagrelide hcl</i>	T5 (NP)	
ARANESP (ALBUMIN FREE)	T6 (SP)	PA
DOPTELET	T6 (SP)	SP-ORx
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 500 UNIT	T6 (SP)	
HEMLIBRA	T6 (SP)	SP-QTZ
LEUKINE	T6 (SP)	
NEULASTA	T6 (SP)	PA
NEULASTA ONPRO	T6 (SP)	PA
NIVESTYM	T6 (SP)	PA
<i>plerixafor</i>	T6 (SP)	
PROMACTA	T6 (SP)	PA; SP-QTZ
PYRUKYND	T6 (SP)	PA; QL
PYRUKYND TAPER PACK	T6 (SP)	PA; QL
REBLOZYL	T6 (SP)	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1801-2400 UNIT	T6 (SP)	
RETACRIT	T6 (SP)	PA
SOLIRIS	T6 (SP)	PA

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Drug Name	Drug Tier	Notes
ULTOMIRIS	T6 (SP)	PA
XOLREMDI	T6 (SP)	PA; QL
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
<i>acebutolol hcl oral</i>	T4 (PB)	
<i>aliskiren fumarate</i>	T5 (NP)	
<i>amiloride hcl oral</i>	T3 (G)	
<i>amiloride-hydrochlorothiazide</i>	T2 (PG)	
<i>amiodarone hcl oral tablet 200 mg</i>	T3 (G)	
<i>amlodipine besylate oral</i>	T2 (PG)	
<i>amlodipine besylate-benazepril hcl</i>	T3 (G)	
<i>amlodipine besylate-valsartan</i>	T5 (NP)	
<i>amlodipine-olmesartan</i>	T5 (NP)	
<i>atenolol oral</i>	T2 (PG)	\$0 HDHP
<i>atenolol-chlorthalidone</i>	T2 (PG)	\$0 HDHP
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T2 PV	\$0 HDHP; \$0 if age 40-75
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T2 (PG)	\$0 HDHP
<i>atorvastatin calcium tablet 10 mg oral</i>	T2 PV	\$0 HDHP; \$0 if age 40-75
<i>atorvastatin calcium tablet 20 mg oral</i>	T2 PV	\$0 HDHP; \$0 if age 40-75
<i>atorvastatin calcium tablet 40 mg oral</i>	T2 (PG)	\$0 HDHP
<i>atorvastatin calcium tablet 80 mg oral</i>	T2 (PG)	\$0 HDHP
<i>benazepril hcl oral</i>	T2 (PG)	\$0 HDHP
<i>betaxolol hcl oral</i>	T3 (G)	\$0 HDHP
<i>bisoprolol fumarate oral</i>	T2 (PG)	\$0 HDHP
<i>bisoprolol-hydrochlorothiazide</i>	T2 (PG)	\$0 HDHP
<i>bumetanide oral</i>	T3 (G)	
<i>cartia xt</i>	T3 (G)	
<i>carvedilol</i>	T2 (PG)	\$0 HDHP
<i>chlorthalidone</i>	T2 (PG)	
<i>cholestyramine light</i>	T5 (NP)	
<i>cholestyramine oral</i>	T5 (NP)	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	T2 (PG)	
<i>clonidine hcl oral tablet 0.3 mg</i>	T3 (G)	
<i>colesevelam hcl oral tablet</i>	T5 (NP)	
<i>colestipol hcl</i>	T5 (NP)	
CORLANOR	T5 (NP)	PA; QL
<i>digoxin oral solution</i>	T5 (NP)	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T2 (PG)	

Drug Name	Drug Tier	Notes
<i>diltiazem hcl er beads</i>	T3 (G)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T3 (G)	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	T3 (G)	
<i>diltiazem hcl oral</i>	T3 (G)	
<i>dilt-xr</i>	T3 (G)	
<i>disopyramide phosphate</i>	T5 (NP)	
<i>dofetilide</i>	T5 (NP)	
<i>doxazosin mesylate oral</i>	T2 (PG)	
<i>enalapril maleate oral tablet</i>	T2 (PG)	\$0 HDHP
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	T3 (G)	\$0 HDHP
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	T2 (PG)	\$0 HDHP
ENTRESTO	T4 (PB)	QL
<i>epinephrine injection solution</i>	T3 (G)	
<i>epinephrine pf</i>	T3 (G)	
<i>eplerenone</i>	T5 (NP)	
<i>ethacrynic acid</i>	T5 (NP)	
<i>ezetimibe</i>	T3 (G)	
<i>ezetimibe-simvastatin</i>	T5 (NP)	
<i>felodipine er</i>	T3 (G)	
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	T3 (G)	
<i>fenofibrate micronized oral capsule 200 mg, 43 mg</i>	T5 (NP)	
<i>fenofibrate oral capsule 134 mg, 67 mg</i>	T3 (G)	
<i>fenofibrate oral capsule 200 mg</i>	T5 (NP)	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T3 (G)	
<i>fenofibric acid oral capsule delayed release</i>	T5 (NP)	
<i>flecainide acetate</i>	T3 (G)	
<i>fluvastatin sodium</i>	T5 (NP)	\$0 if age 40-75
<i>fosinopril sodium</i>	T2 (PG)	\$0 HDHP
<i>furosemide injection</i>	T3 (G)	
<i>furosemide oral solution 10 mg/ml</i>	T2 (PG)	
<i>furosemide oral solution 8 mg/ml</i>	T3 (G)	
<i>furosemide oral tablet</i>	T2 (PG)	

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Drug Name	Drug Tier	Notes
<i>gemfibrozil oral</i>	T2 (PG)	
<i>guanfacine hcl</i>	T2 (PG)	
<i>hydralazine hcl oral</i>	T2 (PG)	
<i>hydrochlorothiazide oral</i>	T2 (PG)	
<i>indapamide</i>	T2 (PG)	
<i>irbesartan</i>	T3 (G)	
<i>irbesartan-hydrochlorothiazide</i>	T3 (G)	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T3 (G)	
<i>isosorbide mononitrate</i>	T3 (G)	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>	T3 (G)	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>	T2 (PG)	
<i>ivabradine hcl</i>	T3 (G)	PA; QL
<i>labetalol hcl oral</i>	T3 (G)	\$0 HDHP
<i>lisinopril oral</i>	T2 (PG)	\$0 HDHP
<i>lisinopril-hydrochlorothiazide</i>	T2 (PG)	\$0 HDHP
<i>losartan potassium oral</i>	T2 (PG)	
<i>losartan potassium-hctz</i>	T2 (PG)	
<i>lovastatin oral</i>	T3 PV	\$0 HDHP; \$0 if age 40-75
<i>mannitol intravenous solution 20 %</i>	T5 (NP)	
METHYLDOPA ORAL TABLET 250 MG	T3 (G)	
<i>methyldopa tablet 500 mg oral</i>	T2 (PG)	
METHYLDOPA TABLET 500 MG ORAL	T3 (G)	
<i>metolazone oral tablet 10 mg</i>	T3 (G)	
<i>metolazone oral tablet 2.5 mg, 5 mg</i>	T5 (NP)	
<i>metoprolol succinate er</i>	T3 (G)	\$0 HDHP
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T2 (PG)	\$0 HDHP
<i>metyrosine</i>	T3 (G)	PA; QL
<i>mexiletine hcl oral</i>	T5 (NP)	
<i>midodrine hcl</i>	T3 (G)	
<i>minoxidil oral</i>	T3 (G)	
<i>nadolol oral tablet 40 mg</i>	T3 (G)	\$0 HDHP
<i>nebivolol hcl</i>	T5 (NP)	
<i>niacin er (antihyperlipidemic)</i>	T5 (NP)	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	T3 (G)	

Drug Name	Drug Tier	Notes
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	T5 (NP)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	T3 (G)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	T5 (NP)	
<i>nimodipine oral</i>	T5 (NP)	
<i>nitroglycerin rectal</i>	T3 (G)	
<i>nitroglycerin sublingual</i>	T3 (G)	
<i>nitroglycerin transdermal</i>	T3 (G)	
<i>olmesartan medoxomil oral</i>	T3 (G)	
<i>olmesartan medoxomil-hctz</i>	T3 (G)	
<i>omega-3-acid ethyl esters</i>	T5 (NP)	
<i>pentoxifylline er</i>	T3 (G)	
<i>phenoxybenzamine hcl oral</i>	T5 (NP)	PA
<i>pindolol</i>	T5 (NP)	
<i>pravastatin sodium</i>	T3 PV	\$0 HDHP; \$0 if age 40-75
<i>prazosin hcl oral</i>	T2 (PG)	
<i>prevalite</i>	T5 (NP)	
<i>procainamide hcl injection solution 100 mg/ml</i>	T5 (NP)	
<i>propafenone hcl</i>	T3 (G)	
<i>propranolol hcl er</i>	T5 (NP)	
<i>propranolol hcl intravenous</i>	T3 (G)	
<i>propranolol hcl oral solution</i>	T3 (G)	\$0 HDHP
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T2 (PG)	\$0 HDHP
<i>propranolol hcl oral tablet 60 mg</i>	T3 (G)	\$0 HDHP
<i>quinapril hcl</i>	T2 (PG)	\$0 HDHP
<i>quinapril-hydrochlorothiazide</i>	T3 (G)	\$0 HDHP
<i>quinidine sulfate</i>	T3 (G)	
<i>ramipril</i>	T2 (PG)	\$0 HDHP
<i>ranolazine er</i>	T5 (NP)	
RECTIV	T5 (NP)	
REPATHA	T4 (PB)	PA; ST; SP-QTZ; QL
REPATHA PUSHTRONEX SYSTEM	T4 (PB)	PA; ST; SP-QTZ; QL
REPATHA SURECLICK	T4 (PB)	PA; ST; SP-QTZ; QL
<i>rosuvastatin calcium oral</i>	T3 PV	\$0 HDHP; \$0 if age 40-75
<i>simvastatin oral</i>	T2 PV	\$0 HDHP; \$0 if age 40-75
<i>sotalol hcl (af)</i>	T3 (G)	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	T3 (G)	
<i>sotalol hcl oral tablet 80 mg</i>	T2 (PG)	
<i>spironolactone oral tablet</i>	T2 (PG)	
<i>spironolactone-hctz</i>	T2 (PG)	
<i>telmisartan</i>	T3 (G)	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	T3 (G)	
<i>toremide</i>	T2 (PG)	
<i>trandolapril</i>	T2 (PG)	\$0 HDHP
<i>triamterene-hctz</i>	T2 (PG)	
<i>valsartan oral tablet</i>	T3 (G)	
<i>valsartan-hydrochlorothiazide</i>	T3 (G)	
<i>verapamil hcl er oral tablet extended release</i>	T3 (G)	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	T2 (PG)	
<i>verapamil hcl oral tablet 40 mg</i>	T3 (G)	
VYNDAMAX	T6 (SP)	PA; SP-ORx; QL
<b>Central Nervous System Agents</b>		
SKYCLARYS	T6 (SP)	PA; QL
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
<i>amphetamine sulfate</i>	T5 (NP)	QL
<i>amphetamine-dextroamphetamine</i>	T3 (G)	QL
<i>amphetamine-dextroamphetamine er</i>	T3 (G)	QL
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	T4 (PB)	QL
<i>atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg</i>	T5 (NP)	QL
<i>clonidine hcl er</i>	T3 (G)	
<i>dexmethylphenidate hcl</i>	T3 (G)	QL
<i>dexmethylphenidate hcl er</i>	T5 (NP)	QL
<i>dextroamphetamine sulfate er</i>	T5 (NP)	QL
<i>dextroamphetamine sulfate oral solution</i>	T5 (NP)	QL
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	T3 (G)	QL
<i>guanfacine hcl er</i>	T5 (NP)	
<i>lisdexamfetamine dimesylate</i>	T4 (PB)	QL
<i>methamphetamine hcl</i>	T3 (G)	QL
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	T5 (NP)	QL

Drug Name	Drug Tier	Notes
<i>methylphenidate hcl er oral tablet extended release</i>	T5 (NP)	QL
<i>methylphenidate hcl oral tablet</i>	T3 (G)	QL
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AVONEX PEN	T6 (SP)	PA; SP-QTZ; QL
AVONEX PREFILLED	T6 (SP)	PA; SP-QTZ; QL
BETASERON	T6 (SP)	PA; SP-QTZ; QL
<i>dalfampridine er</i>	T6 (SP)	PA; QL
<i>dimethyl fumarate oral</i>	T4 (PB)	PA; SP-QTZ; QL
<i>dimethyl fumarate starter pack</i>	T4 (PB)	PA; SP-QTZ; QL
<i>fingolimod hcl</i>	T6 (SP)	PA; SP-QTZ; QL
GILENYA ORAL CAPSULE 0.25 MG	T6 (SP)	PA; SP-QTZ; QL
<i>glatiramer acetate</i>	T6 (SP)	PA; SP-QTZ; QL
<i>glatopa</i>	T6 (SP)	PA; SP-QTZ; QL
KESIMPTA	T6 (SP)	PA; SP-QTZ; QL
MAYZENT	T6 (SP)	PA; SP-QTZ; QL
MAYZENT STARTER PACK	T6 (SP)	PA; SP-QTZ; QL
<i>teriflunomide</i>	T6 (SP)	PA; SP-QTZ; QL
TYSABRI	T6 (SP)	PA; QL
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	T6 (SP)	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	T6 (SP)	
<i>pregabalin oral capsule</i>	T3 (G)	QL
<i>pregabalin oral solution</i>	T5 (NP)	QL
<i>riluzole</i>	T5 (NP)	
SAVELLA	T5 (NP)	PA; ST; QL
SAVELLA TITRATION PACK	T5 (NP)	PA; ST; QL
<i>tetrabenazine</i>	T6 (SP)	PA
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
<i>cevimeline hcl</i>	T5 (NP)	
<i>chlorhexidine gluconate mouth/throat</i>	T2 (PG)	
EASYGEL	T3 (G)	
FLUORIDEX DAILY RENEWAL	T3 (G)	
KOURZEQ	T3 (G)	
<i>lidocaine viscous hcl</i>	T2 (PG)	



Drug Name	Drug Tier	Notes
ORALONE	T3 (G)	
<i>periogard</i>	T2 (PG)	
<i>pilocarpine hcl oral tablet 5 mg</i>	T4 (PB)	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	T5 (NP)	
PREVIDENT MOUTH/THROAT	T5 (NP)	
<i>sodium fluoride 5000 plus</i>	T3 (G)	
<i>sodium fluoride 5000 ppm dental cream</i>	T3 (G)	
<i>sodium fluoride 5000 ppm dental gel</i>	T3 (G)	
<i>sodium fluoride dental</i>	T3 (G)	
<i>sodium fluoride mouth/throat</i>	T3 (G)	
<i>triamcinolone acetonide mouth/throat</i>	T3 (G)	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
<i>accutane</i>	T5 (NP)	
<i>acitretin</i>	T5 (NP)	
<i>adapalene external cream</i>	T5 (NP)	
<i>adapalene external gel 0.3 %</i>	T5 (NP)	
<i>adapalene gel 0.1 % external (rx)</i>	T3 (G)	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T3 (G)	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T5 (NP)	
<i>ala-cort</i>	T3 (G)	
<i>alclometasone dipropionate</i>	T3 (G)	
AMELUZ	T5 (NP)	
<i>ammonium lactate external</i>	T3 (G)	
<i>amnesteam</i>	T5 (NP)	
<i>benzoyl peroxide-erythromycin</i>	T5 (NP)	
<i>betamethasone dipropionate aug external cream</i>	T3 (G)	
<i>betamethasone dipropionate aug external lotion</i>	T5 (NP)	
<i>betamethasone dipropionate aug external ointment</i>	T5 (NP)	
<i>betamethasone dipropionate external cream</i>	T3 (G)	
<i>betamethasone dipropionate external lotion</i>	T3 (G)	
<i>betamethasone dipropionate external ointment</i>	T5 (NP)	
<i>betamethasone valerate external cream</i>	T3 (G)	
<i>betamethasone valerate external lotion</i>	T3 (G)	
<i>betamethasone valerate external ointment</i>	T3 (G)	
<i>calcipotriene external cream</i>	T4 (PB)	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>calcipotriene external ointment</i>	T4 (PB)	
<i>calcipotriene external solution</i>	T4 (PB)	
<i>calcipotriene-betameth diprop external ointment</i>	T5 (NP)	
<i>calcitriol external</i>	T5 (NP)	
CIBINQO	T6 (SP)	PA; QL
<i>claravis</i>	T5 (NP)	
<i>clindacin etz external swab</i>	T3 (G)	
<i>clindacin-p</i>	T3 (G)	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T3 (G)	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</i>	T5 (NP)	
<i>clindamycin phosphate external gel</i>	T3 (G)	
<i>clindamycin phosphate external solution</i>	T3 (G)	
<i>clindamycin phosphate external swab</i>	T3 (G)	
<i>clobetasol propionate external cream</i>	T5 (NP)	
<i>clobetasol propionate external gel</i>	T5 (NP)	
<i>clobetasol propionate external ointment</i>	T5 (NP)	
<i>clobetasol propionate external solution</i>	T5 (NP)	
<i>clocortolone pivalate</i>	T5 (NP)	
<i>coal tar external</i>	T3 (G)	
<i>desonide external cream</i>	T5 (NP)	
<i>desonide external ointment</i>	T5 (NP)	
<i>desoximetasone external cream 0.25 %</i>	T3 (G)	
<i>desoximetasone external liquid</i>	T5 (NP)	
<i>desoximetasone external ointment 0.25 %</i>	T5 (NP)	
<i>diclofenac sodium gel 3 % external</i>	T3 (G)	QL
<i>diflorasone diacetate external cream</i>	T5 (NP)	
DUPIXENT	T6 (SP)	PA; SP-QTZ; QL
<i>ery pad 2%</i>	T5 (NP)	
<i>erythromycin external</i>	T3 (G)	
<i>fluocinolone acetonide body</i>	T3 (G)	
<i>fluocinolone acetonide external cream</i>	T5 (NP)	
<i>fluocinolone acetonide external ointment</i>	T5 (NP)	
<i>fluocinolone acetonide external solution</i>	T3 (G)	
<i>fluocinolone acetonide scalp</i>	T3 (G)	
<i>fluocinonide emulsified base</i>	T5 (NP)	
<i>fluocinonide external</i>	T3 (G)	
<i>fluorouracil external cream</i>	T5 (NP)	

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Drug Name	Drug Tier	Notes
<i>fluorouracil external solution</i>	T3 (G)	
<i>flurandrenolide external cream</i>	T5 (NP)	
<i>fluticasone propionate external cream</i>	T3 (G)	
<i>fluticasone propionate external ointment</i>	T3 (G)	
<i>halcinonide</i>	T5 (NP)	PA; ST
<i>halobetasol propionate external cream</i>	T5 (NP)	
<i>halobetasol propionate external ointment</i>	T5 (NP)	
<i>hydrocortisone butyrate external solution</i>	T3 (G)	
<i>hydrocortisone cream 1 % external (rx)</i>	T3 (G)	
<i>hydrocortisone external cream 2.5 %</i>	T2 (PG)	
<i>hydrocortisone external lotion 2.5 %</i>	T3 (G)	
<i>hydrocortisone external ointment 2.5 %</i>	T3 (G)	
<i>hydrocortisone ointment 1 % external (rx)</i>	T3 (G)	
<i>hydrocortisone valerate external cream</i>	T5 (NP)	
<i>imiquimod external cream 5 %</i>	T3 (G)	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T5 (NP)	
<i>ivermectin external cream</i>	T5 (NP)	
<i>lactic acid e</i>	T3 (G)	
<i>lactic acid external</i>	T3 (G)	
<i>methoxsalen rapid</i>	T5 (NP)	
<i>metronidazole external cream</i>	T3 (G)	
<i>metronidazole external gel 0.75 %</i>	T3 (G)	
<i>mometasone furoate external</i>	T3 (G)	
NEO-SYNALAR	T5 (NP)	
<i>neuac</i>	T3 (G)	
<i>pimecrolimus</i>	T5 (NP)	PA; ST; QL
<i>podofilox external solution</i>	T3 (G)	
REGRANEX	T5 (NP)	PA
SANTYL	T5 (NP)	QL
<i>selenium sulfide external lotion</i>	T3 (G)	
<i>sulfacetamide sodium (acne)</i>	T5 (NP)	
<i>tacrolimus external</i>	T5 (NP)	QL
<i>tazarotene external cream 0.1 %</i>	T5 (NP)	PA
<i>tretinoin external cream 0.025 %, 0.05 %</i>	T4 (PB)	
<i>tretinoin external cream 0.1 %</i>	T5 (NP)	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T5 (NP)	
<i>triamcinolone acetonide external cream</i>	T2 (PG)	

Drug Name	Drug Tier	Notes
<i>triamcinolone acetonide external lotion</i>	T3 (G)	
<i>triamcinolone acetonide external ointment 0.025 % , 0.5 %</i>	T3 (G)	
<i>triamcinolone acetonide external ointment 0.1 %</i>	T2 (PG)	
<i>triamcinolone acetonide ointment 0.1 % external</i>	T2 (PG)	
<i>triderm</i>	T2 (PG)	
<i>zenatane</i>	T5 (NP)	
<b>Diabetes - Antidiabetic Agents</b>		
<i>acarbose oral</i>	T5 (NP)	
BYDUREON BCISE AUTOINJECTOR	T4 (PB)	PA; \$0 HDHP; QL
BYETTA 10 MCG PEN	T4 (PB)	PA; \$0 HDHP; QL
BYETTA 5 MCG PEN	T4 (PB)	PA; \$0 HDHP; QL
FARXIGA	T4 (PB)	\$0 HDHP
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T2 (PG)	\$0 HDHP
<i>glipizide er</i>	T2 (PG)	\$0 HDHP
<i>glipizide oral tablet 10 mg, 5 mg</i>	T2 (PG)	\$0 HDHP
<i>glipizide xl</i>	T2 (PG)	\$0 HDHP
<i>glipizide-metformin hcl</i>	T5 (NP)	
<i>glyburide micronized</i>	T2 (PG)	\$0 HDHP
<i>glyburide oral</i>	T2 (PG)	\$0 HDHP
<i>glyburide-metformin</i>	T3 (G)	\$0 HDHP
GLYXAMBI	T4 (PB)	\$0 HDHP
JANUMET	T4 (PB)	PA; ST; \$0 HDHP
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	T4 (PB)	PA; ST; \$0 HDHP
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	T4 (PB)	PA; ST
JANUVIA	T4 (PB)	PA; ST; \$0 HDHP
JARDIANCE	T4 (PB)	\$0 HDHP
JENTADUETO	T4 (PB)	PA; ST; \$0 HDHP
JENTADUETO XR	T4 (PB)	PA; ST; \$0 HDHP
LIRAGLUTIDE	T4 (PB)	PA; \$0 HDHP; QL
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	T2 (PG)	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	T3 (G)	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T2 (PG)	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
MOUNJARO	T4 (PB)	PA; QL
<i>nateglinide</i>	T5 (NP)	

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Drug Name	Drug Tier	Notes
<i>pioglitazone hcl</i>	T3 (G)	\$0 HDHP
<i>repaglinide</i>	T5 (NP)	
SOLIQUA	T4 (PB)	
SYNJARDY	T4 (PB)	\$0 HDHP
SYNJARDY XR	T4 (PB)	\$0 HDHP
TRADJENTA	T4 (PB)	PA; ST; \$0 HDHP
TRULICITY	T4 (PB)	PA; QL
XIGDUO XR	T4 (PB)	\$0 HDHP
XULTOPHY	T4 (PB)	
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK FASTCLIX LANCET KIT	T4 (PB)	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	T4 (PB)	
AUTOOPEN	T5 (NP)	
BD PEN	T5 (NP)	
BD PEN MINI	T5 (NP)	
CARESENS LANCETS 30G	T4 (PB)	\$0 HDHP
CEQUR SIMPLICITY 2U 10PK	T4 (PB)	
CHEMSTRIP 10 MD	T5 (NP)	
CHEMSTRIP 10/SG	T5 (NP)	
CHEMSTRIP 2 GP	T5 (NP)	
CHEMSTRIP 5 OB	T5 (NP)	
CHEMSTRIP 7	T5 (NP)	
CHEMSTRIP 9	T5 (NP)	
CHEMSTRIP K	T5 (NP)	
CHEMSTRIP UGK	T5 (NP)	
CHOSEN LANCETS 30G	T4 (PB)	\$0 HDHP
CHOSEN SAFETY LANCETS 28G	T4 (PB)	\$0 HDHP
CLEVER CHOICE COMFORT EZ	T4 (PB)	\$0 HDHP
COMFORT TOUCH TWIST LANCET 30G	T4 (PB)	\$0 HDHP
DEXCOM G6 RECEIVER	T4 (PB)	PA
DEXCOM G6 SENSOR	T4 (PB)	PA
DEXCOM G6 TRANSMITTER	T4 (PB)	PA
DEXCOM G7 RECEIVER	T4 (PB)	PA
DEXCOM G7 SENSOR	T4 (PB)	PA
GUARDIAN 4 GLUCOSE SENSOR	T5 (NP)	PA
GUARDIAN 4 TRANSMITTER	T5 (NP)	PA
GUARDIAN CONNECT TRANSMITTER	T5 (NP)	PA
GUARDIAN LINK 3 TRANSMITTER	T5 (NP)	PA

Drug Name	Drug Tier	Notes
GUARDIAN REAL-TIME CHARGER	T5 (NP)	
GUARDIAN REAL-TIME REPLACE PED	T5 (NP)	PA
GUARDIAN REAL-TIME TEST PLUG	T5 (NP)	
GUARDIAN SENSOR (3)	T5 (NP)	PA
GUARDIAN SENSOR 3	T5 (NP)	PA
INPEN 100-BLUE-LILLY-HUMALOG	T5 (NP)	
INPEN 100-BLUE-NOVOLOG-FIASP	T5 (NP)	
INPEN 100-GREY-LILLY-HUMALOG	T5 (NP)	
INPEN 100-GREY-NOVOLOG-FIASP	T5 (NP)	
INPEN 100-PINK-LILLY-HUMALOG	T5 (NP)	
INPEN 100-PINK-NOVOLOG-FIASP	T5 (NP)	
KETO-DIASTIX	T5 (NP)	
KETONE CARE	T5 (NP)	
KETONE TEST	T5 (NP)	
KETOSTIX	T5 (NP)	
LANCETS	T4 (PB)	\$0 HDHP
LANCETS SUPER THIN	T4 (PB)	\$0 HDHP
MINIMED 630G GUARDIAN PRESS	T5 (NP)	PA
MULTISTIX 10 SG	T5 (NP)	
NOVOPEN ECHO	T5 (NP)	
ONETOUCH DELICA PLUS LANCING	T5 (NP)	
ONETOUCH DELICA SAFETY LANCING	T4 (PB)	\$0 HDHP
ONETOUCH ULTRA 2 KIT W/DEVICE	T1 (\$0)	
ONETOUCH ULTRA BLUE TEST	T4 (PB)	\$0 HDHP; QL
ONETOUCH ULTRA CONTROL	T4 (PB)	\$0 HDHP
ONETOUCH ULTRA IN VITRO LIQUID	T4 (PB)	\$0 HDHP
ONETOUCH ULTRA IN VITRO STRIP	T4 (PB)	\$0 HDHP; QL
ONETOUCH ULTRA TEST STRIPS	T4 (PB)	\$0 HDHP; QL
ONETOUCH VERIO FLEX SYSTEM	T1 (\$0)	
ONETOUCH VERIO IN VITRO LIQUID	T4 (PB)	\$0 HDHP
ONETOUCH VERIO TEST STRIPS	T4 (PB)	\$0 HDHP; QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	T1 (\$0)	
PERFECT POINT SAFETY LANCETS	T4 (PB)	\$0 HDHP
RELION KETONE TEST	T5 (NP)	
TECHLITE LANCETS 26G	T4 (PB)	\$0 HDHP
UNISTIK NORMAL	T4 (PB)	\$0 HDHP
VERIFINE SAFE LANCET MINI 21G	T4 (PB)	\$0 HDHP
VERIFINE SAFE LANCET MINI 23G	T4 (PB)	\$0 HDHP

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Drug Name	Drug Tier	Notes
VERIFINE SAFE LANCET MINI 28G	T4 (PB)	\$0 HDHP
VERIFINE SAFE LANCET MINI 30G	T4 (PB)	\$0 HDHP
VIVAGUARD LANCETS 30G	T4 (PB)	\$0 HDHP
VIVAGUARD SAFETY LANCETS 28G	T4 (PB)	\$0 HDHP
<b>Diabetes - Glycemic Agents</b>		
BAQSIMI ONE PACK	T4 (PB)	
BAQSIMI TWO PACK	T4 (PB)	
<i>diazoxide oral</i>	T5 (NP)	
<i>glucagon emergency kit</i>	T3 (G)	
GLUCAGON EMERGENCY KIT	T4 (PB)	
<b>Diabetes - Insulins</b>		
AQ INSULIN SYRINGE	T4 (PB)	\$0 HDHP
BD ULTRA-FINE INSULIN SYRINGES 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML	T4 (PB)	\$0 HDHP
DROPSAFE SAFETY SYRINGE/NEEDLE	T4 (PB)	\$0 HDHP
HUMALOG MIX 50/50 KWIKPEN	T4 (PB)	\$0 HDHP
HUMULIN R U-500 KWIKPEN	T4 (PB)	\$0 HDHP
HUMULIN R U-500 VIAL	T4 (PB)	\$0 HDHP
INSULIN DEGLUDEC	T5 (NP)	PA
INSULIN DEGLUDEC FLEXTOUCH	T5 (NP)	PA
INSULIN GLARGINE-YFGN	T4 (PB)	\$0 HDHP

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	T4 (PB)	\$0 HDHP
LEVEMIR U-100 VIAL	T5 (NP)	PA
NOVOLIN 70/30 FLEXPEN	T4 (PB)	\$0 HDHP
NOVOLIN 70/30 FLEXPEN RELION	T4 (PB)	\$0 HDHP
NOVOLIN 70/30 RELION	T4 (PB)	\$0 HDHP
NOVOLIN 70/30 VIAL	T4 (PB)	\$0 HDHP
NOVOLIN N FLEXPEN	T4 (PB)	\$0 HDHP
NOVOLIN N FLEXPEN RELION	T4 (PB)	\$0 HDHP
NOVOLIN N RELION	T4 (PB)	\$0 HDHP
NOVOLIN N VIAL	T4 (PB)	\$0 HDHP
NOVOLIN R FLEXPEN	T4 (PB)	\$0 HDHP
NOVOLIN R FLEXPEN RELION	T4 (PB)	\$0 HDHP
NOVOLIN R RELION	T4 (PB)	\$0 HDHP
NOVOLIN R VIAL	T4 (PB)	\$0 HDHP
NOVOLOG 70/30 FLEXPEN RELION	T4 (PB)	\$0 HDHP
NOVOLOG FLEXPEN	T4 (PB)	\$0 HDHP
NOVOLOG FLEXPEN RELION	T4 (PB)	\$0 HDHP
NOVOLOG MIX 70/30 FLEXPEN	T4 (PB)	\$0 HDHP
NOVOLOG MIX 70/30 RELION	T4 (PB)	\$0 HDHP
NOVOLOG MIX 70/30 VIAL	T4 (PB)	\$0 HDHP
NOVOLOG PENFILL	T4 (PB)	\$0 HDHP
NOVOLOG RELION	T4 (PB)	\$0 HDHP
NOVOLOG U-100 VIAL	T4 (PB)	\$0 HDHP
REZVOGLAR KWIKPEN	T4 (PB)	\$0 before deductible for some plans
ULTICARE INSULIN SYR 1/2 UNIT	T4 (PB)	\$0 HDHP
ULTIGUARD SAFEPACK SYR/NEEDLE	T4 (PB)	\$0 HDHP



Drug Name	Drug Tier	Notes
VERIFINE INSULIN SYRINGE	T4 (PB)	\$0 HDHP
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
AIRAVITE	T3 (G)	
ATABEX	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
BIOCEL	T3 (G)	
<i>bp vit 3</i>	T3 (G)	
<i>b-plex</i>	T3 (G)	
<i>b-plex plus</i>	T3 (G)	
CADEAU DHA	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>carglumic acid</i>	T6 (SP)	PA; SP-ORx
CENTRUM SPECIALIST PRENATAL	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
CHEMET	T5 (NP)	
<i>classic prenatal</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>corvita 150</i>	T3 (G)	
<i>cvs folic acid</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>cvs prenatal</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>cvs prenatal gummy oral tablet chewable 0.4 mg, 0.4-113.5 mg</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>cvs prenatal multi+dha</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>cv's prenatal multivitamin</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T3 (G)	
<i>cyanocobalamin nasal</i>	T3 (G)	
<i>deferasirox oral tablet soluble</i>	T5 (NP)	PA
<i>deferiprone</i>	T5 (NP)	PA
ENFAMIL EXPECTA	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>eql prenatal formula</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>ergocalciferol oral capsule</i>	T3 (G)	
<i>fa-8</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>fa-vitamin b-6-vitamin b-12</i>	T3 (G)	
<i>ferottrinsic</i>	T3 (G)	
<i>folate</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
FOLBEE	T3 (G)	
<i>folbee plus</i>	T3 (G)	
<i>folic acid oral capsule 0.8 mg</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>folic acid oral tablet 1 mg</i>	T3 (G)	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>folplex 2.2</i>	T3 (G)	
<i>foltrin</i>	T3 (G)	
<i>ft folic acid</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>ft prenatal</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>gnp folic acid</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>gnp prenatal</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
HEALTHY MAMA BE WELL ROUNDED	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>hydroxocobalamin acetate</i>	T3 (G)	
<i>iodine strong oral</i>	T3 (G)	
<i>klor-con 10</i>	T3 (G)	
<i>klor-con m10</i>	T3 (G)	
<i>klor-con m15</i>	T3 (G)	
<i>klor-con m20</i>	T3 (G)	
<i>klor-con oral packet</i>	T5 (NP)	
<i>klor-con oral tablet extended release</i>	T3 (G)	
<i>kp folic acid oral tablet 800 mcg</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>kp prenatal multivitamins</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
K-PHOS	T5 (NP)	
<i>k-tan plus</i>	T3 (G)	
<i>levocarnitine oral solution</i>	T4 (PB)	
<i>levocarnitine oral tablet</i>	T4 (PB)	
<i>levocarnitine sf</i>	T4 (PB)	
LYSIPLEX PLUS ORAL TABLET	T3 (G)	
MASONATAL	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>multi prenatal</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>multivitamin w/fluoride</i>	T3 (G)	
<i>multi-vitamin/fluoride</i>	T3 (G)	
<i>multivitamin/fluoride oral tablet chewable</i>	T3 (G)	
<i>multi-vitamin/fluorideliron</i>	T3 (G)	
<i>na ferric gluc cplx in sucrose</i>	T3 (G)	
NASCOBAL	T5 (NP)	
NEONATAL PRENATAL	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
NEONATAL VITAMIN	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nephronex oral tablet</i>	T3 (G)	
NUFOL	T3 (G)	
NUTRIFAC ZX	T3 (G)	
ONE VITE WOMENS	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
ONE-A-DAY WOMENS PRENATAL 1	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
PHOSPHO-TRIN K500	T5 (NP)	
<i>phytonadione injection solution 1 mg/0.5ml</i>	T3 (G)	
<i>phytonadione injection solution 10 mg/ml</i>	T5 (NP)	
<i>phytonadione oral</i>	T5 (NP)	
<i>pnv-dha</i>	T3 (G)	
<i>pnv-dha+docusate</i>	T3 (G)	
<i>pnv-omega</i>	T3 (G)	
<i>pnv-select</i>	T3 (G)	
<i>polysaccharide iron forte</i>	T3 (G)	
<i>potassium chloride crys er</i>	T3 (G)	
<i>potassium chloride er</i>	T3 (G)	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>potassium chloride intravenous solution 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	T3 (G)	
<i>potassium chloride oral packet</i>	T5 (NP)	
<i>potassium chloride oral solution</i>	T3 (G)	
<i>potassium citrate er</i>	T4 (PB)	
<i>prenatal (w/iron &amp; fa)</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>prenatal 19 oral tablet 29-1 mg</i>	T3 (G)	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T3 (G)	
<i>prenatal complete oral tablet</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>prenatal formula</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>prenatal forte</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>prenatal gummies/dha &amp; fa</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>prenatal multi +dha</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
PRENATAL MULTIVITAMIN + DHA	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>prenatal multivitamin plus dha</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>prenatal one daily</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>prenatal oral tablet 27-1 mg</i>	T2 (PG)	
<i>prenatal plus</i>	T2 (PG)	
<i>prenatal plus vitamin/mineral</i>	T2 (PG)	
<i>prenatal vitamin and mineral</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>prenatal vitamins</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>prenatal folic acid+dha</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>prenatal iron</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>purevit dualfe plus</i>	T3 (G)	
<i>pyridoxine hcl injection</i>	T3 (G)	
<i>qc folic acid</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>qc prenatal</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>ra folic acid</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>ra prenatal</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>ra prenatal formula</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>se-tan plus</i>	T3 (G)	

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Drug Name	Drug Tier	Notes
SIMILAC PRENATAL EARLY SHIELD	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>sm folic acid</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>sm one daily prenatal</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>sm prenatal vitamins</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>sod citrate-citric acid</i>	T3 (G)	
<i>sodium acetate intravenous solution 2 meq/ml</i>	T5 (NP)	
<i>sodium fluoride oral</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>sodium polystyrene sulfonate</i>	T3 (G)	
SPS (SODIUM POLYSTYRENE SULF)	T5 (NP)	
STUART ONE	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>thiamine hcl injection</i>	T3 (G)	
<i>trientine hcl oral capsule 250 mg</i>	T6 (SP)	PA
<i>trigels-f forte</i>	T3 (G)	
<i>triphrocaps</i>	T3 (G)	
<i>tri-vitel/fluoride</i>	T3 (G)	
TRUE FOLIC ACID ORAL TABLET 400 MCG	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>v-c forte</i>	T3 (G)	
VITA S FORTE	T3 (G)	
VITACEL	T3 (G)	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	T3 (G)	
<i>vitamin k1 injection solution 1 mg/0.5ml</i>	T3 (G)	
<i>vitamin k1 injection solution 10 mg/ml</i>	T5 (NP)	

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Drug Name	Drug Tier	Notes
wescaps	T3 (G)	
WESTAB ONE	T3 (G)	
yl folic acid	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
cimetidine hcl	T3 (G)	
cimetidine oral	T3 (G)	
esomeprazole magnesium oral capsule delayed release	T3 (G)	
famotidine (pf)	T3 (G)	
famotidine oral suspension reconstituted	T5 (NP)	
famotidine oral tablet 40 mg	T3 (G)	
famotidine tablet 20 mg oral (rx)	T2 (PG)	
lansoprazole oral capsule delayed release	T3 (G)	QL
misoprostol oral	T3 (G)	
nizatidine	T3 (G)	
omeprazole oral capsule delayed release	T2 (PG)	QL
pantoprazole sodium intravenous	T3 (G)	QL
pantoprazole sodium oral tablet delayed release	T2 (PG)	QL
rabeprazole sodium oral tablet delayed release	T4 (PB)	QL
sucralfate oral tablet	T2 (PG)	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
alosetron hcl	T5 (NP)	PA
alvimopan	T3 (G)	
amoxicill-clarithro-lansopraz	T5 (NP)	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml	T3 (G)	
bis subcit-metronid-tetracyc	T5 (NP)	
bisacodyl ec	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
bisacodyl oral	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
bismuth/metronidaz/tetracyclin	T5 (NP)	
citrate of magnesia	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
citroma	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>clearlax</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>constulose</i>	T2 (PG)	
<i>cromolyn sodium oral</i>	T5 (NP)	
<i>cvs c-lax laxative</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>cvs gentle laxative oral</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>cvs gentle laxative womens</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>cvs magnesium citrate</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>cvs purelax oral powder</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>dicyclomine hcl oral capsule</i>	T2 (PG)	
<i>dicyclomine hcl oral solution</i>	T3 (G)	
<i>dicyclomine hcl oral tablet</i>	T2 (PG)	
<i>diphenoxylate-atropine oral tablet</i>	T3 (G)	
<i>enulose</i>	T3 (G)	
<i>eq clearlax</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>eq gentle laxative</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>eq magnesium citrate</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>eq clearlax</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>eq gentle laxative</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>eq laxative oral tablet delayed release</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>eq magnesium citrate</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ft clearlax</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ft laxative</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ft magnesium citrate</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
GATTEX	T6 (SP)	PA
<i>gavilax oral powder</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>gavilyte-c</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>gavilyte-g</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>gavilyte-n with flavor pack</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>generlac</i>	T3 (G)	
<i>gentle laxative oral tablet delayed release</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>gentlelax</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>glycolax</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T3 (G)	
<i>glycopyrrolate oral solution</i>	T3 (G)	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T3 (G)	QL
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml</i>	T3 (G)	
<i>gnp clearlax oral powder</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>gnp gentle laxative oral</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>gnp magnesium citrate</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>gnp womens gentle laxative</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>gnp womens laxative oral tablet delayed release 5 mg</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>goodsense bisacodyl ec</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>goodsense bisacodyl laxative</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>goodsense clearlax</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>goodsense magnesium citrate</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>hm clearlax</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>hyoscyamine sulfate oral</i>	T3 (G)	
<i>hyoscyamine sulfate sublingual</i>	T3 (G)	
<i>kls laxaclear</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL

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Drug Name	Drug Tier	Notes
<i>kp bisacodyl</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>lactulose encephalopathy</i>	T3 (G)	
<i>lactulose oral solution</i>	T2 (PG)	
<i>laxative oral</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
LINZESS	T4 (PB)	PA; ST; QL
<i>loperamide hcl oral capsule</i>	T3 (G)	
<i>lubiprostone</i>	T5 (NP)	QL
<i>magnesium citrate oral solution</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>methscopolamine bromide oral</i>	T5 (NP)	
<i>mineral oil heavy oral</i>	T3 (G)	
<i>mm clearlax</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
MOTEGRITY	T5 (NP)	PA; ST; QL
MOTOFEN	T5 (NP)	PA
<i>na sulfate-k sulfate-mg sulf</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
OMECLAMOX-PAK	T4 (PB)	
<i>peg 3350 oral powder</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>peg 3350-kcl-na bicarb-nacl</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>peg-3350/electrolytes</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>peg-3350/electrolytes/ascorbat</i>	T3 (G)	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T3 (G)	
PLENVU	T5 (NP)	PA; ST
<i>polyethylene glycol 3350 oral powder</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>polyethylene glycol 3350-grx oral powder</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>qc gentle laxative oral</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>qc gentle laxative womens</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>qc laxative</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>qc magnesium citrate</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL

Drug Name	Drug Tier	Notes
<i>qc natura-lax</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ra laxative oral powder</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ra laxative oral tablet delayed release</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ra magnesium citrate</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ra womens laxative</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
REBYOTA	T6 (SP)	PA
<i>sb bisacodyl laxative ec</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>sb gentle lax-women</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>sb magnesium citrate</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>sb polyethylene glycol 3350</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>sm clearlax</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>sm gentle laxative</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>smooth lax oral powder</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
SYMPROIC	T4 (PB)	PA; ST; QL
<i>true laxative</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ursodiol oral capsule 300 mg</i>	T5 (NP)	
<i>ursodiol oral tablet</i>	T5 (NP)	
<i>womans laxative</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>womens laxative</i>	T3 PV	\$0 for age 45-75 years for 2 fills per year; QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
<i>betaine</i>	T6 (SP)	
CERDELGA	T6 (SP)	PA; SP-ORx
CHOLBAM	T6 (SP)	PA
CREON	T4 (PB)	
CYSTAGON	T6 (SP)	
EVRYSDI	T6 (SP)	PA; QL

Drug Name	Drug Tier	Notes
GALAFOLD	T6 (SP)	PA; QL
<i>miglustat</i>	T6 (SP)	PA
MYALEPT	T6 (SP)	PA
<i>nitisinone</i>	T6 (SP)	PA
OCALIVA	T6 (SP)	
ORFADIN ORAL SUSPENSION	T6 (SP)	PA
REVCOVI	T6 (SP)	PA
<i>sapropterin dihydrochloride</i>	T6 (SP)	PA
<i>sod benz-sod phenylacet</i>	T3 (G)	
<i>sodium phenylbutyrate oral</i>	T6 (SP)	PA
SUCRAID	T6 (SP)	PA
<i>yargesa</i>	T6 (SP)	PA
ZENPEP	T4 (PB)	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
<i>acetic acid irrigation</i>	T3 (G)	
<i>bethanechol chloride oral</i>	T3 (G)	
<i>calcium acetate (phos binder)</i>	T3 (G)	
<i>calcium acetate oral tablet 667 mg</i>	T3 (G)	
<i>darifenacin hydrobromide er</i>	T5 (NP)	
ELMIRON	T5 (NP)	PA
<i>fesoterodine fumarate er</i>	T5 (NP)	
<i>flavoxate hcl</i>	T3 (G)	
FOSRENOL ORAL PACKET	T5 (NP)	
<i>glycine irrigation</i>	T3 (G)	
<i>glycine urologic</i>	T3 (G)	
INTRAROSA	T5 (NP)	PA; ST
<i>lanthanum carbonate</i>	T5 (NP)	
<i>mirabegron er</i>	T4 (PB)	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T4 (PB)	
<i>oxybutynin chloride er</i>	T3 (G)	
<i>oxybutynin chloride oral solution</i>	T3 (G)	
<i>oxybutynin chloride oral tablet 5 mg</i>	T3 (G)	
<i>penicillamine oral tablet</i>	T6 (SP)	
<i>phenazo oral tablet 200 mg</i>	T2 (PG)	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T2 (PG)	
RENACIDIN	T5 (NP)	
<i>sevelamer carbonate oral tablet</i>	T5 (NP)	

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Drug Name	Drug Tier	Notes
<i>solifenacin succinate</i>	T3 (G)	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T3 (G)	PA; QL
<i>tiopronin oral tablet</i>	T6 (SP)	
<i>tolterodine tartrate</i>	T4 (PB)	
<i>tolterodine tartrate er</i>	T4 (PB)	
<i>tropium chloride</i>	T3 (G)	
VELPHORO	T5 (NP)	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
<i>alfuzosin hcl er</i>	T3 (G)	
<i>dutasteride oral</i>	T3 (G)	
<i>finasteride oral tablet 5 mg</i>	T2 (PG)	
<i>silodosin</i>	T4 (PB)	
<i>tamsulosin hcl</i>	T2 (PG)	
<i>terazosin hcl</i>	T2 (PG)	
<b>Hormonal Agents - Adrenal</b>		
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	T5 (NP)	
<i>dexamethasone intensol</i>	T2 (PG)	
<i>dexamethasone oral elixir</i>	T5 (NP)	
<i>dexamethasone oral solution</i>	T2 (PG)	
<i>dexamethasone oral tablet</i>	T2 (PG)	
<i>dexamethasone sod phos +rfid</i>	T3 (G)	
<i>dexamethasone sod phosphate pf</i>	T3 (G)	
<i>dexamethasone sodium phosphate injection</i>	T3 (G)	
<i>fludrocortisone acetate oral</i>	T3 (G)	
<i>hydrocortisone oral</i>	T2 (PG)	
KENALOG-10	T5 (NP)	
KENALOG-80	T5 (NP)	
<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	T3 (G)	
<i>methylprednisolone acetate suspension 80 mg/ml injection</i>	T3 (G)	
<i>methylprednisolone oral</i>	T2 (PG)	
<i>prednisolone oral solution</i>	T2 (PG)	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>	T2 (PG)	QL
<i>prednisone oral tablet</i>	T2 (PG)	
<i>prednisone oral tablet therapy pack</i>	T2 (PG)	

Drug Name	Drug Tier	Notes
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	T5 (NP)	
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 80 MG/ML	T5 (NP)	
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	T3 (G)	
<b>Hormonal Agents - Men's Health</b>		
<i>danazol oral</i>	T5 (NP)	
<i>testosterone cypionate intramuscular</i>	T3 (G)	PA
<i>testosterone enanthate intramuscular</i>	T3 (G)	PA
<i>testosterone transdermal gel 1.62 %, 12.5 mg/lact (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i>	T5 (NP)	PA
<i>testosterone transdermal solution</i>	T5 (NP)	PA
<b>Hormonal Agents - Pituitary</b>		
<i>cabergoline</i>	T3 (G)	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	T6 (SP)	PA
<i>clomiphene citrate oral</i>	T3 (G)	
<i>desmopressin ace spray refrig</i>	T5 (NP)	
<i>desmopressin acetate oral</i>	T5 (NP)	
<i>desmopressin acetate spray</i>	T5 (NP)	
INCRELEX	T6 (SP)	PA; SP-ORx
<i>leuprolide acetate injection</i>	T6 (SP)	PA
LUPRON DEPOT (1-MONTH)	T6 (SP)	PA
LUPRON DEPOT (3-MONTH)	T6 (SP)	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	T6 (SP)	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	T6 (SP)	PA
LUPRON DEPOT-PED (1-MONTH)	T6 (SP)	PA
LUPRON DEPOT-PED (3-MONTH)	T6 (SP)	PA
LUPRON DEPOT-PED (6-MONTH)	T6 (SP)	PA
NORDITROPIN FLEXPPO	T6 (SP)	PA; SP-QTZ
NUTROPIN AQ NUSPIN 10	T6 (SP)	PA; SP-QTZ
NUTROPIN AQ NUSPIN 20	T6 (SP)	PA; SP-QTZ
NUTROPIN AQ NUSPIN 5	T6 (SP)	PA; SP-QTZ
<i>octreotide acetate injection</i>	T6 (SP)	PA
<i>octreotide acetate subcutaneous</i>	T6 (SP)	PA
OMNITROPE	T6 (SP)	PA; SP-QTZ

Drug Name	Drug Tier	Notes
<i>oxytocin injection</i>	T3 (G)	
PREGNYL	T6 (SP)	PA
SIGNIFOR	T6 (SP)	PA; QL
SOMAVERT	T6 (SP)	PA; SP-ORx
SYNAREL	T4 (PB)	
<i>vasopressin</i>	T3 (G)	
<i>vasopressin +rfid</i>	T3 (G)	
<b>Hormonal Agents - Prostaglandins</b>		
<i>mifepristone oral tablet 200 mg</i>	T3 (G)	
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA	T5 (NP)	
<i>raloxifene hcl</i>	T3 (G)	\$0 for breast cancer PX
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
<i>afirmelle</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>aftera</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>altavera</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>alyacen 1/35</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>alyacen 7/7/7</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>amethyst</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
ANNOVERA	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>apri</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>aranelle</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>ashlyna</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>aubra eq</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>aurovela 1.5/30</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>aurovela 1/20</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>aurovela 24 fe</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>aurovela fe 1.5/30</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>aurovela fe 1/20</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>aviane</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>ayuna</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>azurette</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>balziva</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>blisovi 24 fe</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>blisovi fe 1.5/30</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>blisovi fe 1/20</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>briellyn</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>camila</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>camrese</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>camrese lo</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>charlotte 24 fe</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>chateal eq</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
COMBIPATCH	T5 (NP)	

Drug Name	Drug Tier	Notes
<i>cryselle-28</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>curae</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>cyred eq</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>dasetta 1/35</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>dasetta 7/7/7</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>daysee</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>deblitane</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>delyla</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
DEPO-SUBQ PROVERA 104	T5 (NP)	\$0 for MN plans; QL
<i>desogestrel-ethinyl estradiol</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>dolishale</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>dotti</i>	T5 (NP)	
<i>drospiren-eth estrad-levomefol</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>drospirenone-ethinyl estradiol</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
DUAVEE	T4 (PB)	
<i>econtra one-step</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>elinest</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
ELLA	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>eluryng</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>emzahh</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>enilloring</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>enpresse-28</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>enskyce</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>errin</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>estarylla</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>estradiol oral</i>	T2 (PG)	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	T3 (G)	
<i>estradiol transdermal patch twice weekly</i>	T5 (NP)	
<i>estradiol transdermal patch weekly</i>	T3 (G)	
<i>estradiol vaginal cream</i>	T3 (G)	
<i>estradiol vaginal tablet</i>	T5 (NP)	
<i>estradiol-norethindrone acet</i>	T3 (G)	
<i>ethynodiol diac-eth estradiol</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>etonogestrel-ethinyl estradiol</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>falmina</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>finzala</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>fyavolv</i>	T4 (PB)	
<i>gallifrey</i>	T3 (G)	
<i>gemmily</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>hailey 1.5/30</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>hailey 24 fe</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>hailey fe 1.5/30</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>hailey fe 1/20</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>haloette</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>heather</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>her style</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>iclevia</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>incassia</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>introvale</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>isibloom</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>jaimiess</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>jasmiel</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>jencycla</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>jinteli</i>	T4 (PB)	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>jolessa</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>joyeaux</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>juleber</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>junel 1.5/30</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>junel 1/20</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>junel fe 1.5/30</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>junel fe 1/20</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>junel fe 24</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>kaitlib fe</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>kalliga</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>kariva</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>kelnor 1/35</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>kelnor 1/50</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>kurvelo</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
KYLEENA	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>larin 1.5/30</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>larin 1/20</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>larin 24 fe</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>larin fe 1.5/30</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>larin fe 1/20</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>layolis fe</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>leena</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.



Drug Name	Drug Tier	Notes
<i>lessina</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>levonest</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>levonorgest-eth est &amp; eth est</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>levonorgest-eth estrad 91-day</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>levonorgest-eth estradiol-iron</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>levonorgestrel</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>levonorgestrel-ethinyl estrad</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>levonorg-eth estrad triphasic</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>levora 0.15/30 (28)</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
LILETTA (52 MG)	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>lojaimiess</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL

Drug Name	Drug Tier	Notes
<i>loryna</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>low-ogestrel</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>lo-zumandimine</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>lutera</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>lyleq</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>lyllana</i>	T5 (NP)	
<i>lyza</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>marlissa</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>medroxyprogesterone acetate intramuscular</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>medroxyprogesterone acetate oral</i>	T2 (PG)	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	T3 (G)	
<i>megestrol acetate oral tablet 20 mg</i>	T2 (PG)	
<i>megestrol acetate oral tablet 40 mg</i>	T3 (G)	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T4 (PB)	
<i>merzee</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>mibelas 24 fe</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>microgestin 1.5/30</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>microgestin 1/20</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>microgestin fe 1.5/30</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>microgestin fe 1/20</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>mili</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>mimvey</i>	T3 (G)	
MIRENA (52 MG)	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>mono-lynyah</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>my choice</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>my way</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
NATAZIA	T4 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>necon 0.5/35 (28)</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>new day</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
NEXPLANON	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nikki</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nora-be</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norelgestromin-eth estradiol</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norethin ace-eth estrad-fe</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norethindrone acetate oral</i>	T3 (G)	
<i>norethindrone acet-ethinyl est</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norethindrone oral</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norethindrone-eth estradiol</i>	T4 (PB)	
<i>norethindron-ethinyl estrad-fe</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norethin-eth estradiol-fe</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norgestimate-ethinyl estradiol triphasic</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>norlyroc</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nortrel 0.5/35 (28)</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nortrel 1/35 (21)</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nortrel 1/35 (28)</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nortrel 7/7/7</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nylia 1/35</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>nylia 7/7/7</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>ocella</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>opcicon one-step</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
OPILL	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>option 2</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
PARAGARD INTRAUTERINE COPPER	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>philith</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>pimtrea</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>portia-28</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
PREMARIN ORAL	T4 (PB)	
PREMARIN VAGINAL	T4 (PB)	
PREMPHASE	T4 (PB)	
PREMPRO	T4 (PB)	
<i>progesterone intramuscular</i>	T3 (G)	
<i>progesterone oral</i>	T3 (G)	
<i>react</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>reclipsen</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>rivelsa</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
<i>setlakin</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL

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Drug Name	Drug Tier	Notes
<i>sharobel</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>simliya</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>simpesse</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.; QL
SKYLA	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>sprintec 28</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>sronyx</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>syeda</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>take action</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tarina 24 fe</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tarina fe 1/20 eq</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>taysofy</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
<i>tilia fe</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-estarylla</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-legest fe</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-linyah</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-lo-estarylla</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-lo-marzia</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-lo-mili</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-lo-sprintec</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-mili</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-sprintec</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>trivora (28)</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>tri-vylibra</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tri-vylibra lo</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>turqoz</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>tydemy</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>velivet</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>vestura</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>vienva</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>viorele</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>volnea</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>vyfemla</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>vylibra</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>wera</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>wymzya fe</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>xulane</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>yuvafem</i>	T5 (NP)	
<i>zafemy</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>zovia 1/35 (28)</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>zumandimine</i>	T3 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<b>Hormonal Agents - Thyroid</b>		
<i>euthyrox</i>	T2 (PG)	
<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>	T2 (PG)	
<i>levo-t oral tablet 300 mcg</i>	T3 (G)	
<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>	T2 (PG)	
<i>levothyroxine sodium oral tablet 300 mcg</i>	T3 (G)	
<i>levoxyl</i>	T2 (PG)	
<i>liothyronine sodium intravenous</i>	T3 (G)	
<i>liothyronine sodium oral</i>	T3 (G)	
<i>methimazole oral</i>	T3 (G)	
<i>np thyroid</i>	T3 (G)	
<i>propylthiouracil oral</i>	T4 (PB)	
<i>thyroid oral</i>	T3 (G)	

Drug Name	Drug Tier	Notes
<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>	T2 (PG)	
<i>unithroid oral tablet 300 mcg</i>	T3 (G)	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	T6 (SP)	PA; SP-QTZ; QL
ACTEMRA SUBCUTANEOUS	T6 (SP)	PA; SP-QTZ; QL
ACTIMMUNE	T6 (SP)	PA; SP-ORx
ADALIMUMAB-ADAZ	T6 (SP)	PA; SP-QTZ; QL
ADALIMUMAB-FKJP (2 PEN)	T6 (SP)	PA; SP-QTZ; QL
ADALIMUMAB-FKJP (2 SYRINGE)	T6 (SP)	PA; SP-QTZ; QL
AVSOLA	T6 (SP)	PA
<i>azathioprine oral tablet 100 mg</i>	T5 (NP)	
<i>azathioprine oral tablet 50 mg</i>	T3 (G)	
BENLYSTA SUBCUTANEOUS	T6 (SP)	PA; SP-QTZ
BERINERT	T6 (SP)	PA; SP-ORx; QL
BEYFORTUS	T4 PV	\$0 for age 2 years or younger; QL
CIMZIA	T6 (SP)	PA; SP-QTZ; QL
CIMZIA (2 SYRINGE)	T6 (SP)	PA; SP-QTZ; QL
CIMZIA-STARTER	T6 (SP)	PA; SP-QTZ; QL
CINRYZE	T6 (SP)	PA; SP-ORx
COSENTYX (300 MG DOSE)	T6 (SP)	PA; SP-QTZ; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	T6 (SP)	PA; SP-QTZ; QL
COSENTYX SENSOREADY (300 MG)	T6 (SP)	PA; SP-QTZ; QL
COSENTYX SENSOREADY PEN	T6 (SP)	PA; SP-QTZ; QL
COSENTYX UNOREADY	T6 (SP)	PA; SP-QTZ; QL
<i>cyclosporine modified</i>	T4 (PB)	
<i>cyclosporine oral capsule 100 mg</i>	T5 (NP)	
<i>cyclosporine oral capsule 25 mg</i>	T4 (PB)	
ENBREL	T6 (SP)	PA; SP-QTZ; QL
ENBREL MINI	T6 (SP)	PA; SP-QTZ; QL
ENBREL SURECLICK	T6 (SP)	PA; SP-QTZ; QL
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T5 (NP)	
GAMIFANT	T6 (SP)	PA
<i>gengraf</i>	T4 (PB)	
HADLIMA	T6 (SP)	PA; SP-QTZ; QL
HADLIMA PUSHTOUCH	T6 (SP)	PA; SP-QTZ; QL

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Drug Name	Drug Tier	Notes
HEPAGAM B	T6 (SP)	
HIZENTRA	T6 (SP)	PA
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T6 (SP)	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	T6 (SP)	
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	T6 (SP)	PA; SP-QTZ; QL
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	T6 (SP)	PA; SP-QTZ; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	T6 (SP)	PA; SP-QTZ; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	T6 (SP)	PA; SP-QTZ; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML	T6 (SP)	PA; SP-QTZ; QL
HYRIMOZ-CROHNS/UC STARTER	T6 (SP)	PA; SP-QTZ; QL
HYRIMOZ-PED<40KG CROHN STARTER	T6 (SP)	PA; SP-QTZ; QL
HYRIMOZ-PED>/=40KG CROHN START	T6 (SP)	PA; SP-QTZ; QL
HYRIMOZ-PLAQ PSOR/UEVIT START	T6 (SP)	PA; SP-QTZ; QL
<i>icatibant acetate</i>	T6 (SP)	PA; QL
ILARIS	T6 (SP)	PA; QL
INFLECTRA	T6 (SP)	PA
KINERET	T6 (SP)	PA
<i>leflunomide oral</i>	T3 (G)	
<i>methotrexate sodium</i>	T3 (G)	
<i>methotrexate sodium (pf)</i>	T3 (G)	
MICRHOGAM ULTRA-FILTERED PLUS	T6 (SP)	
<i>mycophenolate mofetil hcl</i>	T5 (NP)	
<i>mycophenolate mofetil intravenous</i>	T5 (NP)	
<i>mycophenolate mofetil oral capsule</i>	T4 (PB)	
<i>mycophenolate mofetil oral suspension reconstituted</i>	T5 (NP)	
<i>mycophenolate mofetil oral tablet</i>	T4 (PB)	
<i>mycophenolate sodium</i>	T4 (PB)	
<i>mycophenolic acid</i>	T4 (PB)	
NABI-HB	T6 (SP)	
ORENCIA CLICKJECT	T6 (SP)	PA; SP-QTZ; QL
ORENCIA SUBCUTANEOUS	T6 (SP)	PA; SP-QTZ; QL
OTEZLA ORAL TABLET 30 MG	T6 (SP)	PA; SP-QTZ; QL

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Drug Name	Drug Tier	Notes
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T6 (SP)	PA; SP-QTZ; QL
RHOPHYLAC	T6 (SP)	
RINVOQ	T6 (SP)	PA; SP-QTZ; QL
SAJAZIR	T6 (SP)	PA; SP-ORx; QL
SIMPONI	T6 (SP)	PA; SP-QTZ; QL
SIMPONI ARIA	T6 (SP)	PA
<i>sirolimus oral</i>	T5 (NP)	
SKYRIZI INTRAVENOUS	T6 (SP)	PA
SKYRIZI PEN	T6 (SP)	PA; SP-QTZ; QL
SKYRIZI SUBCUTANEOUS	T6 (SP)	PA; SP-QTZ; QL
SPEVIGO SUBCUTANEOUS	T6 (SP)	PA; QL
STELARA INTRAVENOUS	T6 (SP)	PA
STELARA SUBCUTANEOUS	T6 (SP)	PA; SP-QTZ; QL
SYNAGIS	T6 (SP)	PA
<i>tacrolimus oral</i>	T4 (PB)	
<i>temsirolimus</i>	T6 (SP)	
TREMFYA INTRAVENOUS	T6 (SP)	PA
TREMFYA SUBCUTANEOUS	T6 (SP)	PA; SP-QTZ; QL
VEOPOZ	T6 (SP)	PA
XELJANZ	T6 (SP)	PA; SP-QTZ; QL
XELJANZ XR	T6 (SP)	PA; SP-QTZ; QL
<b>Immunological Agents - Drugs for Vaccination</b>		
ABRYOVO	T5 (NP)	\$0 for age 60 years and older or pregnancy; QL
ACTHIB	T4 PV	\$0 for age 6 years or younger
ADACEL	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
AFLURIA	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
AFLURIA PRESERVATIVE FREE	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
AREXVY	T5 (NP)	\$0 for age 60 years and older; QL

Drug Name	Drug Tier	Notes
BEXSERO	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
BOOSTRIX	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
COMIRNATY	T4 PV	Due to healthcare reform- PFIZER-BIONTECH COVID-19 vaccine may be available at \$0 copay
DAPTACEL	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
DENGVAXIA	T4 PV	\$0 if age 9-16 years
ENGERIX-B	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
FLUAD	T4 PV	\$0 if age 65 years and older
FLUARIX	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
FLUBLOK	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
FLUCELVAX	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
FLULAVAL	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
FLUMIST	T4 PV	\$0 if age 2-49 years
FLUZONE	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
FLUZONE HIGH-DOSE	T4 PV	\$0 if age 65 years and older
GARDASIL 9	T4 PV	\$0 for age 9-45 years

Drug Name	Drug Tier	Notes
HAVRIX	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
HEPLISAV-B	T4 PV	\$0 for age 18 years and older
HIBERIX	T4 PV	\$0 for age 6 years or younger
INFANRIX	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
IPOL	T4 PV	\$0 for age 17 years or younger
KINRIX	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
MENQUADFI	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
MENVEO	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
M-M-R II	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
MODERNA COVID-19 VAC 6M-11Y	T4 PV	Due to healthcare reform- MODERNA COVID-19 vaccine may be available at \$0 copay
NOVAVAX COVID-19 VACCINE	T4 PV	Due to healthcare reform- NOVAVAX COVID-19 vaccine may be available at \$0 copay
PEDIARIX	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
PEDVAX HIB	T4 PV	\$0 for age 6 years or younger
PENBRAYA	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
PENTACEL	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.

Drug Name	Drug Tier	Notes
PFIZER COVID-19 VAC-TRIS 5-11Y	T4 PV	Due to healthcare reform- PFIZER-BIONTECH COVID-19 vaccine may be available at \$0 copay
PFIZER COVID-19 VAC-TRIS 6M-4Y	T4 PV	Due to healthcare reform- PFIZER-BIONTECH COVID-19 vaccine may be available at \$0 copay
PNEUMOVAX 23	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	T4 PV	\$0 for age 18 years and older
PREVNAR 20	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
PRIORIX	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
PROQUAD	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
QUADRACEL	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
RECOMBIVAX HB	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
ROTARIX	T4 PV	\$0 for age 8 months or younger
ROTATEQ	T4 PV	\$0 for age 8 months or younger
SHINGRIX	T4 PV	\$0 for age 19 years and older
SPIKEVAX	T4 PV	Due to healthcare reform- MODERNA COVID-19 vaccine may be available at \$0 copay
TDVAX	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.



Drug Name	Drug Tier	Notes
TENIVAC	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
TETANUS-DIPHTHERIA TOXOIDS TD	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
TRUMENBA	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
TWINRIX	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
VAQTA	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
VARIVAX	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
VAXELIS	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
VAXNEUVANCE	T4 PV	Due to Health Care Reform- this vaccine may be available at zero copay through the pharmacy benefit.
<b>Inflammatory Bowel Disease Agents</b>		
<i>balsalazide disodium</i>	T5 (NP)	
<i>budesonide er</i>	T5 (NP)	
<i>budesonide oral</i>	T5 (NP)	
CORTIFOAM	T5 (NP)	
DIPENTUM	T5 (NP)	
<i>hydrocortisone (perianal)</i>	T3 (G)	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	T3 (G)	
<i>hydrocortisone rectal</i>	T5 (NP)	
<i>mesalamine er oral capsule 0.375 gm</i>	T5 (NP)	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T5 (NP)	

Drug Name	Drug Tier	Notes
<i>mesalamine rectal</i>	T5 (NP)	
<i>procto-med hc</i>	T3 (G)	
PROCTOSOL HC	T3 (G)	
SFROWASA	T5 (NP)	
<i>sulfasalazine oral</i>	T3 (G)	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	T3 (G)	\$0 HDHP
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	T2 (PG)	\$0 HDHP; QL
<i>calcitonin (salmon) injection</i>	T3 (G)	\$0 HDHP
<i>calcitonin (salmon) nasal</i>	T3 (G)	\$0 HDHP; QL
<i>ibandronate sodium intravenous</i>	T3 (G)	QL
<i>ibandronate sodium oral</i>	T3 (G)	\$0 HDHP; QL
<i>pamidronate disodium</i>	T6 (SP)	
PROLIA	T6 (SP)	PA; QL
<i>risedronate sodium oral tablet 150 mg</i>	T5 (NP)	QL
<i>risedronate sodium oral tablet 30 mg</i>	T5 (NP)	
<i>risedronate sodium oral tablet 35 mg</i>	T3 (G)	\$0 HDHP; QL
<i>risedronate sodium oral tablet 5 mg</i>	T3 (G)	\$0 HDHP
<i>risedronate sodium oral tablet delayed release</i>	T5 (NP)	QL
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	T6 (SP)	PA
XGEVA	T6 (SP)	PA
<i>zoledronic acid</i>	T6 (SP)	
<b>Metabolic Bone Disease Agents - Other</b>		
<i>calcitriol intravenous</i>	T3 (G)	
<i>calcitriol oral</i>	T3 (G)	
<i>cinacalcet hcl</i>	T5 (NP)	PA
<i>doxercalciferol intravenous</i>	T3 (G)	
<i>paricalcitol</i>	T3 (G)	
<b>Miscellaneous Therapeutic Agents</b>		
ADVOCATE INSULIN PEN NEEDLE	T4 (PB)	\$0 HDHP
AEROCHAMBER HOLDING CHAMBER	T4 (PB)	\$0 HDHP
AEROCHAMBER MINI CHAMBER	T4 (PB)	\$0 HDHP
AEROCHAMBER MV	T4 (PB)	\$0 HDHP
AEROCHAMBER PLS FLOVU MTHPIECE	T4 (PB)	\$0 HDHP
AEROCHAMBER PLUS FLO-VU INTERM	T4 (PB)	\$0 HDHP
AEROCHAMBER PLUS FLO-VU LARGE	T4 (PB)	\$0 HDHP
AEROCHAMBER PLUS FLO-VU MEDIUM	T4 (PB)	\$0 HDHP

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Drug Name	Drug Tier	Notes
AEROCHAMBER PLUS FLO-VU SMALL	T4 (PB)	\$0 HDHP
AEROCHAMBER PLUS FLOW VU	T4 (PB)	\$0 HDHP
AEROCHAMBER W/FLOWSIGNAL	T4 (PB)	\$0 HDHP
AEROCHAMBER Z-STAT PLUS	T4 (PB)	\$0 HDHP
AEROCHAMBER Z-STAT PLUS CHAMBR	T4 (PB)	\$0 HDHP
AEROCHAMBER Z-STAT PLUS/LARGE	T4 (PB)	\$0 HDHP
AEROCHAMBER Z-STAT PLUS/MEDIUM	T4 (PB)	\$0 HDHP
AEROCHAMBER Z-STAT PLUS/SMALL	T4 (PB)	\$0 HDHP
AEROVENT PLUS	T4 (PB)	\$0 HDHP
AIMSCO LUBRICATED	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
ALCOHOL PREP PADS PAD , 70 %	T5 (NP)	
AQINJECT PEN NEEDLE	T4 (PB)	\$0 HDHP
ASSURE ID DUO PRO PEN NEEDLES	T4 (PB)	\$0 HDHP
ASSURE ID PRO PEN NEEDLES	T4 (PB)	\$0 HDHP
AUM ALCOHOL PREP PADS	T5 (NP)	
AUM INSULIN SAFETY PEN NEEDLE	T4 (PB)	\$0 HDHP
AUM MINI INSULIN PEN NEEDLE	T4 (PB)	\$0 HDHP
AUM PEN NEEDLE	T4 (PB)	\$0 HDHP
AUM READYGARD DUO PEN NEEDLE	T4 (PB)	\$0 HDHP
AUM SAFETY PEN NEEDLE	T4 (PB)	\$0 HDHP
BD AUTOSHIELD DUO PEN NEEDLES	T4 (PB)	\$0 HDHP
BD ULTRA-FINE PEN NEEDLES	T4 (PB)	\$0 HDHP
BOTOX	T5 (NP)	PA
BREATHE COMFORT CHAMBER/ADULT	T4 (PB)	\$0 HDHP
BREATHE COMFORT CHAMBER/CHILD	T4 (PB)	\$0 HDHP
BREATHE EASE LARGE	T4 (PB)	\$0 HDHP
BREATHE EASE MEDIUM	T4 (PB)	\$0 HDHP
BREATHE EASE SMALL	T4 (PB)	\$0 HDHP
BREATHERITE VALVED MDI CHAMBER	T4 (PB)	\$0 HDHP
BYLVAY	T6 (SP)	PA
BYLVAY (PELLETS)	T6 (SP)	PA
CAYA	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	T4 (PB)	\$0 HDHP

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Drug Name	Drug Tier	Notes
CLEVER CHOICE HOLDING CHAMBER	T4 (PB)	\$0 HDHP
COMFORT EZ PRO PEN NEEDLES	T4 (PB)	\$0 HDHP
COMPACT SPACE CHAMBER	T4 (PB)	\$0 HDHP
COMPACT SPACE CHAMBER/LG MASK	T4 (PB)	\$0 HDHP
COMPACT SPACE CHAMBER/MED MASK	T4 (PB)	\$0 HDHP
COMPACT SPACE CHAMBER/SM MASK	T4 (PB)	\$0 HDHP
CONDOMS	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>deferoxamine mesylate</i>	T3 (G)	
DIASCREEN 10	T5 (NP)	
DIASCREEN 1B	T5 (NP)	
DIASCREEN 1G	T5 (NP)	
DIASCREEN 1K	T5 (NP)	
DIASCREEN 2GK	T5 (NP)	
DIASCREEN 2GP	T5 (NP)	
DIASCREEN 3	T5 (NP)	
DIASCREEN 4NL	T5 (NP)	
DIASCREEN 4OBL	T5 (NP)	
DIASCREEN 4PH	T5 (NP)	
DIASCREEN 5	T5 (NP)	
DIASCREEN 6	T5 (NP)	
DIASCREEN 7	T5 (NP)	
DIASCREEN 8	T5 (NP)	
DIASCREEN 9	T5 (NP)	
DIASCREEN LIQUID URINE CONTROL	T5 (NP)	
DROPLET MICRON	T4 (PB)	\$0 HDHP
DROPSAFE ALCOHOL PREP	T5 (NP)	
DUREX EXTRA SENSITIVE THIN	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
DUREX REALFEEL	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
DUREX TROPICAL	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
EASIVENT	T4 (PB)	\$0 HDHP
EASIVENT MASK LARGE	T4 (PB)	\$0 HDHP
EASIVENT MASK MEDIUM	T4 (PB)	\$0 HDHP
EASIVENT MASK SMALL	T4 (PB)	\$0 HDHP
EMBRACE PEN NEEDLES	T4 (PB)	\$0 HDHP
ENCARE	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
ENDARI	T5 (NP)	
EQ SPACE CHAMBER ANTI-STATIC	T4 (PB)	\$0 HDHP
EQ SPACE CHAMBER ANTI-STATIC L	T4 (PB)	\$0 HDHP
EQ SPACE CHAMBER ANTI-STATIC M	T4 (PB)	\$0 HDHP
EQ SPACE CHAMBER ANTI-STATIC S	T4 (PB)	\$0 HDHP
<i>ergoloid mesylates oral</i>	T5 (NP)	
FANTASY LUBRICATED	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
FANTASY LUBRICATED/SPERMICIDE	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
FC2 FEMALE CONDOM	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
FEMCAP	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
FLEXICHAMBER	T4 (PB)	\$0 HDHP
FLEXICHAMBER ADULT MASK/SMALL	T4 (PB)	\$0 HDHP
FLEXICHAMBER CHILD MASK/LARGE	T4 (PB)	\$0 HDHP
FLEXICHAMBER CHILD MASK/SMALL	T4 (PB)	\$0 HDHP
GNP ULTIGUARD SAFEPAK NEEDLE	T4 (PB)	\$0 HDHP
GOODSENSE ALCOHOL SWABS	T5 (NP)	
INCONTROL ULTICARE PEN NEEDLES	T4 (PB)	\$0 HDHP
INSPIREASE	T4 (PB)	\$0 HDHP
INSPIREASE RESERVOIR BAGS	T4 (PB)	\$0 HDHP

Drug Name	Drug Tier	Notes
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	T4 (PB)	\$0 HDHP
J-TIP KIT W/VIAL ADAPTERS	T5 (NP)	
KAMELEON LUBRICATED	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
KIMONO	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
KIMONO COLORS	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
KIMONO MAXX-LARGE FLARE	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
KIMONO MICRO THIN	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
KIMONO MICRO THIN PLUS	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
KIMONO PLUS	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
KIMONO PS	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
KIMONO PS PLUS	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
KIMONO SENSATION	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
KIMONO SENSATION PLUS	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
KIMONO SPECIAL	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
<i>l-glutamine oral packet</i>	T3 (G)	
MASK VORTEX	T4 (PB)	\$0 HDHP
MASK VORTEX/CHILD/FROG	T4 (PB)	\$0 HDHP
MASK VORTEX/TODDLER/LADYBUG	T4 (PB)	\$0 HDHP
MAXX	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
MAXX PLUS	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
METHERGINE	T5 (NP)	QL
<i>methylergonovine maleate oral</i>	T5 (NP)	QL
MICROCHAMBER	T4 (PB)	\$0 HDHP
MICROSPACER	T4 (PB)	\$0 HDHP
NOVOFINE PEN NEEDLE	T4 (PB)	\$0 HDHP
NOVOFINE PLUS PEN NEEDLE	T4 (PB)	\$0 HDHP
OMNIFLEX DIAPHRAGM	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T4 (PB)	
OMNIPOD 5 DEXG7G6 PODS GEN 5	T4 (PB)	
OMNIPOD 5 LIBRE2 PLUS G6	T4 (PB)	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T4 (PB)	
OMNIPOD DASH INTRO (GEN 4)	T4 (PB)	
OMNIPOD DASH PDM (GEN 4)	T4 (PB)	
OMNIPOD DASH PODS (GEN 4)	T4 (PB)	
OPTICHAMBER DIAMOND	T4 (PB)	\$0 HDHP
OPTICHAMBER DIAMOND-LG MASK	T4 (PB)	\$0 HDHP

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Drug Name	Drug Tier	Notes
OPTICHAMBER DIAMOND-MD MASK	T4 (PB)	\$0 HDHP
OPTICHAMBER DIAMOND-SM MASK	T4 (PB)	\$0 HDHP
OPTIONS GYNOL II CONTRACEPTIVE	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
PANDA MASK LARGE	T4 (PB)	\$0 HDHP
PANDA MASK MEDIUM	T4 (PB)	\$0 HDHP
PANDA MASK SMALL	T4 (PB)	\$0 HDHP
PARI VORTEX ADULT MASK	T4 (PB)	\$0 HDHP
PEDIATRIC PANDA MASK	T4 (PB)	\$0 HDHP
PEN NEEDLE/5-BEVEL TIP	T4 (PB)	\$0 HDHP
PENTIPS GENERIC PEN NEEDLES	T4 (PB)	\$0 HDHP
PIP PEN NEEDLES 31G X 5MM	T4 (PB)	\$0 HDHP
PIP PEN NEEDLES 32G X 4MM	T4 (PB)	\$0 HDHP
POCKET CHAMBER	T4 (PB)	\$0 HDHP
POCKET SPACER	T4 (PB)	\$0 HDHP
PRO COMFORT SPACER ADULT	T4 (PB)	\$0 HDHP
PRO COMFORT SPACER CHILD	T4 (PB)	\$0 HDHP
PRO COMFORT SPACER INFANT	T4 (PB)	\$0 HDHP
PROCARE SPACER/ADULT MASK	T4 (PB)	\$0 HDHP
PROCARE SPACER/CHILD MASK	T4 (PB)	\$0 HDHP
PROCHAMBER VHC	T4 (PB)	\$0 HDHP
PURE COMFORT SAFETY PEN NEEDLE	T4 (PB)	\$0 HDHP
PURE COMFORT SPACER CHAMBER	T4 (PB)	\$0 HDHP
RAYA SURE PEN NEEDLE	T4 (PB)	\$0 HDHP
REALITY LATEX CONDOMS	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
REALITY LATEX/ULTRA TEXTURED	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
REALITY LATEX/ULTRA THIN	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
RITEFLO	T4 (PB)	\$0 HDHP
SAFETY PEN NEEDLES	T4 (PB)	\$0 HDHP
<i>sorbitol-mannitol</i>	T3 (G)	



Drug Name	Drug Tier	Notes
TECHLITE PLUS PEN NEEDLES	T4 (PB)	\$0 HDHP
TODAY SPONGE	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TROJAN ENZ	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TROJAN MAGNUM	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TROJAN ULTRA RIBBED LUBRICATED	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TROJAN ULTRA THIN	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TROJAN ULTRA THIN/SPERMICIDAL	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TROJAN-ENZ LUBRICATED	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TROJAN-ENZ/SPERMICIDAL	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TRUE COVER	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TRUSTEX COLOR CONDOMS + LUBE	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TRUSTEX LUB/RIBBED/STUDDED	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
TRUSTEX LUB/SPERMICIDE EX ST	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TRUSTEX LUB/SPERMICIDE XL	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TRUSTEX LUBRICATED	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TRUSTEX LUBRICATED EX LARGE	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TRUSTEX LUBRICATED EXTRA ST	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TRUSTEX LUBRICATED/SPERMICIDE	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TRUSTEX NATURAL CONDOMS + LUBE	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TRUSTEX NON-LUBRICATED	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TRUSTEX RIA LUB/SPERMICIDE	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TRUSTEX RIA LUBRICATED	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
TRUSTEX RIA NON-LUBRICATED	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
TRUSTEX-NONOXYNOL-9/RIB/STUD	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
UNIFINE PROTECT PEN NEEDLE	T4 (PB)	\$0 HDHP
VCF VAGINAL CONTRACEPTIVE	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
VERIFINE INSULIN PEN NEEDLE	T4 (PB)	\$0 HDHP
VERIFINE PLUS PEN NEEDLE	T4 (PB)	\$0 HDHP
VISTOGARD	T5 (NP)	
VORTEX HOLD CHMBR/MASK/CHILD	T4 (PB)	\$0 HDHP
VORTEX HOLD CHMBR/MASK/TODDLER	T4 (PB)	\$0 HDHP
VORTEX VALVED HOLDING CHAMBER	T4 (PB)	\$0 HDHP
WIDE-SEAL DIAPHRAGM 60	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
WIDE-SEAL DIAPHRAGM 65	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
WIDE-SEAL DIAPHRAGM 70	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
WIDE-SEAL DIAPHRAGM 75	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
WIDE-SEAL DIAPHRAGM 80	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
WIDE-SEAL DIAPHRAGM 85	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
WIDE-SEAL DIAPHRAGM 90	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.

Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 95	T5 PV	Due to Health Care Reform- this product may be available at zero copay through your pharmacy benefit.
XIAFLEX	T6 (SP)	PA
ZOKINVY	T6 (SP)	PA; QL
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ALOCRIL	T5 (NP)	PA
ALOMIDE	T5 (NP)	
AZASITE	T5 (NP)	
<i>azelastine hcl ophthalmic</i>	T3 (G)	
<i>bacitracin ophthalmic</i>	T5 (NP)	
<i>bromfenac sodium (once-daily)</i>	T5 (NP)	QL
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	T3 (G)	QL
<i>ciprofloxacin hcl ophthalmic</i>	T3 (G)	
<i>cromolyn sodium ophthalmic</i>	T3 (G)	
<i>dexamethasone sodium phosphate ophthalmic</i>	T3 (G)	
<i>diclofenac sodium ophthalmic</i>	T3 (G)	
<i>difluprednate</i>	T5 (NP)	
<i>epinastine hcl</i>	T5 (NP)	
<i>erythromycin ophthalmic</i>	T3 (G)	
FLAREX	T5 (NP)	
<i>fluorometholone</i>	T3 (G)	
<i>flurbiprofen sodium</i>	T3 (G)	
<i>gatifloxacin ophthalmic</i>	T3 (G)	
<i>gentamicin sulfate ophthalmic</i>	T3 (G)	
<i>ketorolac tromethamine ophthalmic</i>	T3 (G)	
<i>moxifloxacin hcl (2x day)</i>	T5 (NP)	
<i>moxifloxacin hcl ophthalmic</i>	T3 (G)	
NATACYN	T4 (PB)	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T2 (PG)	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T2 (PG)	
<i>neomycin-polymyxin-hc ophthalmic</i>	T3 (G)	
<i>ofloxacin ophthalmic</i>	T3 (G)	
<i>olopatadine hcl solution 0.2 % ophthalmic (rx)</i>	T3 (G)	
<i>prednisolone acetate ophthalmic</i>	T3 (G)	
<i>prednisolone sodium phosphate ophthalmic</i>	T3 (G)	

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Drug Name	Drug Tier	Notes
<i>sulfacetamide sodium ophthalmic</i>	T3 (G)	
TOBRADEX	T5 (NP)	
TOBRADEX ST	T5 (NP)	
<i>tobramycin ophthalmic</i>	T2 (PG)	
<i>tobramycin-dexamethasone</i>	T3 (G)	
TOBEX	T5 (NP)	
<i>trifluridine</i>	T5 (NP)	
ZERVIATE	T5 (NP)	PA; ST
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
<i>acetazolamide er</i>	T5 (NP)	
<i>acetazolamide oral</i>	T5 (NP)	
<i>apraclonidine hcl</i>	T3 (G)	
<i>betaxolol hcl ophthalmic</i>	T3 (G)	
<i>bimatoprost ophthalmic</i>	T5 (NP)	QL
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	T4 (PB)	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T3 (G)	
<i>brimonidine tartrate-timolol</i>	T4 (PB)	
<i>carteolol hcl</i>	T3 (G)	
<i>dorzolamide hcl ophthalmic</i>	T3 (G)	
<i>dorzolamide hcl-timolol mal</i>	T3 (G)	
<i>latanoprost ophthalmic</i>	T3 (G)	
<i>levobunolol hcl</i>	T3 (G)	
LUMIGAN	T4 (PB)	QL
PHOSPHOLINE IODIDE	T5 (NP)	
<i>pilocarpine hcl ophthalmic</i>	T3 (G)	
RHOPRESSA	T5 (NP)	QL
SIMBRINZA	T4 (PB)	
<i>tafluprost (pf)</i>	T4 (PB)	QL
<i>timolol maleate ophthalmic solution</i>	T2 (PG)	
<i>travoprost (bak free)</i>	T5 (NP)	QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
<i>altafrin</i>	T3 (G)	
<i>atropine sulfate ophthalmic ointment</i>	T3 (G)	
<i>atropine sulfate ophthalmic solution 1 %</i>	T2 (PG)	
<i>bacitracin-polymyxin b</i>	T3 (G)	
<i>bacitra-neomycin-polymyxin-hc</i>	T3 (G)	
<i>cyclopentolate hcl ophthalmic</i>	T3 (G)	

Drug Name	Drug Tier	Notes
<i>cyclosporine ophthalmic</i>	T5 (NP)	PA
CYSTADROPS	T6 (SP)	QL
CYSTARAN	T6 (SP)	QL
<i>neomycin-bacitracin zn-polymyx</i>	T3 (G)	
<i>neomycin-polymyxin-gramicidin</i>	T3 (G)	
NEO-POLYCIN	T3 (G)	
NEO-POLYCIN HC	T3 (G)	
<i>phenylephrine hcl ophthalmic</i>	T3 (G)	
POLYCIN	T3 (G)	
<i>polymyxin b-trimethoprim</i>	T2 (PG)	
<i>sulfacetamide-prednisolone</i>	T3 (G)	
SYFOVRE	T6 (SP)	PA
ZYLET	T5 (NP)	
<b>Otic Agents - Drugs for Ear Conditions</b>		
<i>acetic acid otic</i>	T3 (G)	
CIPRO HC	T5 (NP)	
<i>ciprofloxacin hcl otic</i>	T5 (NP)	
<i>ciprofloxacin-dexamethasone</i>	T5 (NP)	
CORTISPORIN-TC	T5 (NP)	
<i>flac</i>	T3 (G)	
<i>fluocinolone acetonide otic</i>	T3 (G)	
<i>hydrocortisone-acetic acid</i>	T5 (NP)	
<i>neomycin-polymyxin-hc otic</i>	T4 (PB)	
<i>ofloxacin otic</i>	T3 (G)	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	T3 (G)	QL
<i>azelastine-fluticasone</i>	T5 (NP)	QL
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T2 (PG)	
<i>benzonatate oral capsule 150 mg</i>	T3 (G)	
<i>carbinoxamine maleate oral solution</i>	T3 (G)	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T3 (G)	
<i>cetirizine hcl oral solution</i>	T3 (G)	
<i>clemastine fumarate oral tablet</i>	T3 (G)	
<i>cyproheptadine hcl oral</i>	T3 (G)	
<i>desloratadine oral tablet</i>	T5 (NP)	
<i>diphenhydramine hcl injection</i>	T3 (G)	
<i>flunisolide nasal</i>	T4 (PB)	QL

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Drug Name	Drug Tier	Notes
<i>fluticasone propionate nasal</i>	T3 (G)	
<i>hydrocodone bit-homatrop mbr</i>	T3 (G)	PA; QL
<i>hydromet</i>	T3 (G)	PA; QL
<i>ipratropium bromide nasal</i>	T2 (PG)	
<i>levocetirizine dihydrochloride oral tablet</i>	T3 (G)	
<i>mometasone furoate nasal</i>	T5 (NP)	QL
<i>olopatadine hcl nasal</i>	T5 (NP)	QL
<i>sodium chloride inhalation</i>	T3 (G)	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
<i>acetylcysteine inhalation</i>	T5 (NP)	
ADVAIR HFA	T4 (PB)	\$0 HDHP; QL
<i>albuterol sulfate hfa</i>	T3 (G)	QL
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T3 (G)	QL
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	T2 (PG)	QL
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	T2 (PG)	QL
ANORO ELLIPTA	T4 (PB)	QL
<i>arformoterol tartrate</i>	T5 (NP)	QL
ARNUITY ELLIPTA	T4 (PB)	\$0 HDHP; QL
ASMANEX (120 METERED DOSES)	T4 (PB)	PA; ST; \$0 HDHP; QL
ASMANEX (14 METERED DOSES)	T4 (PB)	PA; ST; \$0 HDHP; QL
ASMANEX (30 METERED DOSES)	T4 (PB)	PA; ST; \$0 HDHP; QL
ASMANEX (60 METERED DOSES)	T4 (PB)	PA; ST; \$0 HDHP; QL
ASMANEX HFA	T4 (PB)	PA; ST; \$0 HDHP; QL
ATROVENT HFA	T5 (NP)	QL
BREO ELLIPTA	T4 (PB)	\$0 HDHP; QL
<i>breyana</i>	T4 (PB)	\$0 HDHP; QL
BREZTRI AEROSPHERE	T4 (PB)	QL
<i>budesonide inhalation</i>	T5 (NP)	\$0 HDHP; QL
<i>budesonide-formoterol fumarate</i>	T4 (PB)	\$0 HDHP; QL
COMBIVENT RESPIMAT	T4 (PB)	QL
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	T3 (G)	
<i>epinephrine injection solution auto-injector</i>	T3 (G)	
FLUTICASONE PROPIONATE DISKUS	T4 (PB)	QL
FLUTICASONE PROPIONATE HFA	T4 (PB)	QL

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Drug Name	Drug Tier	Notes
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T4 (PB)	\$0 HDHP; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	T5 (NP)	QL
<i>formoterol fumarate inhalation</i>	T5 (NP)	QL
<i>ipratropium bromide inhalation</i>	T2 (PG)	QL
<i>ipratropium-albuterol</i>	T3 (G)	QL
<i>levalbuterol hcl inhalation</i>	T5 (NP)	QL
<i>montelukast sodium oral tablet</i>	T2 (PG)	
<i>montelukast sodium oral tablet chewable</i>	T2 (PG)	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T6 (SP)	PA; SP-QTZ; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T6 (SP)	PA; SP-QTZ; QL
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	T6 (SP)	PA; QL
OFEV	T6 (SP)	PA; SP-QTZ
<i>pirfenidone</i>	T6 (SP)	PA; SP-QTZ
PROLASTIN-C	T6 (SP)	PA
QVAR REDIHALER	T4 (PB)	\$0 HDHP; QL
<i>roflumilast</i>	T3 (G)	PA
SEREVENT DISKUS	T4 (PB)	QL
SPIRIVA HANDIHALER	T4 (PB)	QL
SPIRIVA RESPIMAT	T4 (PB)	QL
STIOLTO RESPIMAT	T4 (PB)	QL
STRIVERDI RESPIMAT	T4 (PB)	QL
SYMBICORT	T4 (PB)	\$0 HDHP; QL
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T3 (G)	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T5 (NP)	
<i>theophylline er oral tablet extended release 24 hour</i>	T5 (NP)	
<i>tiotropium bromide monohydrate</i>	T4 (PB)	QL
TRELEGY ELLIPTA	T4 (PB)	QL
<i>wixela inhub</i>	T4 (PB)	\$0 HDHP; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T6 (SP)	PA; SP-QTZ; QL



Drug Name	Drug Tier	Notes
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T6 (SP)	PA; SP-QTZ; QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	T6 (SP)	PA
<i>zafirlukast</i>	T5 (NP)	
<i>zileuton er</i>	T5 (NP)	PA; ST
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
KALYDECO ORAL TABLET	T6 (SP)	PA; SP-ORx
ORKAMBI ORAL PACKET 75-94 MG	T6 (SP)	PA; SP-ORx; QL
ORKAMBI ORAL TABLET	T6 (SP)	PA; SP-ORx; QL
PULMOZYME	T6 (SP)	PA
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	T6 (SP)	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	T6 (SP)	PA; QL
<i>alyq</i>	T6 (SP)	PA; QL
<i>ambrisentan</i>	T6 (SP)	PA; QL
<i>bosentan</i>	T6 (SP)	PA; QL
OPSUMIT	T6 (SP)	PA; QL
<i>sildenafil citrate oral suspension reconstituted</i>	T6 (SP)	PA; QL
<i>sildenafil citrate oral tablet 20 mg</i>	T6 (SP)	PA; QL
<i>tadalafil (pah)</i>	T6 (SP)	PA; QL
TRACLEER 32 MG	T6 (SP)	PA; SP-ORx; QL
<i>treprostinil</i>	T6 (SP)	PA
TYVASO	T6 (SP)	PA; QL
TYVASO DPI INSTITUTIONAL KIT	T6 (SP)	PA; QL
TYVASO DPI MAINTENANCE KIT	T6 (SP)	PA; QL
TYVASO DPI TITRATION KIT	T6 (SP)	PA; QL
TYVASO REFILL KIT	T6 (SP)	PA; QL
TYVASO STARTER KIT	T6 (SP)	PA; QL
UPTRAVI ORAL	T6 (SP)	PA
UPTRAVI TITRATION	T6 (SP)	PA
VENTAVIS	T6 (SP)	PA; QL
<b>Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm</b>		
<i>baclofen oral tablet 10 mg</i>	T2 (PG)	
<i>baclofen oral tablet 20 mg</i>	T3 (G)	
<i>carisoprodol oral tablet 350 mg</i>	T3 (G)	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>chlorzoxazone oral tablet 500 mg</i>	T3 (G)	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T2 (PG)	
<i>metaxalone oral tablet 800 mg</i>	T5 (NP)	
<i>methocarbamol injection</i>	T3 (G)	
<i>methocarbamol oral tablet 500 mg</i>	T2 (PG)	
<i>methocarbamol tablet 750 mg oral</i>	T2 (PG)	
<i>orphenadrine citrate er</i>	T3 (G)	QL
<i>orphenadrine-aspirin-caffeine</i>	T5 (NP)	QL
<i>tizanidine hcl oral capsule 2 mg, 4 mg</i>	T3 (G)	
<i>tizanidine hcl oral tablet</i>	T3 (G)	
<b>Sleep Disorder Agents</b>		
<i>armodafinil</i>	T4 (PB)	PA; QL
BELSOMRA	T5 (NP)	PA; ST; QL
DAYVIGO	T5 (NP)	
<i>doxepin hcl oral tablet</i>	T5 (NP)	QL
<i>eszopiclone</i>	T3 (G)	QL
<i>flurazepam hcl oral capsule 15 mg</i>	T5 (NP)	PA; QL
<i>modafinil oral</i>	T3 (G)	PA; QL
<i>ramelteon</i>	T5 (NP)	QL
SUNOSI	T5 (NP)	PA; QL
<i>temazepam oral capsule 15 mg, 30 mg</i>	T3 (G)	QL
<i>zaleplon</i>	T3 (G)	QL
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<i>tarina 24 fe</i> .....	73	<i>tolmetin sodium</i> .....	7	<i>tri-vylibra lo</i> .....	75
<i>tarina fe 1/20 eq</i> .....	73	<i>tolterodine tartrate</i> .....	56	TROJAN ENZ.....	91
TASIGNA.....	21	<i>tolterodine tartrate er</i> .....	56	TROJAN MAGNUM.....	91
<i>taysofy</i> .....	73	<i>topiramate</i> .....	14	TROJAN ULTRA RIBBED	
<i>tazarotene</i> .....	37	<i>toremifene citrate</i> .....	21	LUBRICATED.....	91
<i>tazicef</i> .....	12	<i>torpenz</i> .....	21	TROJAN ULTRA THIN.....	91
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TECHLITE LANCETS 26G.....	40	TRACLEER.....	99	THIN/SPERMICIDAL.....	91
TECHLITE PLUS PEN		TRADJENTA.....	39	TROJAN-ENZ LUBRICATED...	91
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<i>telmisartan</i> .....	33	<i>tramadol hcl er</i> .....	4	<i>tropium chloride</i> .....	56
<i>temazepam</i> .....	100	<i>tramadol hcl ir</i> .....	4	TRUE COVER.....	91
<i>temozolomide</i> .....	21	<i>tramadol-acetaminophen</i> .....	4	TRUE FOLIC ACID.....	49
<i>temsirrolimus</i> .....	79	<i>trandolapril</i> .....	33	<i>true laxative</i> .....	54
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<i>tenofovir disoproxil fumarate</i> .....	27	<i>travoprost (bak free)</i> .....	95	TRUMENBA.....	83
<i>terazosin hcl</i> .....	56	<i>trazodone hcl</i> .....	15	TRUSTEX COLOR	
<i>terbinafine hcl</i> .....	17	TRECTOR.....	19	CONDOMS + LUBE.....	91
<i>terconazole</i> .....	17	TRELEGY ELLIPTA.....	98	TRUSTEX	
<i>teriflunomide</i> .....	34	TREMFYA.....	79	LUB/RIBBED/STUDED.....	91
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<i>testosterone cypionate</i> .....	57			TRUSTEX LUB/SPERMICIDE	
<i>testosterone enanthate</i> .....	57			XL.....	92



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TRUSTEX LUBRICATED EX		<i>varenicline tartrate (starter)</i> .....	8	<i>voriconazole</i> .....	17
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TYVASO REFILL KIT.....	99	VERIFINE SAFE LANCET		XARELTO STARTER PACK....	12
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<i>valproate sodium</i> .....	14	<i>vitamin k1</i> .....	49	<i>zafemy</i> .....	76
<i>valproic acid</i> .....	14	VIVAGUARD LANCETS 30G...	41	<i>zafirlukast</i> .....	99
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