



2025 Small Group Commercial 6-Tier Drug Formulary (Wisconsin)

QuartzBenefits.com

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

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

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



April 1, 2025

2025 Quartz Small Group Commercial 6-Tier Drug Formulary (Wisconsin) Information

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

This document does not apply to State of Wisconsin employees whose drug benefit is administered by Navitus or BadgerCare and/or Medicaid SSI members whose drug benefit is administered by ForwardHealth.

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

| Tier Abbreviation | Tier Description |
|-------------------|--|
| 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, infertility drugs, most over-the-counter drugs, cosmetic treatments, and nutritional supplements / medical foods. Refer to your Prescription Drug Rider or the Certificate of Coverage to view your specific exclusions. Excluded drugs are generally not listed on the formulary.

Generic Substitution Policy: Quartz encourages the use of generic medications and biosimilars when they are available to help lower health care costs. When a generic or biosimilar is available for a drug, the brand product or reference biologic is Nonformulary and not covered. Requests for coverage of a brand-name product (including Reference Biologics) follow the Exceptions Process and coverage determinations are

based on Medical Necessity. If your healthcare practitioner feels it is medically necessary to receive the brand-name product, a formulary exception request must be submitted for review.

Oral Oncology Drug cost share: For drugs taken at home to treat cancer, the state of Wisconsin has stated that the maximum cost share that can be applied to these medications is \$100 per 30-day fill after any benefit deductible has been met. The cost share may be less than \$100 depending on your benefit structure. This maximum cost share amount applies regardless of what tier the drug is listed at on the formulary document.

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

Formulary Notes – Coverage Indicators

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

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

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

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

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

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

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

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

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

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

Where to find additional information when you have questions:

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

Preventive care medications for 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.

Please keep in mind:

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

USPSTF A & B recommended drugs and supplements

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

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

Tobacco cessation drugs

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

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

Human Immunodeficiency Virus (HIV) preventive drugs

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

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

Breast cancer prevention drugs

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

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

Statin preventive drugs

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

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

Birth control products

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* |
|-----------------------------------|--|---|
| Combination birth control pills | Afimelle, Aubra, Aviane, Delyla, Falmina, Lessina, Levorgestrel/ethinyl estradiol, Lutera, Orsythia, Sronyx, Tyblume, Vienna | Alesse |
| | Drospirenone/ethinyl estradiol | Beyaz |
| | | Natazia |
| Birth control caps and diaphragms | | Caya Femcap Omniflex Wide-Seal |

*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"> FluMist is covered for persons aged 2-49 years Fluad and Fluzone HD are covered for persons aged 65 years and older |
| Haemophilus influenzae type b (Acthib, Hiberix, PedavaxHB) | Covered for persons aged 6 years and younger |
| Hepatitis A (Havrix, Vaqta) | |
| Hepatitis B (Engerix-B, Hepelisav-B, PreHevbrio, Recombivax-HB) | Hepelisav-B and Prehevbrio are covered for persons aged 18 years and older |

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 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"> • Abrysvo is covered for persons aged 60 years and older or when the pharmacy enters a submission clarification code confirming pregnancy • Arexvy is covered for persons aged 60 years and older • Beyfortus is covered for persons aged 24 months and younger |
| Rotavirus (Rotarix, Rotateq) | Covered for persons aged 8 months and younger |
| 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 |

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 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

Table of Contents

| | |
|--|----|
| Analgesics - Drugs for Pain..... | 3 |
| Analgesics - Drugs for Pain and Inflammation..... | 5 |
| Anesthetics..... | 7 |
| Anti-Addiction / Substance Abuse Treatment Agents..... | 8 |
| Antibacterials..... | 10 |
| Anticoagulants..... | 14 |
| Anticonvulsants - Drugs for Seizures..... | 14 |
| Antidementia Agents - Drugs for Alzheimer's Disease and Dementia..... | 16 |
| Antidepressants..... | 16 |
| Antiemetics - Drugs for Nausea and Vomiting..... | 17 |
| Antifungals..... | 18 |
| Antigout Agents..... | 19 |
| Antimigraine Agents..... | 20 |
| Antimyasthenic Agents..... | 20 |
| Antimycobacterials..... | 20 |
| Antineoplastics - Drugs for Cancer..... | 21 |
| Antiparasitics..... | 24 |
| Antiparkinson Agents..... | 25 |
| Antiplatelets..... | 25 |
| Antipsychotics - Drugs for Mood Disorders..... | 26 |
| Antivirals..... | 27 |
| Anxiolytics - Drugs for Anxiety..... | 30 |
| Bipolar Agents - Drugs for Mood Disorders..... | 31 |
| Blood Products and Modifiers - Drugs for Blood Disorders..... | 31 |
| Cardiovascular Agents - Drugs for Heart and Circulation Conditions..... | 32 |
| Central Nervous System Agents..... | 36 |
| Central Nervous System Agents - Drugs for Attention Deficit Disorder..... | 36 |
| Central Nervous System Agents - Drugs for Multiple Sclerosis..... | 37 |
| Central Nervous System Agents - Miscellaneous..... | 38 |
| Dental and Oral Agents - Drugs for Mouth and Throat Conditions..... | 38 |
| Dermatological Agents - Drugs for Skin Conditions..... | 38 |
| Diabetes - Antidiabetic Agents..... | 41 |
| Diabetes - Glucose Monitoring..... | 43 |
| Diabetes - Glycemic Agents..... | 45 |
| Diabetes - Insulins..... | 45 |
| Electrolytes / Minerals / Metals / Vitamins..... | 46 |
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer..... | 50 |
| Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions..... | 50 |
| Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment..... | 55 |
| Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions..... | 55 |
| Genitourinary Agents - Drugs for Prostate Conditions..... | 56 |
| Hormonal Agents - Adrenal..... | 56 |
| Hormonal Agents - Men's Health..... | 57 |
| Hormonal Agents - Pituitary..... | 57 |
| Hormonal Agents - Prostaglandins..... | 58 |
| Hormonal Agents - Selective Estrogen Receptor Modifying Agents..... | 58 |
| Hormonal Agents - Sex Hormones and Birth Control..... | 58 |
| Hormonal Agents - Thyroid..... | 64 |
| Immunological Agents - Drugs for Immune System Stimulation or Suppression..... | 65 |
| Immunological Agents - Drugs for Vaccination..... | 69 |

| | |
|---|----|
| Inflammatory Bowel Disease Agents | 71 |
| Metabolic Bone Disease Agents - Drugs for Osteoporosis | 71 |
| Metabolic Bone Disease Agents - Other | 72 |
| Miscellaneous Therapeutic Agents | 72 |
| Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation | 77 |
| Ophthalmic Agents - Drugs for Glaucoma | 78 |
| Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions | 79 |
| Otic Agents - Drugs for Ear Conditions | 79 |
| Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold | 80 |
| Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions | 80 |
| Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis | 83 |
| Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension | 83 |
| Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm | 84 |
| Sleep Disorder Agents | 84 |

| Drug Name | Drug Tier | Notes |
|---|-----------|----------------------------|
| Analgesics - Drugs for Pain | | |
| <i>acetaminophen-codeine oral solution</i> | T3 (G) | QL (166.5 ML per 1 day) |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i> | T3 (G) | QL (13 EA per 1 day) |
| <i>acetaminophen-codeine oral tablet 300-60 mg</i> | T3 (G) | QL (10 EA per 1 day) |
| <i>apap-caff-dihydrocodeine</i> | T5 (NP) | PA; QL (10 EA per 1 day) |
| <i>ascomp-codeine</i> | T5 (NP) | |
| <i>bac oral tablet 50-325-40 mg</i> | T3 (G) | |
| <i>buprenorphine</i> | T5 (NP) | PA; QL (0.15 EA per 1 day) |
| <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 (2.5 ML per 1 fill) |
| <i>codeine sulfate oral tablet 15 mg</i> | T3 (G) | QL (40 EA per 1 day) |
| <i>codeine sulfate oral tablet 30 mg</i> | T3 (G) | QL (20 EA per 1 day) |
| <i>codeine sulfate oral tablet 60 mg</i> | T3 (G) | QL (10 EA per 1 day) |
| <i>endocet oral tablet 10-325 mg</i> | T3 (G) | QL (6 EA per 1 day) |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> | T3 (G) | QL (12 EA per 1 day) |
| <i>endocet oral tablet 7.5-325 mg</i> | T3 (G) | QL (8 EA per 1 day) |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i> | T5 (NP) | PA; QL (1 EA per 1 day) |
| <i>fentanyl transdermal patch 72 hour 12 mcg/hr</i> | T5 (NP) | PA; QL (0.5 EA per 1 day) |
| <i>fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr</i> | T3 (G) | PA; QL (0.5 EA per 1 day) |
| <i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i> | T5 (NP) | PA; QL (1 EA per 1 day) |
| <i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i> | T3 (G) | QL (180 ML per 1 day) |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i> | T3 (G) | QL (9 EA per 1 day) |
| <i>hydrocodone-acetaminophen oral tablet 5-300 mg</i> | T3 (G) | QL (13 EA per 1 day) |
| <i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-300 mg, 7.5-325 mg</i> | T3 (G) | QL (12 EA per 1 day) |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg</i> | T5 (NP) | QL (9 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------------------------|
| <i>hydrocodone-ibuprofen oral tablet 5-200 mg</i> | T3 (G) | QL (16 EA per 1 day) |
| <i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i> | T3 (G) | QL (12 EA per 1 day) |
| <i>hydromorphone hcl er</i> | T5 (NP) | PA; QL (2 EA per 1 day) |
| <i>hydromorphone hcl injection solution 4 mg/ml</i> | T5 (NP) | |
| <i>hydromorphone hcl oral liquid</i> | T5 (NP) | QL (10 ML per 1 day) |
| <i>hydromorphone hcl oral tablet 2 mg</i> | T3 (G) | QL (5 EA per 1 day) |
| <i>hydromorphone hcl oral tablet 4 mg, 8 mg</i> | T3 (G) | QL (2 EA per 1 day) |
| <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 (18 EA per 1 day) |
| <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 (4.5 ML per 1 day) |
| <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 (3 EA per 1 day) |
| <i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i> | T3 (G) | PA; QL (3 EA per 1 day) |
| <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 solution 10 mg/5ml</i> | T3 (G) | QL (45 ML per 1 day) |
| <i>morphine sulfate oral solution 20 mg/5ml</i> | T3 (G) | QL (22.5 ML per 1 day) |
| <i>morphine sulfate oral tablet 15 mg</i> | T3 (G) | QL (6 EA per 1 day) |
| <i>morphine sulfate oral tablet 30 mg</i> | T3 (G) | QL (3 EA per 1 day) |
| NUCYNTA ER | T5 (NP) | PA; QL (2 EA per 1 day) |
| NUCYNTA ORAL TABLET 100 MG, 75 MG | T5 (NP) | PA; QL (1 EA per 1 day) |
| NUCYNTA ORAL TABLET 50 MG | T5 (NP) | PA; QL (2 EA per 1 day) |
| <i>oxycodone hcl oral capsule</i> | T3 (G) | QL (12 EA per 1 day) |
| <i>oxycodone hcl oral solution</i> | T3 (G) | QL (60 ML per 1 day) |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------|
| <i>oxycodone hcl oral tablet 10 mg</i> | T3 (G) | QL (6 EA per 1 day) |
| <i>oxycodone hcl oral tablet 15 mg</i> | T3 (G) | QL (4 EA per 1 day) |
| <i>oxycodone hcl oral tablet 20 mg</i> | T3 (G) | QL (3 EA per 1 day) |
| <i>oxycodone hcl oral tablet 30 mg</i> | T3 (G) | QL (2 EA per 1 day) |
| <i>oxycodone hcl oral tablet 5 mg</i> | T3 (G) | QL (12 EA per 1 day) |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg</i> | T3 (G) | QL (6 EA per 1 day) |
| <i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i> | T3 (G) | QL (12 EA per 1 day) |
| <i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i> | T3 (G) | QL (8 EA per 1 day) |
| OXYCONTIN | T4 (PB) | PA; QL (4 EA per 1 day) |
| <i>oxymorphone hcl er</i> | T5 (NP) | PA; QL (4 EA per 1 day) |
| <i>oxymorphone hcl oral tablet 10 mg</i> | T3 (G) | QL (1 EA per 1 day) |
| <i>oxymorphone hcl oral tablet 5 mg</i> | T3 (G) | QL (3 EA per 1 day) |
| <i>pentazocine-naloxone hcl</i> | T5 (NP) | QL (10 EA per 1 day) |
| <i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i> | T5 (NP) | PA; QL (1 EA per 1 day) |
| <i>tramadol hcl er</i> | T5 (NP) | PA; QL (1 EA per 1 day) |
| <i>tramadol hcl oral tablet 50 mg</i> | T3 (G) | QL (5 EA per 1 day) |
| <i>tramadol-acetaminophen</i> | T3 (G) | QL (6 EA per 1 day) |
| XTAMPZA ER | T4 (PB) | PA; QL (4 EA per 1 day) |
| Analgesics - Drugs for Pain and Inflammation | | |
| <i>aspirin 81</i> | T3 PV | \$0 for age less than 55 years |
| <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 (2 EA per 1 day) |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------|
| <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 (33.33 GM per 1 day) |
| <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) | |
| <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, 200 mg/10ml</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) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------|
| <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 (20 EA per 5 days) |
| <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 |
| <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 oral tablet delayed release 81 mg</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 |
| 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 oral capsule</i> | T3 (G) | |
| Anesthetics | | |
| <i>glydo</i> | T3 (G) | |
| <i>lidocaine external patch 5 %</i> | T3 (G) | |
| <i>lidocaine hcl urethral/mucosal external prefilled syringe</i> | T3 (G) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---|-----------|---|
| <i>lidocaine ointment 5 % external</i> | T3 (G) | |
| <i>lidocaine-prilocaine external cream</i> | T3 (G) | |
| Anti-Addiction / Substance Abuse Treatment Agents | | |
| <i>acamprosate calcium</i> | T5 (NP) | |
| <i>buprenorphine hcl sublingual tablet sublingual 2 mg</i> | T3 (G) | QL (12 EA per 1 day) |
| <i>buprenorphine hcl sublingual tablet sublingual 8 mg</i> | T3 (G) | QL (3 EA per 1 day) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i> | T5 (NP) | QL (2 EA per 1 day) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i> | T5 (NP) | QL (12 EA per 1 day) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i> | T5 (NP) | QL (6 EA per 1 day) |
| <i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i> | T5 (NP) | QL (3 EA per 1 day) |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i> | T3 (G) | QL (12 EA per 1 day) |
| <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i> | T3 (G) | QL (3 EA per 1 day) |
| <i>bupropion hcl er (smoking det)</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| COMMIT MOUTH/THROAT LOZENGE 2 MG, 4 MG | T5 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>cvs nicotine</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>cvs nicotine polacrilex</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>disulfiram oral</i> | T5 (NP) | |
| <i>eq nicotine</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>eq nicotine mouth/throat gum 2 mg, 4 mg</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>eq nicotine polacrilex</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>eq nicotine step 3</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>folding paddle walker</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>ft nicotine</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |

| Drug Name | Drug Tier | Notes |
|---|-----------|---|
| <i>ft nicotine mini</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>gnp nicotine</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>gnp nicotine mini</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>gnp nicotine polacrilex</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>goodsense nicotine</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>habitrol</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| KLOXXADO | T4 (PB) | |
| <i>kls quit2</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>kls quit4</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <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 (180 EA per 365 days) |
| NICORETTE | T5 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| NICORETTE MINI | T5 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| NICORETTE STARTER KIT | T5 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>nicotine</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>nicotine mini</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>nicotine polacrilex mini</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>nicotine polacrilex mouth/throat</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>nicotine step 1</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>nicotine step 2</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|---|
| <i>nicotine step 3</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| NICOTROL | T5 PV | ST; \$0 for 180 days/year; QL (180 EA per 365 days) |
| NICOTROL NS | T5 PV | ST; \$0 for 180 days/year; QL (180 ML per 365 days) |
| <i>qc nicotine transdermal system</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>ra mini nicotine</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>ra nicotine</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>ra nicotine gum</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>ra nicotine polacrilex</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>sm nicotine polacrilex mouth/throat gum</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>sm nicotine transdermal</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| THRIVE | T5 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>varenicline tartrate</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>varenicline tartrate (starter)</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| <i>varenicline tartrate(continue)</i> | T3 PV | \$0 for 180 days/year; QL (180 EA per 365 days) |
| VIVITROL | T6 (SP) | |
| Antibacterials | | |
| <i>amoxicillin</i> | T2 (PG) | |
| <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) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| AUGMENTIN | 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) | |
| <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) | |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------------------|
| <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 solution 900 mg/6ml</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) | |
| <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 (32.2 ML per 1 day) |
| <i>linezolid oral tablet</i> | T4 (PB) | QL (28 EA per 30 days) |
| <i>mafenide acetate external</i> | T3 (G) | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| <i>methenamine hippurate</i> | T5 (NP) | |
| <i>metronidazole intravenous</i> | T3 (G) | |
| <i>metronidazole oral tablet 250 mg, 500 mg</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, 4.5 (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) | |
| <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 gm, 1.25 gm, 1.5 gm, 100 gm, 500 mg, 750 mg</i> | T3 (G) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------|
| <i>vancomycin hcl oral</i> | T5 (NP) | |
| XIFAXAN ORAL TABLET 550 MG | T5 (NP) | PA |
| Anticoagulants | | |
| <i>dabigatran etexilate mesylate</i> | T4 (PB) | QL (2 EA per 1 day) |
| ELIQUIS DVT/PE STARTER PACK | T4 (PB) | QL (148 EA per 365 days) |
| ELIQUIS ORAL TABLET 2.5 MG | T4 (PB) | QL (2 EA per 1 day) |
| ELIQUIS ORAL TABLET 5 MG | T4 (PB) | QL (3 EA per 1 day) |
| <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 (2 EA per 1 day) |
| SAVAYSA | T5 (NP) | |
| <i>warfarin sodium oral</i> | T2 (PG) | |
| XARELTO ORAL SUSPENSION RECONSTITUTED | T4 (PB) | QL (20 ML per 1 day) |
| XARELTO ORAL TABLET 10 MG, 20 MG | T4 (PB) | QL (1 EA per 1 day) |
| XARELTO ORAL TABLET 15 MG, 2.5 MG | T4 (PB) | QL (2 EA per 1 day) |
| XARELTO STARTER PACK | T4 (PB) | QL (102 EA per 365 days) |
| Anticonvulsants - Drugs for Seizures | | |
| 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 |
| DIACOMIT | T6 (SP) | PA |
| <i>diazepam rectal</i> | T5 (NP) | QL (2 EA per 1 fill) |
| 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) | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| <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 solution</i> | T3 (G) | |
| <i>levetiracetam oral tablet</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) | |
| <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) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------|
| <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 X 200 MG, 14 X 50 MG & 14 X 100 MG, 150 & 200 MG | T5 (NP) | |
| <i>zonisamide oral</i> | T3 (G) | |
| Antidementia Agents - Drugs for Alzheimer's Disease and Dementia | | |
| <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 (1 EA per 1 day) |
| <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) | |
| Antidepressants | | |
| <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 (2 EA per 1 day) |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i> | T3 (G) | QL (3 EA per 1 day) |
| <i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i> | T3 (G) | QL (1 EA per 1 day) |
| <i>bupropion hcl oral</i> | T3 (G) | |
| <i>chlorthalidone-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) | |
| <i>desvenlafaxine succinate er</i> | T5 (NP) | QL (1 EA per 1 day) |
| <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, 60 mg</i> | T3 (G) | QL (2 EA per 1 day) |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---|-----------|---------------------------------|
| <i>duloxetine hcl oral capsule delayed release particles 30 mg</i> | T3 (G) | QL (3 EA per 1 day) |
| <i>escitalopram oxalate oral tablet</i> | T3 (G) | \$0 HDHP |
| FETZIMA | T5 (NP) | PA; ST; QL (1 EA per 1 day) |
| FETZIMA TITRATION | T5 (NP) | PA; ST; QL (56 EA per 365 days) |
| <i>fluoxetine hcl oral capsule</i> | T2 (PG) | \$0 HDHP |
| <i>fluvoxamine maleate er</i> | T5 (NP) | QL (2 EA per 1 day) |
| <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 (1 EA per 1 day) |
| <i>venlafaxine hcl</i> | T3 (G) | |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i> | T3 (G) | QL (2 EA per 1 day) |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i> | T3 (G) | QL (1 EA per 1 day) |
| <i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i> | T3 (G) | QL (3 EA per 1 day) |
| <i>vilazodone hcl</i> | T3 (G) | PA; QL (1 EA per 1 day) |
| Antiemetics - Drugs for Nausea and Vomiting | | |
| ANZEMET | T5 (NP) | QL (0.07 EA per 1 day) |
| <i>aprepitant oral capsule 125 mg</i> | T5 (NP) | QL (2 EA per 30 days) |
| <i>aprepitant oral capsule 40 mg</i> | T5 (NP) | QL (1 EA per 30 days) |
| <i>aprepitant oral capsule 80 mg</i> | T5 (NP) | QL (4 EA per 30 days) |
| COMPRO | T5 (NP) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---|-----------|-------------------------|
| <i>dimenhydrinate injection</i> | T3 (G) | |
| <i>dronabinol</i> | T5 (NP) | PA; QL (2 EA per 1 day) |
| <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 (4 EA per 30 days) |
| <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 (4 ML per 1 day) |
| <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 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) | |
| <i>promethazine hcl solution 6.25 mg/5ml oral</i> | T2 (PG) | |
| PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG | T5 (NP) | |
| <i>scopolamine</i> | T4 (PB) | |
| Antifungals | | |
| ABELCET | T5 (NP) | |
| <i>amphotericin b intravenous</i> | T3 (G) | |
| <i>amphotericin b liposome</i> | T5 (NP) | |
| <i>caspofungin 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) | |

| Drug Name | Drug Tier | Notes |
|---|------------------|---------------------------------|
| <i>clotrimazole mouth/throat</i> | T3 (G) | |
| <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 oral tablet 125 mg, 250 mg</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 (84 day supply per 180 days) |
| <i>terconazole vaginal cream</i> | T3 (G) | |
| <i>voriconazole oral tablet</i> | T5 (NP) | PA |
| Antigout Agents | | |
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | T2 (PG) | |
| <i>allopurinol sodium</i> | T3 (G) | |
| <i>colchicine oral tablet</i> | T3 (G) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------------------|
| <i>colchicine-probenecid</i> | T4 (PB) | |
| <i>febuxostat</i> | T5 (NP) | PA; ST |
| <i>probenecid</i> | T4 (PB) | |
| Antimigraine Agents | | |
| AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML | T4 (PB) | PA; QL (0.04 ML per 1 day) |
| AIMOVIG | T4 (PB) | PA; QL (0.07 ML per 1 day) |
| AJOVY | T4 (PB) | PA; QL (0.06 ML per 1 day) |
| <i>almotriptan malate</i> | T4 (PB) | QL (0.4 EA per 1 day) |
| <i>dihydroergotamine mesylate injection</i> | T5 (NP) | PA; QL (0.86 ML per 1 day) |
| <i>eletriptan hydrobromide</i> | T4 (PB) | QL (0.4 EA per 1 day) |
| EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | T4 (PB) | PA; QL (0.1 ML per 1 day) |
| ERGOMAR | T5 (NP) | |
| <i>ergotamine-caffeine</i> | T5 (NP) | PA; QL (0.86 EA per 1 day) |
| <i>frovatriptan succinate</i> | T4 (PB) | QL (0.4 EA per 1 day) |
| <i>naratriptan hcl</i> | T3 (G) | QL (0.3 EA per 1 day) |
| NURTEC | T4 (PB) | PA; QL (0.54 EA per 1 day) |
| <i>rizatriptan benzoate oral tablet 10 mg</i> | T3 (G) | QL (0.4 EA per 1 day) |
| <i>rizatriptan benzoate oral tablet 5 mg</i> | T3 (G) | QL (0.6 EA per 1 day) |
| <i>rizatriptan benzoate oral tablet dispersible 10 mg</i> | T3 (G) | QL (0.4 EA per 1 day) |
| <i>rizatriptan benzoate oral tablet dispersible 5 mg</i> | T3 (G) | QL (0.6 EA per 1 day) |
| <i>sumatriptan nasal</i> | T4 (PB) | QL (0.4 EA per 1 day) |
| <i>sumatriptan succinate oral</i> | T3 (G) | QL (0.3 EA per 1 day) |
| <i>sumatriptan succinate subcutaneous</i> | T4 (PB) | QL (0.17 ML per 1 day) |
| <i>zolmitriptan oral tablet</i> | T3 (G) | QL (0.4 EA per 1 day) |
| <i>zolmitriptan oral tablet dispersible</i> | T4 (PB) | QL (0.4 EA per 1 day) |
| Antimyasthenic Agents | | |
| <i>neostigmine methylsulfate rfid intravenous solution prefilled syringe</i> | T5 (NP) | |
| <i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i> | T5 (NP) | |
| <i>pyridostigmine bromide oral tablet</i> | T3 (G) | |
| Antimycobacterials | | |
| <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) | |

| Drug Name | Drug Tier | Notes |
|---|-----------|---------------------------------|
| <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) | |
| SIRTURO | T5 (NP) | |
| TRECTOR | T5 (NP) | |
| Antineoplastics - Drugs for Cancer | | |
| <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 (1 EA per 1 day) |
| 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 (2 EA per 1 day) |
| 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 |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---|-----------|---------------------------------|
| <i>erlotinib hcl oral tablet 25 mg</i> | T6 (SP) | PA; SP-QTZ; QL (3 EA per 1 day) |
| <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 (1 EA per 1 day) |
| <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 (1 EA per 1 day) |
| 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 (1 EA per 1 day) |
| ICLUSIG ORAL TABLET 30 MG, 45 MG | T6 (SP) | PA |
| <i>imatinib mesylate</i> | T6 (SP) | PA; SP-QTZ |
| IMBRUVICA ORAL CAPSULE 140 MG | T6 (SP) | PA; SP-QTZ; QL (3 EA per 1 day) |
| IMBRUVICA ORAL CAPSULE 70 MG | T6 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| IMBRUVICA ORAL SUSPENSION | T6 (SP) | PA; SP-QTZ |
| IMBRUVICA ORAL TABLET | T6 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| INLYTA | T6 (SP) | PA; SP-QTZ |
| IXEMPRA KIT | T6 (SP) | |
| JAKAFI ORAL TABLET 10 MG, 5 MG | T6 (SP) | PA; SP-QTZ; QL (2 EA per 1 day) |
| 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) | |

| Drug Name | Drug Tier | Notes |
|-----------------------------------|-----------|---------------------------------|
| 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 tablet</i> | T3 (G) | |
| <i>mesna oral</i> | T6 (SP) | |
| MESNEX ORAL | T6 (SP) | |
| <i>mitomycin intravenous</i> | T6 (SP) | |
| <i>mitoxantrone hcl</i> | T6 (SP) | PA |
| 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 (1 EA per 1 day) |
| 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 |
| TAGRISSE ORAL TABLET 40 MG | T6 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| TAGRISSE ORAL TABLET 80 MG | T6 (SP) | PA; SP-QTZ |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------------------|
| <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 (1 EA per 1 day) |
| <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 |
| VERZENIO | T6 (SP) | PA; SP-QTZ |
| VORANIGO ORAL TABLET 10 MG | T6 (SP) | PA; SP-QTZ; QL (2 EA per 1 day) |
| VORANIGO ORAL TABLET 40 MG | T6 (SP) | PA; SP-QTZ |
| VOTRIENT | T6 (SP) | PA; SP-QTZ |
| XALKORI ORAL CAPSULE | T6 (SP) | PA; SP-QTZ |
| XTANDI | T6 (SP) | PA; SP-QTZ |
| ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM | 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 |
| Antiparasitics | | |
| <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 tablet 3 mg</i> | T5 (NP) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------------------|
| <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) | |
| Antiparkinson Agents | | |
| <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 (3 ML per 1 day) |
| <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) | |
| Antiplatelets | | |
| <i>aspirin-dipyridamole er</i> | T5 (NP) | |

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------------------|
| BRILINTA | T4 (PB) | |
| CABLIVI | T6 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| <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) | |
| Antipsychotics - Drugs for Mood Disorders | | |
| ABILIFY MAINTENA | T5 (NP) | |
| <i>aripiprazole oral tablet</i> | T3 (G) | QL (1 EA per 1 day) |
| <i>asenapine maleate</i> | T5 (NP) | QL (2 EA per 1 day) |
| <i>chlorpromazine hcl oral tablet</i> | T5 (NP) | |
| <i>clozapine oral tablet 100 mg, 25 mg</i> | T5 (NP) | QL (9 EA per 1 day) |
| <i>clozapine oral tablet 200 mg</i> | T5 (NP) | QL (4 EA per 1 day) |
| <i>clozapine oral tablet 50 mg</i> | T5 (NP) | QL (6 EA per 1 day) |
| FANAPT | T5 (NP) | PA; ST; QL (2 EA per 1 day) |
| FANAPT TITRATION PACK | T5 (NP) | PA; ST; QL (16 EA per 365 days) |
| <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 oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i> | T3 (G) | QL (1 EA per 1 day) |
| <i>lurasidone hcl oral tablet 80 mg</i> | T3 (G) | QL (2 EA per 1 day) |
| <i>olanzapine intramuscular</i> | T5 (NP) | |
| <i>olanzapine oral tablet</i> | T3 (G) | QL (1 EA per 1 day) |
| <i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i> | T5 (NP) | QL (1 EA per 1 day) |
| <i>paliperidone er oral tablet extended release 24 hour 6 mg</i> | T5 (NP) | QL (2 EA per 1 day) |
| <i>pimozide</i> | T5 (NP) | |
| <i>quetiapine fumarate er</i> | T3 (G) | QL (2 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|---|
| <i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i> | T3 (G) | QL (3 EA per 1 day) |
| <i>quetiapine fumarate oral tablet 300 mg, 400 mg</i> | T3 (G) | QL (2 EA per 1 day) |
| REXULTI | T5 (NP) | QL (1 EA per 1 day) |
| <i>risperidone oral tablet</i> | T3 (G) | QL (2 EA per 1 day) |
| <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 (2 EA per 1 day) |
| Antivirals | | |
| <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 (1 EA per 1 day) |
| <i>acyclovir external ointment</i> | T3 (G) | QL (1 GM per 1 day) |
| <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) | |
| APRETUDE | T5 (NP) | \$0 copay for HIV PX |
| APTIVUS | T6 (SP) | SP-QTZ |
| <i>atazanavir sulfate</i> | T5 (NP) | SP-QTZ |
| BARACLUDE ORAL SOLUTION | T5 (NP) | QL (21 ML per 1 day) |
| BIKTARVY | T5 (NP) | SP-QTZ; QL (1 EA per 1 day) |
| <i>cidofovir intravenous</i> | T3 (G) | |
| CIMDUO | T4 (PB) | SP-QTZ; QL (1 EA per 1 day) |
| COMPLERA | T5 (NP) | SP-QTZ; QL (1 EA per 1 day) |
| <i>darunavir oral tablet 600 mg</i> | T3 (G) | SP-QTZ |
| <i>darunavir oral tablet 800 mg</i> | T3 (G) | SP-QTZ; \$0 copay for HIV PX for MN plans |
| 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 (1 EA per 1 day) |
| EDURANT | T5 (NP) | SP-QTZ |
| <i>efavirenz</i> | T5 (NP) | SP-QTZ |
| <i>efavirenz-emtricitab-tenofo df</i> | T5 (NP) | SP-QTZ; QL (1 EA per 1 day) |
| <i>efavirenz-lamivudine-tenofovir</i> | T5 (NP) | SP-QTZ; QL (1 EA per 1 day) |
| <i>emtricitabine</i> | T5 (NP) | SP-QTZ |

| Drug Name | Drug Tier | Notes |
|--|-----------|--|
| <i>emtricitabine-tenofovir df oral tablet 100-150 mg</i> | T5 (NP) | SP-QTZ; \$0 copay for HIV PX for MN plans; QL (1 EA per 1 day) |
| <i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i> | T5 (NP) | SP-QTZ; QL (1 EA per 1 day) |
| <i>emtricitabine-tenofovir df oral tablet 200-300 mg</i> | T5 (NP) | SP-QTZ; \$0 copay for HIV PX; QL (1 EA per 1 day) |
| EMTRIVA ORAL SOLUTION | T4 (PB) | SP-QTZ |
| <i>entecavir</i> | T3 (G) | QL (1 EA per 1 day) |
| EPCLUSA ORAL PACKET 150-37.5 MG | T4 (PB) | PA; SP-QTZ; QL (1 EA per 1 day) |
| EPCLUSA ORAL PACKET 200-50 MG | T4 (PB) | PA; SP-QTZ; QL (2 EA per 1 day) |
| EPCLUSA ORAL TABLET 200-50 MG | T4 (PB) | PA; SP-QTZ; QL (1 EA per 1 day) |
| EPCLUSA ORAL TABLET 400-100 MG | T6 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| <i>etravirine</i> | T5 (NP) | SP-QTZ |
| EVOTAZ | T4 (PB) | SP-QTZ; QL (1 EA per 1 day) |
| <i>famciclovir oral</i> | T3 (G) | |
| <i>fosamprenavir calcium</i> | T5 (NP) | SP-QTZ |
| FUZEON | T4 (PB) | SP-QTZ |
| HARVONI ORAL PACKET 33.75-150 MG | T6 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| HARVONI ORAL PACKET 45-200 MG | T6 (SP) | PA; SP-QTZ; QL (2 EA per 1 day) |
| HARVONI ORAL TABLET 45-200 MG | T6 (SP) | PA; SP-QTZ; QL (2 EA per 1 day) |
| HARVONI ORAL TABLET 90-400 MG | T6 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| 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 (1 EA per 1 day) |
| LAGEVRIO | T5 (NP) | QL (8 EA per 1 day) |
| <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 (1 EA per 1 day) |
| <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 ORAL PACKET | T5 (NP) | PA; SP-QTZ; QL (5 EA per 1 day) |
| MAVYRET ORAL TABLET | T5 (NP) | PA; SP-QTZ; QL (3 EA per 1 day) |
| <i>nevirapine</i> | T5 (NP) | SP-QTZ |
| <i>nevirapine er</i> | T5 (NP) | SP-QTZ |

| Drug Name | Drug Tier | Notes |
|--|-----------|---|
| NORVIR ORAL PACKET | T4 (PB) | SP-QTZ |
| ODEFSEY | T5 (NP) | SP-QTZ; QL (1 EA per 1 day) |
| <i>oseltamivir phosphate oral capsule 30 mg</i> | T4 (PB) | QL (40 EA per 365 days) |
| <i>oseltamivir phosphate oral capsule 45 mg</i> | T4 (PB) | QL (20 EA per 365 days) |
| <i>oseltamivir phosphate oral capsule 75 mg</i> | T5 (NP) | QL (20 EA per 365 days) |
| <i>oseltamivir phosphate oral suspension reconstituted</i> | T5 (NP) | QL (360 ML per 365 days) |
| PAXLOVID (150/100) | T5 (NP) | QL (4 EA per 1 day) |
| PAXLOVID (300/100) | T5 (NP) | QL (6 EA per 1 day) |
| PEGASYS | T6 (SP) | PA; SP-QTZ |
| <i>penciclovir</i> | T5 (NP) | |
| PIFELTRO | T5 (NP) | SP-QTZ |
| PREZCOBIX | T4 (PB) | SP-QTZ; QL (1 EA per 1 day) |
| PREZISTA ORAL SUSPENSION | T4 (PB) | SP-QTZ |
| PREZISTA ORAL TABLET 150 MG, 75 MG | T4 (PB) | SP-QTZ |
| RELENZA DISKHALER | T5 (NP) | QL (40 EA per 365 days) |
| 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; \$0 copay for HIV PX for MN plans |
| RUKOBIA | T4 (PB) | SP-QTZ |
| SELZENTRY ORAL SOLUTION | T4 (PB) | PA; SP-QTZ |
| SOVALDI ORAL TABLET 400 MG | T6 (SP) | PA; SP-QTZ |
| SYMTUZA | T5 (NP) | SP-QTZ; QL (1 EA per 1 day) |
| <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 (1 EA per 1 day) |
| TYBOST | T4 (PB) | SP-QTZ |
| <i>valacyclovir hcl oral</i> | T3 (G) | QL (4 EA per 1 day) |
| <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 (1 EA per 1 day) |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------------|
| <i>zidovudine</i> | T5 (NP) | SP-QTZ |
| Anxiolytics - Drugs for Anxiety | | |
| <i>alprazolam er oral tablet extended release 24 hour 0.5 mg</i> | T4 (PB) | QL (1 EA per 1 day) |
| <i>alprazolam er oral tablet extended release 24 hour 1 mg</i> | T3 (G) | QL (1 EA per 1 day) |
| <i>alprazolam er oral tablet extended release 24 hour 2 mg</i> | T4 (PB) | QL (5 EA per 1 day) |
| <i>alprazolam er oral tablet extended release 24 hour 3 mg</i> | T4 (PB) | QL (3 EA per 1 day) |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i> | T3 (G) | QL (4 EA per 1 day) |
| <i>alprazolam oral tablet 2 mg</i> | T3 (G) | QL (5 EA per 1 day) |
| <i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i> | T4 (PB) | QL (1 EA per 1 day) |
| <i>alprazolam xr oral tablet extended release 24 hour 1 mg</i> | T3 (G) | QL (1 EA per 1 day) |
| <i>alprazolam xr oral tablet extended release 24 hour 2 mg</i> | T4 (PB) | QL (5 EA per 1 day) |
| <i>alprazolam xr oral tablet extended release 24 hour 3 mg</i> | T4 (PB) | QL (3 EA per 1 day) |
| <i>buspirone hcl oral tablet 10 mg, 5 mg</i> | T2 (PG) | |
| <i>buspirone hcl oral tablet 15 mg, 30 mg</i> | T3 (G) | |
| <i>chlordiazepoxide hcl oral capsule 10 mg</i> | T3 (G) | QL (30 EA per 1 day) |
| <i>chlordiazepoxide hcl oral capsule 25 mg</i> | T3 (G) | QL (12 EA per 1 day) |
| <i>chlordiazepoxide hcl oral capsule 5 mg</i> | T3 (G) | QL (4 EA per 1 day) |
| <i>clonazepam oral tablet 0.5 mg, 1 mg</i> | T3 (G) | QL (3 EA per 1 day) |
| <i>clonazepam oral tablet 2 mg</i> | T3 (G) | QL (10 EA per 1 day) |
| <i>clorazepate dipotassium oral tablet 15 mg</i> | T5 (NP) | QL (6 EA per 1 day) |
| <i>clorazepate dipotassium oral tablet 3.75 mg</i> | T5 (NP) | QL (24 EA per 1 day) |
| <i>clorazepate dipotassium oral tablet 7.5 mg</i> | T5 (NP) | QL (12 EA per 1 day) |
| <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 (1 EA per 1 day) |
| <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) | |

| Drug Name | Drug Tier | Notes |
|---|------------------|-------------------------|
| <i>lorazepam intensol</i> | T5 (NP) | QL (5 ML per 1 day) |
| <i>lorazepam oral concentrate 2 mg/ml</i> | T5 (NP) | QL (5 ML per 1 day) |
| <i>lorazepam oral tablet 0.5 mg, 1 mg</i> | T3 (G) | QL (3 EA per 1 day) |
| <i>lorazepam oral tablet 2 mg</i> | T3 (G) | QL (5 EA per 1 day) |
| <i>meprobamate</i> | T5 (NP) | |
| <i>midazolam hcl injection solution 2 mg/2ml</i> | T5 (NP) | |
| <i>oxazepam</i> | T5 (NP) | QL (4 EA per 1 day) |
| <i>quazepam</i> | T5 (NP) | QL (1 EA per 1 day) |
| <i>triazolam</i> | T3 (G) | QL (2 EA per 1 day) |
| Bipolar Agents - Drugs for Mood Disorders | | |
| <i>lithium</i> | T3 (G) | |
| <i>lithium carbonate er</i> | T2 (PG) | |
| <i>lithium carbonate oral</i> | T2 (PG) | |
| Blood Products and Modifiers - Drugs for Blood Disorders | | |
| <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 (2 EA per 1 day) |
| PYRUKYND TAPER PACK | T6 (SP) | PA; QL (1 EA per 1 day) |
| REBLOZYL | T6 (SP) | PA |
| RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1801-2400 UNIT | T6 (SP) | |
| RETACRIT | T6 (SP) | PA |
| SOLIRIS | T6 (SP) | PA |
| ULTOMIRIS | T6 (SP) | PA |
| XOLREMDI | T6 (SP) | PA; QL (4 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|----------------------------|
| Cardiovascular Agents - Drugs for Heart and Circulation Conditions | | |
| <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>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 ORAL SOLUTION | T5 (NP) | PA; QL (15 ML per 1 day) |
| CORLANOR ORAL TABLET | T5 (NP) | PA; QL (2 EA per 1 day) |
| <i>digoxin oral solution</i> | T5 (NP) | |
| <i>digoxin oral tablet 125 mcg, 250 mcg</i> | T2 (PG) | |
| <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) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---|-----------|---------------------|
| <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 ORAL CAPSULE SPRINKLE | T4 (PB) | QL (8 EA per 1 day) |
| ENTRESTO ORAL TABLET | T4 (PB) | QL (2 EA per 1 day) |
| <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) | |
| <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) | |

| Drug Name | Drug Tier | Notes |
|--|------------------|----------------------------|
| <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 (2 EA per 1 day) |
| <i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</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) | |
| <i>methyldopa</i> | T2 (PG) | |
| <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 (16 EA per 1 day) |
| <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) | |
| <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 capsule</i> | T5 (NP) | |

| Drug Name | Drug Tier | Notes |
|---|-----------|--|
| <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 (0.11 ML per 1 day) |
| REPATHA PUSHTRONEX SYSTEM | T4 (PB) | PA; ST; SP-QTZ; QL (0.13 ML per 1 day) |
| REPATHA SURECLICK | T4 (PB) | PA; ST; SP-QTZ; QL (0.11 ML per 1 day) |
| <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) | |
| <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) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|------------------|---------------------------------|
| <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 (1 EA per 1 day) |
| Central Nervous System Agents | | |
| SKYCLARYS | T6 (SP) | PA; QL (3 EA per 1 day) |
| Central Nervous System Agents - Drugs for Attention Deficit Disorder | | |
| <i>amphetamine sulfate</i> | T5 (NP) | QL (6 EA per 1 day) |
| <i>amphetamine-dextroamphetamine er</i> | T3 (G) | QL (2 EA per 1 day) |
| <i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i> | T3 (G) | QL (3 EA per 1 day) |
| <i>amphetamine-dextroamphetamine oral tablet 30 mg</i> | T3 (G) | QL (2 EA per 1 day) |
| <i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i> | T4 (PB) | QL (1 EA per 1 day) |
| <i>atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg</i> | T5 (NP) | QL (1 EA per 1 day) |
| <i>clonidine hcl er</i> | T3 (G) | |
| <i>dexmethylphenidate hcl</i> | T3 (G) | QL (2 EA per 1 day) |
| <i>dexmethylphenidate hcl er</i> | T5 (NP) | QL (1 EA per 1 day) |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i> | T5 (NP) | QL (6 EA per 1 day) |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i> | T5 (NP) | QL (4 EA per 1 day) |
| <i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i> | T5 (NP) | QL (3 EA per 1 day) |
| <i>dextroamphetamine sulfate oral solution</i> | T5 (NP) | QL (60 ML per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 10 mg</i> | T3 (G) | QL (6 EA per 1 day) |
| <i>dextroamphetamine sulfate oral tablet 5 mg</i> | T3 (G) | QL (3 EA per 1 day) |
| <i>guanfacine hcl er</i> | T5 (NP) | |
| <i>lisdexamfetamine dimesylate</i> | T4 (PB) | QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------------|
| <i>methamphetamine hcl</i> | T3 (G) | QL (5 EA per 1 day) |
| <i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i> | T5 (NP) | QL (1 EA per 1 day) |
| <i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i> | T5 (NP) | QL (2 EA per 1 day) |
| <i>methylphenidate hcl er oral tablet extended release 10 mg</i> | T5 (NP) | QL (2 EA per 1 day) |
| <i>methylphenidate hcl er oral tablet extended release 20 mg</i> | T5 (NP) | QL (3 EA per 1 day) |
| <i>methylphenidate hcl oral tablet</i> | T3 (G) | QL (3 EA per 1 day) |
| Central Nervous System Agents - Drugs for Multiple Sclerosis | | |
| AVONEX PEN | T6 (SP) | PA; SP-QTZ; QL (0.04 EA per 1 day) |
| AVONEX PREFILLED | T6 (SP) | PA; SP-QTZ; QL (0.04 EA per 1 day) |
| BETASERON | T6 (SP) | PA; SP-QTZ; QL (0.5 EA per 1 day) |
| <i>dalfampridine er</i> | T6 (SP) | PA; QL (2 EA per 1 day) |
| <i>dimethyl fumarate oral</i> | T4 (PB) | PA; SP-QTZ; QL (2 EA per 1 day) |
| <i>dimethyl fumarate starter pack</i> | T4 (PB) | PA; SP-QTZ; QL (120 EA per 365 days) |
| <i>fingolimod hcl</i> | T6 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| GILENYA ORAL CAPSULE 0.25 MG | T6 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i> | T6 (SP) | PA; SP-QTZ; QL (1 ML per 1 day) |
| <i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i> | T6 (SP) | PA; SP-QTZ; QL (0.43 ML per 1 day) |
| <i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i> | T6 (SP) | PA; SP-QTZ; QL (1 ML per 1 day) |
| <i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i> | T6 (SP) | PA; SP-QTZ; QL (0.43 ML per 1 day) |
| KESIMPTA | T6 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| MAYZENT ORAL TABLET 0.25 MG | T6 (SP) | PA; SP-QTZ; QL (4 EA per 1 day) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | T6 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG | T6 (SP) | PA; SP-QTZ; QL (24 EA per 365 days) |
| MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG | T6 (SP) | PA; SP-QTZ; QL (14 EA per 365 days) |
| <i>teriflunomide</i> | T6 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| TYSABRI | T6 (SP) | PA; QL (0.54 ML per 1 day) |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------------------------|
| Central Nervous System Agents - Miscellaneous | | |
| AUSTEDO | T6 (SP) | |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG | T6 (SP) | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i> | T3 (G) | QL (3 EA per 1 day) |
| <i>pregabalin oral capsule 300 mg</i> | T3 (G) | QL (2 EA per 1 day) |
| <i>pregabalin oral solution</i> | T5 (NP) | QL (30 ML per 1 day) |
| <i>riluzole</i> | T5 (NP) | |
| SAVELLA | T5 (NP) | PA; ST; QL (2 EA per 1 day) |
| SAVELLA TITRATION PACK | T5 (NP) | PA; ST; QL (110 EA per 365 days) |
| <i>tetrabenazine</i> | T6 (SP) | PA |
| Dental and Oral Agents - Drugs for Mouth and Throat Conditions | | |
| <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) | |
| 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) | |
| Dermatological Agents - Drugs for Skin Conditions | | |
| <i>acutane</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) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---|-----------|-------------------------|
| <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>amnesteem</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) | |
| <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 (1 EA per 1 day) |
| <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 0.05 %</i> | T5 (NP) | |
| <i>clobetasol propionate external gel</i> | T5 (NP) | |
| <i>clobetasol propionate external ointment</i> | T5 (NP) | |

| Drug Name | Drug Tier | Notes |
|--|-----------|------------------------------------|
| <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 (10 GM per 1 day) |
| <i>diflorasone diacetate external cream</i> | T5 (NP) | |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML | T6 (SP) | PA; SP-QTZ; QL (0.17 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | T6 (SP) | PA; SP-QTZ; QL (0.29 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML | T6 (SP) | PA; SP-QTZ; QL (0.17 ML per 1 day) |
| DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | T6 (SP) | PA; SP-QTZ; QL (0.29 ML per 1 day) |
| <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) | |
| <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 external cream</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) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------------|
| <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 (2 GM per 1 day) |
| <i>podofilox external solution</i> | T3 (G) | |
| REGRANEX | T5 (NP) | PA |
| SANTYL | T5 (NP) | QL (3 GM per 1 day) |
| <i>selenium sulfide external lotion</i> | T3 (G) | |
| <i>sulfacetamide sodium (acne)</i> | T5 (NP) | |
| <i>tacrolimus external</i> | T5 (NP) | QL (2 GM per 1 day) |
| <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) | |
| <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>triderm</i> | T2 (PG) | |
| <i>zenatane</i> | T5 (NP) | |
| Diabetes - Antidiabetic Agents | | |
| <i>acarbose oral</i> | T5 (NP) | |
| BYDUREON BCISE AUTOINJECTOR | T4 (PB) | PA; \$0 HDHP; QL (0.15 ML per 1 day) |
| BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML | T4 (PB) | PA; \$0 HDHP; QL (0.08 ML per 1 day) |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|---|
| BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML | T4 (PB) | PA; \$0 HDHP; QL (0.04 ML per 1 day) |
| 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-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 \$0 HDHP |
| 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 |
| <i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i> | T4 (PB) | PA; QL (0.3 ML per 1 day) |
| <i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i> | T4 (PB) | PA; \$0 HDHP; QL (0.3 ML per 1 day) |
| <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; \$0 HDHP; QL (0.08 ML per 1 day) |
| <i>nateglinide</i> | T5 (NP) | |
| <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; \$0 HDHP; QL (0.08 ML per 1 day) |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--------------------------------------|-----------|----------------------|
| XIGDUO XR | T4 (PB) | \$0 HDHP |
| XULTOPHY | T4 (PB) | |
| Diabetes - Glucose Monitoring | | |
| ACCU-CHEK FASTCLIX LANCET KIT | T4 (PB) | |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT | T4 (PB) | |
| AUTOPEN | 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 |
| CONTOUR PLUS BLUE KIT W/DEVICE | T4 (PB) | |
| CONTOUR PLUS TEST STRIP | T4 (PB) | QL (10 EA per 1 day) |
| 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 |
| DROPSAFE ACTI-LANCE 23G | T4 (PB) | \$0 HDHP |
| 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 |
| 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 |

| Drug Name | Drug Tier | Notes |
|-------------------------------------|-----------|--------------------------------|
| 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 28G THIN | 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 (10 EA per 1 day) |
| 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 (10 EA per 1 day) |
| ONETOUCH ULTRA TEST STRIPS | T4 (PB) | \$0 HDHP; QL (10 EA per 1 day) |
| ONETOUCH VERIO FLEX SYSTEM | T1 (\$0) | |
| ONETOUCH VERIO IN VITRO LIQUID | T4 (PB) | \$0 HDHP |
| ONETOUCH VERIO TEST STRIPS | T4 (PB) | \$0 HDHP; QL (10 EA per 1 day) |
| 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 |
| 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 |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---|-----------|----------|
| Diabetes - Glycemic Agents | | |
| 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) | |
| Diabetes - Insulins | | |
| 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 |
| EMBECTA INSULIN SYRINGE U/F | T4 (PB) | \$0 HDHP |
| EMBECTA INSULIN SYRINGE U-100 | 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 |
| 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 |
| NOVOLIN 70/30 FLEXPEN | T4 (PB) | \$0 HDHP |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------------|
| 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 |
| VERIFINE INSULIN SYRINGE | T4 (PB) | \$0 HDHP |
| Electrolytes / Minerals / Metals / Vitamins | | |
| AIRAVITE | T3 (G) | |
| ATABEX | T5 PV | |
| 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 | |
| <i>carglumic acid</i> | T6 (SP) | PA; SP-ORx |
| CENTRUM SPECIALIST PRENATAL | T5 PV | |
| CHEMET | T5 (NP) | |
| <i>classic prenatal</i> | T3 PV | |
| <i>corvita 150</i> | T3 (G) | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| <i>cvs folic acid</i> | T3 PV | |
| <i>cvs prenatal</i> | T3 PV | |
| <i>cvs prenatal gummy oral tablet chewable 0.4 mg, 0.4-113.5 mg</i> | T3 PV | |
| <i>cvs prenatal multi+dha</i> | T3 PV | |
| <i>cvs prenatal multivitamin</i> | T3 PV | |
| <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 | |
| <i>eql prenatal formula</i> | T3 PV | |
| <i>ergocalciferol oral capsule</i> | T3 (G) | |
| <i>fa-8</i> | T3 PV | |
| <i>fa-vitamin b-6-vitamin b-12</i> | T3 (G) | |
| <i>ferottrinsic</i> | T3 (G) | |
| <i>folate</i> | T3 PV | |
| FOLBEE | T3 (G) | |
| <i>folbee plus</i> | T3 (G) | |
| <i>folic acid oral capsule 0.8 mg</i> | T3 PV | |
| <i>folic acid oral tablet 1 mg</i> | T3 (G) | |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i> | T3 PV | |
| <i>folplex 2.2</i> | T3 (G) | |
| <i>foltrin</i> | T3 (G) | |
| <i>ft folic acid</i> | T3 PV | |
| <i>ft prenatal</i> | T3 PV | |
| <i>gnp folic acid</i> | T3 PV | |
| <i>gnp prenatal</i> | T3 PV | |
| HEALTHY MAMA BE WELL ROUNDED | T5 PV | |
| <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 | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| <i>kp prenatal multivitamins</i> | T3 PV | |
| 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 | |
| <i>multi prenatal</i> | T3 PV | |
| <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 | |
| NEONATAL VITAMIN | T5 PV | |
| <i>nephronex oral tablet</i> | T3 (G) | |
| NUFOL | T3 (G) | |
| NUTRIFAC ZX | T3 (G) | |
| ONE VITE WOMENS | T5 PV | |
| ONE-A-DAY WOMENS PRENATAL 1 | T5 PV | |
| 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) | |
| <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) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| <i>prenatal (w/iron & fa)</i> | T3 PV | |
| <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 | |
| <i>prenatal formula</i> | T3 PV | |
| <i>prenatal forte</i> | T3 PV | |
| <i>prenatal gummies/dha & fa</i> | T3 PV | |
| <i>prenatal multi +dha</i> | T3 PV | |
| PRENATAL MULTIVITAMIN + DHA | T5 PV | |
| <i>prenatal multivitamin plus dha</i> | T3 PV | |
| <i>prenatal one daily</i> | T3 PV | |
| <i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i> | T3 PV | |
| <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 | |
| <i>prenatal vitamins</i> | T3 PV | |
| <i>prenatal/folic acid+dha</i> | T3 PV | |
| <i>prenatal/iron</i> | T3 PV | |
| <i>purevit dualfe plus</i> | T3 (G) | |
| <i>pyridoxine hcl injection</i> | T3 (G) | |
| <i>qc folic acid</i> | T3 PV | |
| <i>qc prenatal</i> | T3 PV | |
| <i>ra folic acid</i> | T3 PV | |
| <i>ra prenatal</i> | T3 PV | |
| <i>ra prenatal formula</i> | T3 PV | |
| <i>se-tan plus</i> | T3 (G) | |
| SIMILAC PRENATAL EARLY SHIELD | T5 PV | |
| <i>sm folic acid</i> | T3 PV | |
| <i>sm one daily prenatal</i> | T3 PV | |
| <i>sm prenatal vitamins</i> | T3 PV | |
| <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 | |
| <i>sodium polystyrene sulfonate</i> | T3 (G) | |
| SPS (SODIUM POLYSTYRENE SULF) | T5 (NP) | |
| STUART ONE | T5 PV | |
| <i>thiamine hcl injection</i> | T3 (G) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------|
| <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-vitelfluoride</i> | T3 (G) | |
| TRUE FOLIC ACID ORAL TABLET 400 MCG | T5 PV | |
| <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) | |
| <i>wescaps</i> | T3 (G) | |
| WESTAB ONE | T3 (G) | |
| <i>yl folic acid</i> | T3 PV | |
| Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer | | |
| <i>cimetidine hcl</i> | T3 (G) | |
| <i>cimetidine oral</i> | T3 (G) | |
| <i>esomeprazole magnesium oral capsule delayed release</i> | T3 (G) | |
| <i>famotidine (pf)</i> | T3 (G) | |
| <i>famotidine oral suspension reconstituted</i> | T5 (NP) | |
| <i>famotidine oral tablet 40 mg</i> | T3 (G) | |
| <i>famotidine tablet 20 mg oral (rx)</i> | T2 (PG) | |
| <i>lansoprazole oral capsule delayed release</i> | T3 (G) | QL (1 EA per 1 day) |
| <i>misoprostol oral</i> | T3 (G) | |
| <i>nizatidine</i> | T3 (G) | |
| <i>omeprazole oral capsule delayed release</i> | T2 (PG) | QL (1 EA per 1 day) |
| <i>pantoprazole sodium intravenous</i> | T3 (G) | QL (1 EA per 1 day) |
| <i>pantoprazole sodium oral tablet delayed release</i> | T2 (PG) | QL (1 EA per 1 day) |
| <i>rabeprazole sodium oral tablet delayed release</i> | T4 (PB) | QL (1 EA per 1 day) |
| <i>sucralfate oral tablet</i> | T2 (PG) | |
| Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions | | |
| <i>alosetron hcl</i> | T5 (NP) | PA |
| <i>alvimopan</i> | T3 (G) | |
| <i>amoxicill-clarithro-lansopraz</i> | T5 (NP) | |

| Drug Name | Drug Tier | Notes |
|--|------------------|--|
| <i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i> | T3 (G) | |
| <i>bis subcit-metronid-tetracyc</i> | T5 (NP) | |
| <i>bisacodyl ec</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>bismuth/metronidaz/tetracyclin</i> | T5 (NP) | |
| <i>citrate of magnesia</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>citroma</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>clearlax</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <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 (2 fill per 365 days) |
| <i>cvs gentle laxative oral</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>cvs gentle laxative womens</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>cvs magnesium citrate</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>cvs purelax oral powder</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>dicyclomine hcl oral capsule</i> | T2 (PG) | |
| <i>dicyclomine hcl oral solution 10 mg/5ml</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 (2 fill per 365 days) |
| <i>eq gentle laxative</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>eq magnesium citrate</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>eql clearlax</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>eql gentle laxative</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>eql laxative oral tablet delayed release</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |

| Drug Name | Drug Tier | Notes |
|---|-----------|---|
| <i>eql magnesium citrate</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>ft clearlax</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>ft laxative</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>ft magnesium citrate</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| GATTEX | T6 (SP) | PA |
| <i>gavilax oral powder</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>gavilyte-c</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days) |
| <i>gavilyte-g</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days) |
| <i>gavilyte-n with flavor pack</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days) |
| <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 (2 fill per 365 days) |
| <i>glycolax</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <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 (4 EA per 1 day) |
| <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 (2 fill per 365 days) |
| <i>gnp gentle laxative oral</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>gnp magnesium citrate</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>gnp womens gentle laxative</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <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 (2 fill per 365 days) |
| <i>goodsense bisacodyl laxative</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |

| Drug Name | Drug Tier | Notes |
|---|-----------|---|
| <i>goodsense clearlax</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>goodsense magnesium citrate</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <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 (2 fill per 365 days) |
| <i>kp bisacodyl</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <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 (2 fill per 365 days) |
| LINZESS | T4 (PB) | PA; ST; QL (1 EA per 1 day) |
| <i>loperamide hcl oral capsule</i> | T3 (G) | |
| <i>lubiprostone</i> | T5 (NP) | QL (2 EA per 1 day) |
| <i>magnesium citrate oral solution</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <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 (2 fill per 365 days) |
| MOTEGRITY | T5 (NP) | PA; ST; QL (1 EA per 1 day) |
| 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 (354 ML per 365 days) |
| OMECLAMOX-PAK | T4 (PB) | |
| <i>peg 3350 oral powder</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>peg 3350-kcl-na bicarb-nacl</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days) |
| <i>peg-3350/electrolytes</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days) |
| <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 (2 fill per 365 days) |

| Drug Name | Drug Tier | Notes |
|---|-----------|--|
| <i>polyethylene glycol 3350-grx oral powder</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>prucalopride succinate</i> | T5 (NP) | PA; ST; QL (1 EA per 1 day) |
| <i>qc gentle laxative oral</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>qc gentle laxative womens</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>qc laxative</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>qc magnesium citrate</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>qc natura-lax</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>ra laxative oral powder</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>ra laxative oral tablet delayed release</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>ra magnesium citrate</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>ra womens laxative</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| REBYOTA | T6 (SP) | PA |
| <i>sb bisacodyl laxative ec</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>sb gentle lax-women</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>sb magnesium citrate</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>sb polyethylene glycol 3350</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>sm gentle laxative</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <i>smooth lax oral powder</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| SYMPROIC | T4 (PB) | PA; ST; QL (1 EA per 1 day) |
| <i>true laxative</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |
| <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 (2 fill per 365 days) |
| <i>womens laxative</i> | T3 PV | \$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days) |

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------------|
| Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment | | |
| <i>betaine</i> | T6 (SP) | |
| CERDELGA | T6 (SP) | PA; SP-ORx |
| CHOLBAM | T6 (SP) | PA |
| CREON | T4 (PB) | |
| CYSTAGON | T6 (SP) | |
| EVRYSDI ORAL SOLUTION RECONSTITUTED | T6 (SP) | PA; QL (8 ML per 1 day) |
| GALAFOLD | T6 (SP) | PA; QL (0.5 EA per 1 day) |
| <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) | |
| Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions | | |
| <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) | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------------------------|
| 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>phenazopyridine hcl oral tablet 100 mg, 200 mg</i> | T2 (PG) | |
| RENACIDIN | T5 (NP) | |
| <i>sevelamer carbonate oral tablet</i> | T5 (NP) | |
| <i>solifenacin succinate</i> | T3 (G) | |
| <i>tadalafil oral tablet 2.5 mg, 5 mg</i> | T3 (G) | PA; QL (1 EA per 1 day) |
| <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) | |
| Genitourinary Agents - Drugs for Prostate Conditions | | |
| <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) | |
| Hormonal Agents - Adrenal | | |
| 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) | |

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------------|
| <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 (16 ML per 1 day) |
| <i>prednisone oral tablet</i> | T2 (PG) | |
| <i>prednisone oral tablet therapy pack</i> | T2 (PG) | |
| 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) | |
| Hormonal Agents - Men's Health | | |
| <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/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i> | T5 (NP) | PA |
| <i>testosterone transdermal solution</i> | T5 (NP) | PA |
| Hormonal Agents - Pituitary | | |
| <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 |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---|-----------|--------------------------|
| LUPRON DEPOT-PED (3-MONTH) | T6 (SP) | PA |
| LUPRON DEPOT-PED (6-MONTH) | T6 (SP) | PA |
| NORDITROPIN FLEXPRO | 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 |
| <i>oxytocin injection</i> | T3 (G) | |
| PREGNYL | T6 (SP) | PA |
| SIGNIFOR | T6 (SP) | PA; QL (2 ML per 1 day) |
| SOMAVERT | T6 (SP) | PA; SP-ORx |
| SYNAREL | T4 (PB) | |
| <i>vasopressin</i> | T3 (G) | |
| <i>vasopressin +rfid</i> | T3 (G) | |
| Hormonal Agents - Prostaglandins | | |
| <i>mifepristone oral tablet 200 mg</i> | T3 (G) | |
| Hormonal Agents - Selective Estrogen Receptor Modifying Agents | | |
| OSPHENA | T5 (NP) | |
| <i>raloxifene hcl</i> | T3 (G) | \$0 for breast cancer PX |
| Hormonal Agents - Sex Hormones and Birth Control | | |
| <i>afirmelle</i> | T3 PV | |
| <i>aftera</i> | T3 PV | |
| <i>altavera</i> | T3 PV | |
| <i>alyacen 1/35</i> | T3 PV | |
| <i>alyacen 7/7/7</i> | T3 PV | |
| <i>amethyst</i> | T3 PV | |
| ANNOVERA | T5 PV | QL (1 EA per 350 days) |
| <i>apri</i> | T3 PV | |
| <i>aranelle</i> | T3 PV | |
| <i>ashlyna</i> | T3 PV | QL (1 EA per 1 day) |
| <i>aubra eq</i> | T3 PV | |
| <i>aurovela 1.5/30</i> | T3 PV | |
| <i>aurovela 1/20</i> | T3 PV | |
| <i>aurovela 24 fe</i> | T3 PV | |
| <i>aurovela fe 1.5/30</i> | T3 PV | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---------------------------------------|-----------|--|
| <i>aurovela fe 1/20</i> | T3 PV | |
| <i>aviane</i> | T3 PV | |
| <i>ayuna</i> | T3 PV | |
| <i>azurette</i> | T3 PV | |
| <i>balziva</i> | T3 PV | |
| <i>blisovi 24 fe</i> | T3 PV | |
| <i>blisovi fe 1.5/30</i> | T3 PV | |
| <i>blisovi fe 1/20</i> | T3 PV | |
| <i>briellyn</i> | T3 PV | |
| <i>camila</i> | T3 PV | |
| <i>camrese</i> | T3 PV | QL (1 EA per 1 day) |
| <i>camrese lo</i> | T3 PV | QL (1 EA per 1 day) |
| <i>charlotte 24 fe</i> | T3 PV | |
| <i>chateal eq</i> | T3 PV | |
| COMBIPATCH | T5 (NP) | |
| <i>cryselle-28</i> | T3 PV | |
| <i>curae oral tablet 1.5 mg</i> | T3 PV | |
| <i>cyred eq</i> | T3 PV | |
| <i>dasetta 1/35 (28)</i> | T3 PV | |
| <i>dasetta 7/7/7</i> | T3 PV | |
| <i>daysee</i> | T3 PV | QL (1 EA per 1 day) |
| <i>deblitane</i> | T3 PV | |
| <i>delyla</i> | T3 PV | |
| DEPO-SUBQ PROVERA 104 | T5 (NP) | \$0 for MN plans; QL (0.02 ML per 1 day) |
| <i>desogestrel-ethinyl estradiol</i> | T3 PV | |
| <i>dolishale</i> | T3 PV | |
| <i>dotti</i> | T5 (NP) | |
| <i>drospiren-eth estrad-levomefol</i> | T3 PV | |
| <i>drospirenone-ethinyl estradiol</i> | T3 PV | |
| DUAVEE | T4 (PB) | |
| <i>econtra one-step</i> | T3 PV | |
| <i>elinest</i> | T3 PV | |
| ELLA | T5 PV | |
| <i>eluryng</i> | T3 PV | |
| <i>emzahh</i> | T3 PV | |
| <i>enilloring</i> | T3 PV | |
| <i>enpresse-28</i> | T3 PV | |

| Drug Name | Drug Tier | Notes |
|--|------------------|---------------------|
| <i>enskyce</i> | T3 PV | |
| <i>errin</i> | T3 PV | |
| <i>estarylla</i> | T3 PV | |
| <i>estradiol oral</i> | T2 (PG) | |
| <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 | |
| <i>etonogestrel-ethinyl estradiol</i> | T3 PV | |
| <i>falmina</i> | T3 PV | |
| <i>feirza 1.5/30</i> | T3 PV | |
| <i>feirza 1/20</i> | T3 PV | |
| <i>finzala</i> | T3 PV | |
| <i>fyavolv</i> | T4 (PB) | |
| <i>gallifrey</i> | T3 (G) | |
| <i>gemmily</i> | T3 PV | |
| <i>hailey 1.5/30</i> | T3 PV | |
| <i>hailey 24 fe</i> | T3 PV | |
| <i>hailey fe 1.5/30</i> | T3 PV | |
| <i>hailey fe 1/20</i> | T3 PV | |
| <i>haloette</i> | T3 PV | |
| <i>heather</i> | T3 PV | |
| <i>her style</i> | T3 PV | |
| <i>iclevia</i> | T3 PV | QL (1 EA per 1 day) |
| <i>incassia</i> | T3 PV | |
| <i>introvale</i> | T3 PV | QL (1 EA per 1 day) |
| <i>isibloom</i> | T3 PV | |
| <i>jaimiess</i> | T3 PV | QL (1 EA per 1 day) |
| <i>jasmiel</i> | T3 PV | |
| <i>jencycla</i> | T3 PV | |
| <i>jinteli</i> | T4 (PB) | |
| <i>jolessa</i> | T3 PV | QL (1 EA per 1 day) |
| <i>joyeaux</i> | T3 PV | |
| <i>juleber</i> | T3 PV | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|------------------|---------------------|
| <i>junel 1.5/30</i> | T3 PV | |
| <i>junel 1/20</i> | T3 PV | |
| <i>junel fe 1.5/30</i> | T3 PV | |
| <i>junel fe 1/20</i> | T3 PV | |
| <i>junel fe 24</i> | T3 PV | |
| <i>kaitlib fe</i> | T3 PV | |
| <i>kalliga</i> | T3 PV | |
| <i>kariva</i> | T3 PV | |
| <i>kelnor 1/35</i> | T3 PV | |
| <i>kelnor 1/50</i> | T3 PV | |
| <i>kurvelo</i> | T3 PV | |
| KYLEENA | T5 PV | |
| <i>larin 1.5/30</i> | T3 PV | |
| <i>larin 1/20</i> | T3 PV | |
| <i>larin 24 fe</i> | T3 PV | |
| <i>larin fe 1.5/30</i> | T3 PV | |
| <i>larin fe 1/20</i> | T3 PV | |
| <i>layolis fe</i> | T3 PV | |
| <i>leena</i> | T3 PV | |
| <i>lessina</i> | T3 PV | |
| <i>levonest</i> | T3 PV | |
| <i>levonorgest-eth est & eth est</i> | T3 PV | QL (1 EA per 1 day) |
| <i>levonorgest-eth estrad 91-day</i> | T3 PV | QL (1 EA per 1 day) |
| <i>levonorgest-eth estradiol-iron</i> | T3 PV | |
| <i>levonorgestrel</i> | T3 PV | |
| <i>levonorgestrel-ethinyl estrad</i> | T3 PV | |
| <i>levonorg-eth estrad triphasic</i> | T3 PV | |
| <i>levora 0.15/30 (28)</i> | T3 PV | |
| LILETTA (52 MG) | T5 PV | |
| <i>lojaimiess</i> | T3 PV | QL (1 EA per 1 day) |
| <i>loryna</i> | T3 PV | |
| <i>low-ogestrel</i> | T3 PV | |
| <i>lo-zumandimine</i> | T3 PV | |
| <i>lutra</i> | T3 PV | |
| <i>lyleq</i> | T3 PV | |
| <i>lyllana</i> | T5 (NP) | |
| <i>lyza</i> | T3 PV | |
| <i>marlissa</i> | T3 PV | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---|-----------|------------------------|
| <i>medroxyprogesterone acetate intramuscular</i> | T3 PV | QL (0.02 ML per 1 day) |
| <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 | |
| <i>mibelas 24 fe</i> | T3 PV | |
| <i>microgestin 1.5/30</i> | T3 PV | |
| <i>microgestin 1/20</i> | T3 PV | |
| <i>microgestin fe 1.5/30</i> | T3 PV | |
| <i>microgestin fe 1/20</i> | T3 PV | |
| <i>mili</i> | T3 PV | |
| <i>mimvey</i> | T3 (G) | |
| <i>minzoya</i> | T3 PV | |
| MIRENA (52 MG) | T5 PV | |
| <i>mono-linyah</i> | T3 PV | |
| <i>my choice</i> | T3 PV | |
| <i>my way</i> | T3 PV | |
| NATAZIA | T4 PV | |
| <i>necon 0.5/35 (28)</i> | T3 PV | |
| <i>new day</i> | T3 PV | |
| NEXPLANON | T5 PV | |
| <i>nikki</i> | T3 PV | |
| <i>nora-be</i> | T3 PV | |
| <i>norelgestromin-eth estradiol</i> | T3 PV | |
| <i>norethin ace-eth estrad-fe oral capsule</i> | T3 PV | |
| <i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i> | T3 PV | |
| <i>norethin ace-eth estrad-fe oral tablet chewable</i> | T3 PV | |
| <i>norethindrone acetate oral</i> | T3 (G) | |
| <i>norethindrone acet-ethinyl est</i> | T3 PV | |
| <i>norethindrone oral</i> | T3 PV | |
| <i>norethindrone-eth estradiol</i> | T4 (PB) | |
| <i>norethin-eth estradiol-fe</i> | T3 PV | |
| <i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i> | T3 PV | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---|-----------|---------------------|
| <i>norgestimate-ethinyl estradiol triphasic</i> | T3 PV | |
| <i>norlyroc</i> | T3 PV | |
| <i>nortrel 0.5/35 (28)</i> | T3 PV | |
| <i>nortrel 1/35 (21)</i> | T3 PV | |
| <i>nortrel 1/35 (28)</i> | T3 PV | |
| <i>nortrel 7/7/7</i> | T3 PV | |
| <i>nylia 1/35</i> | T3 PV | |
| <i>nylia 7/7/7</i> | T3 PV | |
| <i>ocella</i> | T3 PV | |
| <i>opcicon one-step</i> | T3 PV | |
| OPILL | T5 PV | |
| <i>option 2</i> | T3 PV | |
| PARAGARD INTRAUTERINE COPPER | T5 PV | |
| <i>philith</i> | T3 PV | |
| <i>pimtrea</i> | T3 PV | |
| <i>portia-28</i> | T3 PV | |
| 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 | |
| <i>reclipsen</i> | T3 PV | |
| <i>rivelsa</i> | T3 PV | QL (1 EA per 1 day) |
| <i>setlakin</i> | T3 PV | QL (1 EA per 1 day) |
| <i>sharobel</i> | T3 PV | |
| <i>simliya</i> | T3 PV | |
| <i>simpesse</i> | T3 PV | QL (1 EA per 1 day) |
| SKYLA | T5 PV | |
| <i>sprintec 28</i> | T3 PV | |
| <i>sronyx</i> | T3 PV | |
| <i>syeda</i> | T3 PV | |
| <i>take action</i> | T3 PV | |
| <i>tarina 24 fe</i> | T3 PV | |
| <i>tarina fe 1/20 eq</i> | T3 PV | |
| <i>taysofy</i> | T3 PV | |
| <i>tilia fe</i> | T3 PV | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------|
| <i>tri-estarylla</i> | T3 PV | |
| <i>tri-legest fe</i> | T3 PV | |
| <i>tri-lynyah</i> | T3 PV | |
| <i>tri-lo-estarylla</i> | T3 PV | |
| <i>tri-lo-marzia</i> | T3 PV | |
| <i>tri-lo-mili</i> | T3 PV | |
| <i>tri-lo-sprintec</i> | T3 PV | |
| <i>tri-mili</i> | T3 PV | |
| <i>tri-sprintec</i> | T3 PV | |
| <i>trivora (28)</i> | T3 PV | |
| <i>tri-vylibra</i> | T3 PV | |
| <i>tri-vylibra lo</i> | T3 PV | |
| <i>turqoz</i> | T3 PV | |
| <i>valtya 1/50</i> | T3 PV | |
| <i>velivet</i> | T3 PV | |
| <i>vestura</i> | T3 PV | |
| <i>vienva</i> | T3 PV | |
| <i>viorele</i> | T3 PV | |
| <i>volnea</i> | T3 PV | |
| <i>vyfemla</i> | T3 PV | |
| <i>vylibra</i> | T3 PV | |
| <i>wera</i> | T3 PV | |
| <i>wymzya fe</i> | T3 PV | |
| <i>xarah fe</i> | T3 PV | |
| <i>xulane</i> | T3 PV | |
| <i>yuvafem</i> | T5 (NP) | |
| <i>zafemy</i> | T3 PV | |
| <i>zovia 1/35 (28)</i> | T3 PV | |
| <i>zumandimine</i> | T3 PV | |
| Hormonal Agents - Thyroid | | |
| <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) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|------------------------------------|
| <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) | |
| <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) | |
| Immunological Agents - Drugs for Immune System Stimulation or Suppression | | |
| ACTEMRA ACTPEN | T6 (SP) | PA; SP-QTZ; QL (0.13 ML per 1 day) |
| ACTEMRA SUBCUTANEOUS | T6 (SP) | PA; SP-QTZ; QL (0.13 ML per 1 day) |
| ACTIMMUNE | T6 (SP) | PA; SP-ORx |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR | T6 (SP) | PA; SP-QTZ; QL (0.06 ML per 1 day) |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML | T6 (SP) | PA; SP-QTZ; QL (0.03 ML per 1 day) |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | T6 (SP) | PA; SP-QTZ; QL (0.06 ML per 1 day) |
| ADALIMUMAB-FKJP (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | T6 (SP) | PA; SP-QTZ; QL (0.08 EA per 1 day) |
| ADALIMUMAB-FKJP (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS | T6 (SP) | PA; SP-QTZ; QL (0.15 EA per 1 day) |
| ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS | T6 (SP) | PA; SP-QTZ; QL (0.08 EA per 1 day) |
| ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS | T6 (SP) | PA; SP-QTZ; QL (0.15 EA per 1 day) |
| ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS | T6 (SP) | PA; SP-QTZ; QL (0.08 EA per 1 day) |
| ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS | T6 (SP) | PA; SP-QTZ; QL (0.15 EA per 1 day) |
| AVSOLA | T6 (SP) | PA |
| <i>azathioprine oral tablet 100 mg</i> | T5 (NP) | |
| <i>azathioprine oral tablet 50 mg</i> | T3 (G) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---|-----------|--|
| BENLYSTA SUBCUTANEOUS | T6 (SP) | PA; SP-QTZ |
| BERINERT | T6 (SP) | PA; SP-ORx; QL (0.34 EA per 1 day) |
| BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML | T4 PV | \$0 for age 2 years or younger; QL (2 ML per 300 days) |
| BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | T4 PV | \$0 for age 2 years or younger; QL (0.5 ML per 300 days) |
| CIMZIA | T6 (SP) | PA; SP-QTZ; QL (0.08 EA per 1 day) |
| CIMZIA (2 SYRINGE) | T6 (SP) | PA; SP-QTZ; QL (0.08 EA per 1 day) |
| CIMZIA-STARTER | T6 (SP) | PA; SP-QTZ; QL (0.08 EA per 1 day) |
| CINRYZE | T6 (SP) | PA; SP-ORx |
| COSENTYX (300 MG DOSE) | T6 (SP) | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| COSENTYX 150 MG/ML SUBCUTANEOUS | T6 (SP) | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| COSENTYX SENSOREADY (300 MG) | T6 (SP) | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| COSENTYX SENSOREADY PEN | T6 (SP) | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| COSENTYX UNOREADY | T6 (SP) | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| <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 (0.15 ML per 1 day) |
| ENBREL MINI | T6 (SP) | PA; SP-QTZ; QL (0.15 ML per 1 day) |
| ENBREL SURECLICK | T6 (SP) | PA; SP-QTZ; QL (0.15 ML per 1 day) |
| <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 PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML | T6 (SP) | PA; SP-QTZ; QL (0.03 ML per 1 day) |
| HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML | T6 (SP) | PA; SP-QTZ; QL (0.06 ML per 1 day) |
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | T6 (SP) | PA; SP-QTZ; QL (0.03 ML per 1 day) |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------------------|
| HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML | T6 (SP) | PA; SP-QTZ; QL (0.06 ML per 1 day) |
| 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 (0.06 ML per 1 day) |
| HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS | T6 (SP) | PA; SP-QTZ; QL (0.06 ML per 1 day) |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS | T6 (SP) | PA; SP-QTZ; QL (0.03 ML per 1 day) |
| HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS | T6 (SP) | PA; SP-QTZ; QL (0.06 ML per 1 day) |
| HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML | T6 (SP) | PA; SP-QTZ; QL (0.01 ML per 1 day) |
| HYRIMOZ-CROHNS/UC STARTER | T6 (SP) | PA; SP-QTZ; QL (0.06 ML per 1 day) |
| HYRIMOZ-PED<40KG CROHN STARTER | T6 (SP) | PA; SP-QTZ; QL (1.2 ML per 365 days) |
| HYRIMOZ-PED>/=40KG CROHN START | T6 (SP) | PA; SP-QTZ; QL (2.4 ML per 365 days) |
| HYRIMOZ-PLAQ PSOR/UEVIT START | T6 (SP) | PA; SP-QTZ; QL (1.6 ML per 365 days) |
| <i>icatibant acetate</i> | T6 (SP) | PA; QL (0.6 ML per 1 day) |
| ILARIS | T6 (SP) | PA; QL (0.08 ML per 1 day) |
| 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) | |
| <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) | |

| Drug Name | Drug Tier | Notes |
|---|-----------|-------------------------------------|
| NABI-HB | T6 (SP) | |
| ORENCIA CLICKJECT | T6 (SP) | PA; SP-QTZ; QL (0.15 ML per 1 day) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML | T6 (SP) | PA; SP-QTZ; QL (0.15 ML per 1 day) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML | T6 (SP) | PA; SP-QTZ; QL (0.06 ML per 1 day) |
| ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML | T6 (SP) | PA; SP-QTZ; QL (0.1 ML per 1 day) |
| OTEZLA ORAL TABLET 30 MG | T6 (SP) | PA; SP-QTZ; QL (2 EA per 1 day) |
| OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG | T6 (SP) | PA; SP-QTZ; QL (55 EA per 365 days) |
| RHOPHYLAC | T6 (SP) | |
| RINVOQ | T6 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| SAJAZIR | T6 (SP) | PA; SP-ORx; QL (0.6 ML per 1 day) |
| SIMPONI ARIA | T6 (SP) | PA |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | T6 (SP) | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML | T6 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | T6 (SP) | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML | T6 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| <i>sirolimus oral</i> | T5 (NP) | |
| SKYRIZI INTRAVENOUS | T6 (SP) | PA |
| SKYRIZI PEN | T6 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML | T6 (SP) | PA; SP-QTZ; QL (0.03 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML | T6 (SP) | PA; SP-QTZ; QL (0.05 ML per 1 day) |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | T6 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| SPEVIGO SUBCUTANEOUS | T6 (SP) | PA; QL (0.08 ML per 1 day) |
| STELARA INTRAVENOUS | T6 (SP) | PA |
| STELARA SUBCUTANEOUS SOLUTION | T6 (SP) | PA; SP-QTZ; QL (0.009 ML per 1 day) |
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML | T6 (SP) | PA; SP-QTZ; QL (0.009 ML per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|---|
| STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML | T6 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| SYNAGIS | T6 (SP) | PA |
| <i>tacrolimus oral</i> | T4 (PB) | |
| <i>temsirolimus</i> | T6 (SP) | |
| TREMFYA INTRAVENOUS | T6 (SP) | PA; SP-QTZ |
| TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | T6 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML | T6 (SP) | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | T6 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML | T6 (SP) | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| VEOPOZ | T6 (SP) | PA |
| XELJANZ ORAL SOLUTION | T6 (SP) | PA; SP-QTZ; QL (10 ML per 1 day) |
| XELJANZ ORAL TABLET | T6 (SP) | PA; SP-QTZ; QL (2 EA per 1 day) |
| XELJANZ XR | T6 (SP) | PA; SP-QTZ; QL (1 EA per 1 day) |
| Immunological Agents - Drugs for Vaccination | | |
| ABRYSVO | T5 (NP) | \$0 for age 60 years and older or pregnancy; QL (1 EA per 999 days) |
| ACTHIB | T4 PV | \$0 for age 6 years or younger |
| ADACEL | T4 PV | |
| AFLURIA | T4 PV | |
| AFLURIA PRESERVATIVE FREE | T4 PV | |
| AREXVY | T5 (NP) | \$0 for age 60 years and older; QL (1 EA per 999 days) |
| BEXSERO | T4 PV | |
| BOOSTRIX | T4 PV | |
| COMIRNATY | T4 PV | |
| DAPTACEL | T4 PV | |
| DENGVAXIA | T4 PV | \$0 if age 9-16 years |
| ENGERIX-B | T4 PV | |
| FLUAD | T4 PV | \$0 if age 65 years and older |
| FLUARIX | T4 PV | |
| FLUBLOK | T4 PV | |
| FLUCELVAX | T4 PV | |
| FLULAVAL | T4 PV | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--------------------------------|-----------|---------------------------------|
| FLUMIST | T4 PV | \$0 if age 2-49 years |
| FLUZONE | T4 PV | |
| FLUZONE HIGH-DOSE | T4 PV | \$0 if age 65 years and older |
| GARDASIL 9 | T4 PV | \$0 for age 9-45 years |
| HAVRIX | T4 PV | |
| HEPLISAV-B | T4 PV | \$0 for age 18 years and older |
| HIBERIX | T4 PV | \$0 for age 6 years or younger |
| INFANRIX | T4 PV | |
| IPOL | T4 PV | \$0 for age 17 years or younger |
| KINRIX | T4 PV | |
| MENQUADFI | T4 PV | |
| MENVEO | T4 PV | |
| M-M-R II | T4 PV | |
| MODERNA COVID-19 VAC 6M-11Y | T4 PV | |
| NOVAVAX COVID-19 VACCINE | T4 PV | |
| PEDIARIX | T4 PV | |
| PEDVAX HIB | T4 PV | \$0 for age 6 years or younger |
| PENBRAYA | T4 PV | |
| PENTACEL | T4 PV | |
| PFIZER COVID-19 VAC-TRIS 5-11Y | T4 PV | |
| PFIZER COVID-19 VAC-TRIS 6M-4Y | T4 PV | |
| PNEUMOVAX 23 | T4 PV | |
| PREVNAR 20 | T4 PV | |
| PRIORIX | T4 PV | |
| PROQUAD | T4 PV | |
| QUADRACEL | T4 PV | |
| RECOMBIVAX HB | T4 PV | |
| 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 | |
| TDVAX | T4 PV | |
| TENIVAC | T4 PV | |
| TETANUS-DIPHThERIA TOXOIDS TD | T4 PV | |
| TRUMENBA | T4 PV | |
| TWINRIX | T4 PV | |
| VAQTA | T4 PV | |
| VARIVAX | T4 PV | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|----------------------------------|
| VAXELIS | T4 PV | |
| VAXNEUVANCE | T4 PV | |
| Inflammatory Bowel Disease Agents | | |
| <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</i> | T5 (NP) | |
| <i>mesalamine oral tablet delayed release 1.2 gm</i> | T5 (NP) | |
| <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) | |
| Metabolic Bone Disease Agents - Drugs for Osteoporosis | | |
| <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 (0.15 EA per 1 day) |
| <i>calcitonin (salmon) injection</i> | T3 (G) | \$0 HDHP |
| <i>calcitonin (salmon) nasal</i> | T3 (G) | \$0 HDHP; QL (0.13 ML per 1 day) |
| <i>ibandronate sodium intravenous</i> | T3 (G) | QL (0.04 ML per 1 day) |
| <i>ibandronate sodium oral</i> | T3 (G) | \$0 HDHP; QL (0.04 EA per 1 day) |
| <i>pamidronate disodium</i> | T6 (SP) | |
| PROLIA | T6 (SP) | PA; QL (2 ML per 250 days) |
| <i>risedronate sodium oral tablet 150 mg</i> | T5 (NP) | QL (0.04 EA per 1 day) |
| <i>risedronate sodium oral tablet 30 mg</i> | T5 (NP) | |
| <i>risedronate sodium oral tablet 35 mg</i> | T3 (G) | \$0 HDHP; QL (0.15 EA per 1 day) |
| <i>risedronate sodium oral tablet 5 mg</i> | T3 (G) | \$0 HDHP |
| <i>risedronate sodium oral tablet delayed release</i> | T5 (NP) | QL (0.15 EA per 1 day) |
| TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML | T6 (SP) | PA |
| XGEVA | T6 (SP) | PA |
| <i>zoledronic acid</i> | T6 (SP) | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|----------|
| Metabolic Bone Disease Agents - Other | | |
| <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) | |
| Miscellaneous Therapeutic Agents | | |
| 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 |
| 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 | |
| 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 ULTRA-FINE PEN NEEDLES | T4 (PB) | \$0 HDHP |
| BOTOX | T5 (NP) | PA |
| BREATHE COMFORT CHAMBER/ADULT | T4 (PB) | \$0 HDHP |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---|-----------|----------|
| 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 | |
| CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM | T4 (PB) | \$0 HDHP |
| 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 | |
| <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 | |
| DUREX REALFEEL | T5 PV | |

| Drug Name | Drug Tier | Notes |
|---|-----------|----------|
| DUREX TROPICAL | T5 PV | |
| 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 |
| EMBECTA AUTOSHIELD DUO | T4 (PB) | \$0 HDHP |
| EMBECTA PEN NEEDLE NANO | T4 (PB) | \$0 HDHP |
| EMBECTA PEN NEEDLE U/F | T4 (PB) | \$0 HDHP |
| EMBRACE PEN NEEDLES | T4 (PB) | \$0 HDHP |
| ENCARE | T5 PV | |
| 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 |
| FANTASY LUBRICATED | T5 PV | |
| FANTASY LUBRICATED/SPERMICIDE | T5 PV | |
| FC2 FEMALE CONDOM | T5 PV | |
| FEMCAP | T5 PV | |
| 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 PEN NEEDLES | T4 (PB) | \$0 HDHP |
| GNP ULTIGUARD SAFEPACK 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 |
| 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 | |
| KIMONO | T5 PV | |
| KIMONO COLORS | T5 PV | |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--------------------------------------|-----------|-----------------------|
| KIMONO MAXX-LARGE FLARE | T5 PV | |
| KIMONO MICRO THIN | T5 PV | |
| KIMONO MICRO THIN PLUS | T5 PV | |
| KIMONO PLUS | T5 PV | |
| KIMONO PS | T5 PV | |
| KIMONO PS PLUS | T5 PV | |
| KIMONO SENSATION | T5 PV | |
| KIMONO SENSATION PLUS | T5 PV | |
| KIMONO SPECIAL | T5 PV | |
| <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 | |
| MAXX PLUS | T5 PV | |
| METHERGINE | T5 (NP) | QL (28 EA per 1 fill) |
| <i>methylergonovine maleate oral</i> | T5 (NP) | QL (28 EA per 1 fill) |
| 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 | |
| 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 |
| OPTICHAMBER DIAMOND-MD MASK | T4 (PB) | \$0 HDHP |
| OPTICHAMBER DIAMOND-SM MASK | T4 (PB) | \$0 HDHP |
| OPTIONS GYNOL II CONTRACEPTIVE | T5 PV | |
| 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 |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--------------------------------|-----------|----------|
| 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 |
| QUICK TOUCH INSULIN PEN NEEDLE | T4 (PB) | \$0 HDHP |
| RAYA SURE PEN NEEDLE | T4 (PB) | \$0 HDHP |
| REALITY LATEX CONDOMS | T5 PV | |
| REALITY LATEX/ULTRA TEXTURED | T5 PV | |
| REALITY LATEX/ULTRA THIN | T5 PV | |
| RITEFLO | T4 (PB) | \$0 HDHP |
| SAFETY PEN NEEDLES | T4 (PB) | \$0 HDHP |
| <i>sorbitol-mannitol</i> | T3 (G) | |
| TECHLITE PLUS PEN NEEDLES | T4 (PB) | \$0 HDHP |
| TODAY SPONGE | T5 PV | |
| TROJAN ENZ | T5 PV | |
| TROJAN MAGNUM | T5 PV | |
| TROJAN ULTRA RIBBED LUBRICATED | T5 PV | |
| TROJAN ULTRA THIN | T5 PV | |
| TROJAN ULTRA THIN/SPERMICIDAL | T5 PV | |
| TROJAN-ENZ LUBRICATED | T5 PV | |
| TROJAN-ENZ/SPERMICIDAL | T5 PV | |
| TRUE COMFORT SAFETY PEN NEEDLE | T4 (PB) | \$0 HDHP |
| TRUE COVER | T5 PV | |
| TRUSTEX COLOR CONDOMS + LUBE | T5 PV | |
| TRUSTEX LUB/RIBBED/STUDDED | T5 PV | |
| TRUSTEX LUB/SPERMICIDE EX ST | T5 PV | |
| TRUSTEX LUB/SPERMICIDE XL | T5 PV | |

| Drug Name | Drug Tier | Notes |
|--|-----------|--------------------------|
| TRUSTEX LUBRICATED | T5 PV | |
| TRUSTEX LUBRICATED EX LARGE | T5 PV | |
| TRUSTEX LUBRICATED EXTRA ST | T5 PV | |
| TRUSTEX LUBRICATED/SPERMICIDE | T5 PV | |
| TRUSTEX NATURAL CONDOMS + LUBE | T5 PV | |
| TRUSTEX NON-LUBRICATED | T5 PV | |
| TRUSTEX RIA LUB/SPERMICIDE | T5 PV | |
| TRUSTEX RIA LUBRICATED | T5 PV | |
| TRUSTEX RIA NON-LUBRICATED | T5 PV | |
| TRUSTEX-NONOXYNOL-9/RIB/STUD | T5 PV | |
| UNIFINE PROTECT PEN NEEDLE | T4 (PB) | \$0 HDHP |
| VCF VAGINAL CONTRACEPTIVE | T5 PV | |
| 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 VALVE CHAMBER-PEDI MASK | T4 (PB) | \$0 HDHP |
| VORTEX VALVED HOLDING CHAMBER | T4 (PB) | \$0 HDHP |
| WIDE-SEAL DIAPHRAGM 60 | T5 PV | |
| WIDE-SEAL DIAPHRAGM 65 | T5 PV | |
| WIDE-SEAL DIAPHRAGM 70 | T5 PV | |
| WIDE-SEAL DIAPHRAGM 75 | T5 PV | |
| WIDE-SEAL DIAPHRAGM 80 | T5 PV | |
| WIDE-SEAL DIAPHRAGM 85 | T5 PV | |
| WIDE-SEAL DIAPHRAGM 90 | T5 PV | |
| WIDE-SEAL DIAPHRAGM 95 | T5 PV | |
| XIAFLEX | T6 (SP) | PA |
| ZOKINVY | T6 (SP) | PA; QL (4 EA per 1 day) |
| Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation | | |
| ALOCRIL | T5 (NP) | PA |
| 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 (6.8 ML per 365 days) |
| <i>bromfenac sodium ophthalmic solution 0.07 %</i> | T3 (G) | QL (12 ML per 365 days) |
| <i>ciprofloxacin hcl ophthalmic</i> | T3 (G) | |

| Drug Name | Drug Tier | Notes |
|--|-----------|-----------------------|
| <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 (otc)</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) | |
| <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) | |
| ZERVIAE | T5 (NP) | PA; ST |
| Ophthalmic Agents - Drugs for Glaucoma | | |
| <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 (0.1 ML per 1 day) |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|---|-----------|------------------------|
| <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 (0.1 ML per 1 day) |
| PHOSPHOLINE IODIDE | T5 (NP) | |
| <i>pilocarpine hcl ophthalmic</i> | T3 (G) | |
| RHOPRESSA | T5 (NP) | QL (0.1 ML per 1 day) |
| SIMBRINZA | T4 (PB) | |
| <i>tafluprost (pf)</i> | T4 (PB) | QL (1 EA per 1 day) |
| <i>timolol maleate ophthalmic solution</i> | T2 (PG) | |
| <i>travoprost (bak free)</i> | T5 (NP) | QL (0.12 ML per 1 day) |
| Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions | | |
| <i>altafrin</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) | |
| <i>cyclosporine ophthalmic</i> | T5 (NP) | PA |
| CYSTADROPS | T6 (SP) | QL (0.72 ML per 1 day) |
| CYSTARAN | T6 (SP) | QL (2.15 ML per 1 day) |
| <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) | |
| Otic Agents - Drugs for Ear Conditions | | |
| <i>acetic acid otic</i> | T3 (G) | |

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------------------|
| 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) | |
| Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold | | |
| <i>azelastine hcl nasal</i> | T3 (G) | QL (2 ML per 1 day) |
| <i>azelastine-fluticasone</i> | T5 (NP) | QL (0.77 GM per 1 day) |
| <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 (0.84 ML per 1 day) |
| <i>fluticasone propionate nasal</i> | T3 (G) | |
| <i>hydrocodone bit-homatrop mbr oral solution</i> | T3 (G) | PA; QL (240 ML per 1 fill) |
| <i>hydrocodone bit-homatrop mbr oral tablet</i> | T3 (G) | PA; QL (6 EA per 1 day) |
| <i>hydromet</i> | T3 (G) | PA; QL (240 ML per 1 fill) |
| <i>ipratropium bromide nasal</i> | T2 (PG) | |
| <i>levocetirizine dihydrochloride oral tablet</i> | T3 (G) | |
| <i>mometasone furoate nasal</i> | T5 (NP) | QL (1.14 GM per 1 day) |
| <i>olopatadine hcl nasal</i> | T5 (NP) | QL (1.02 GM per 1 day) |
| <i>sodium chloride inhalation</i> | T3 (G) | |
| Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions | | |
| <i>acetylcysteine inhalation</i> | T5 (NP) | |
| ADVAIR HFA | T4 (PB) | \$0 HDHP; QL (0.4 GM per 1 day) |
| <i>albuterol sulfate hfa</i> | T3 (G) | QL (1.2 GM per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|--|
| <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i> | T3 (G) | QL (18 ML per 1 day) |
| <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i> | T3 (G) | QL (12.5 ML per 1 day) |
| <i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i> | T2 (PG) | QL (5 EA per 1 day) |
| <i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i> | T2 (PG) | QL (5 EA per 1 day) |
| ANORO ELLIPTA | T4 (PB) | QL (2 EA per 1 day) |
| <i>arformoterol tartrate</i> | T5 (NP) | QL (4 ML per 1 day) |
| ARNUIITY ELLIPTA | T4 (PB) | \$0 HDHP; QL (1 EA per 1 day) |
| ASMANEX (120 METERED DOSES) | T4 (PB) | PA; ST; \$0 HDHP; QL (0.04 EA per 1 day) |
| ASMANEX (14 METERED DOSES) | T4 (PB) | PA; ST; \$0 HDHP; QL (0.04 EA per 1 day) |
| ASMANEX (30 METERED DOSES) | T4 (PB) | PA; ST; \$0 HDHP; QL (0.04 EA per 1 day) |
| ASMANEX (60 METERED DOSES) | T4 (PB) | PA; ST; \$0 HDHP; QL (0.04 EA per 1 day) |
| ASMANEX HFA | T4 (PB) | PA; ST; \$0 HDHP; QL (0.44 GM per 1 day) |
| ATROVENT HFA | T5 (NP) | QL (0.86 GM per 1 day) |
| BREO ELLIPTA | T4 (PB) | \$0 HDHP; QL (2 EA per 1 day) |
| <i>breyana</i> | T4 (PB) | \$0 HDHP; QL (0.35 GM per 1 day) |
| BREZTRI AEROSPHERE | T4 (PB) | QL (0.36 GM per 1 day) |
| <i>budesonide inhalation</i> | T5 (NP) | \$0 HDHP; QL (4 ML per 1 day) |
| <i>budesonide-formoterol fumarate</i> | T4 (PB) | \$0 HDHP; QL (0.35 GM per 1 day) |
| COMBIVENT RESPIMAT | T4 (PB) | QL (0.27 GM per 1 day) |
| <i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i> | T3 (G) | |
| <i>epinephrine injection solution auto-injector</i> | T3 (G) | |
| FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT | T4 (PB) | QL (2 EA per 1 day) |
| FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT | T4 (PB) | QL (8 EA per 1 day) |
| FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT | T4 (PB) | \$0 HDHP; QL (0.8 GM per 1 day) |

| Drug Name | Drug Tier | Notes |
|---|-----------|------------------------------------|
| FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT | 4 (PB) | \$0 HDHP; QL (0.71 GM per 1 day) |
| <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 (2 EA per 1 day) |
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | T5 (NP) | QL (0.04 EA per 1 day) |
| <i>formoterol fumarate inhalation</i> | T5 (NP) | QL (4 ML per 1 day) |
| <i>ipratropium bromide inhalation</i> | T2 (PG) | QL (10.42 ML per 1 day) |
| <i>ipratropium-albuterol</i> | T3 (G) | QL (18 ML per 1 day) |
| <i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i> | T5 (NP) | QL (18 ML per 1 day) |
| <i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i> | T5 (NP) | QL (3 EA per 1 day) |
| <i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i> | T5 (NP) | QL (9 ML per 1 day) |
| <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 (0.11 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML | T6 (SP) | PA; SP-QTZ; QL (0.11 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML | T6 (SP) | PA; SP-QTZ; QL (0.02 ML per 1 day) |
| NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED | T6 (SP) | PA; QL (0.11 EA per 1 day) |
| 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 (0.71 GM per 1 day) |
| <i>roflumilast</i> | T3 (G) | PA |
| SEREVENT DISKUS | T4 (PB) | QL (2 EA per 1 day) |
| SPIRIVA HANDIHALER | T4 (PB) | QL (1 EA per 1 day) |
| SPIRIVA RESPIMAT | T4 (PB) | QL (0.14 GM per 1 day) |
| STIOLTO RESPIMAT | T4 (PB) | QL (0.14 GM per 1 day) |
| STRIVERDI RESPIMAT | T4 (PB) | QL (0.14 GM per 1 day) |
| SYMBICORT | T4 (PB) | \$0 HDHP; QL (0.35 GM per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|-----------|-------------------------------------|
| <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 (1 EA per 1 day) |
| TRELEGY ELLIPTA | T4 (PB) | QL (2 EA per 1 day) |
| <i>wixela inhub</i> | T4 (PB) | \$0 HDHP; QL (2 EA per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML | T6 (SP) | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML | T6 (SP) | PA; SP-QTZ; QL (0.3 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML | T6 (SP) | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML | T6 (SP) | PA; SP-QTZ; QL (0.08 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML | T6 (SP) | PA; SP-QTZ; QL (0.3 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML | T6 (SP) | PA; SP-QTZ; QL (0.04 ML per 1 day) |
| XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED | T6 (SP) | PA |
| <i>zafirlukast</i> | T5 (NP) | |
| <i>zileuton er</i> | T5 (NP) | PA; ST |
| Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis | | |
| KALYDECO ORAL TABLET | T6 (SP) | PA; SP-ORx |
| ORKAMBI ORAL PACKET 75-94 MG | T6 (SP) | PA; SP-ORx; QL (2 EA per 1 day) |
| ORKAMBI ORAL TABLET | T6 (SP) | PA; SP-ORx; QL (112 EA per 28 days) |
| PULMOZYME | T6 (SP) | PA |
| <i>tobramycin nebulization solution 300 mg/5ml inhalation</i> | T6 (SP) | |
| Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension | | |
| ADEMPAS | T6 (SP) | PA; QL (3 EA per 1 day) |
| <i>alyq</i> | T6 (SP) | PA; QL (2 EA per 1 day) |
| <i>ambrisentan</i> | T6 (SP) | PA; QL (1 EA per 1 day) |
| <i>bosentan</i> | T6 (SP) | PA; QL (2 EA per 1 day) |
| OPSUMIT | T6 (SP) | PA; QL (1 EA per 1 day) |
| <i>sildenafil citrate oral suspension reconstituted</i> | T6 (SP) | PA; QL (7.5 ML per 1 day) |

Effective 04/01/2025

| Drug Name | Drug Tier | Notes |
|--|-----------|---------------------------------|
| <i>sildenafil citrate oral tablet 20 mg</i> | T6 (SP) | PA; QL (3 EA per 1 day) |
| <i>tadalafil (pah)</i> | T6 (SP) | PA; QL (2 EA per 1 day) |
| TRACLEER 32 MG | T6 (SP) | PA; SP-ORx; QL (4 EA per 1 day) |
| <i>treprostinil</i> | T6 (SP) | PA |
| TYVASO | T6 (SP) | PA; QL (2.9 ML per 1 day) |
| TYVASO DPI INSTITUTIONAL KIT | T6 (SP) | PA; QL (4 EA per 1 day) |
| TYVASO DPI MAINTENANCE KIT | T6 (SP) | PA; QL (4 EA per 1 day) |
| TYVASO DPI TITRATION KIT | T6 (SP) | PA; QL (2 EA per 365 days) |
| TYVASO REFILL KIT | T6 (SP) | PA; QL (2.9 ML per 1 day) |
| TYVASO STARTER KIT | T6 (SP) | PA; QL (2.9 ML per 1 day) |
| UPTRAVI ORAL | T6 (SP) | PA |
| UPTRAVI TITRATION | T6 (SP) | PA |
| VENTAVIS | T6 (SP) | PA; QL (9 ML per 1 day) |
| Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm | | |
| <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) | |
| <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 (2 EA per 1 day) |
| <i>orphenadrine-aspirin-caffeine</i> | T5 (NP) | QL (4 EA per 1 day) |
| <i>tizanidine hcl oral capsule 2 mg, 4 mg</i> | T3 (G) | |
| <i>tizanidine hcl oral tablet</i> | T3 (G) | |
| Sleep Disorder Agents | | |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> | T4 (PB) | PA; QL (1 EA per 1 day) |
| <i>armodafinil oral tablet 50 mg</i> | T4 (PB) | PA; QL (2 EA per 1 day) |
| BELSOMRA | T5 (NP) | PA; ST; QL (1 EA per 1 day) |
| DAYVIGO | T5 (NP) | |
| <i>doxepin hcl oral tablet</i> | T5 (NP) | QL (1 EA per 1 day) |
| <i>eszopiclone</i> | T3 (G) | QL (1 EA per 1 day) |
| <i>flurazepam hcl oral capsule 15 mg</i> | T5 (NP) | PA; QL (1 EA per 1 day) |
| <i>modafinil oral</i> | T3 (G) | PA; QL (1 EA per 1 day) |
| <i>ramelteon</i> | T5 (NP) | QL (1 EA per 1 day) |

| Drug Name | Drug Tier | Notes |
|--|------------------|-------------------------|
| SUNOSI | T5 (NP) | PA; QL (1 EA per 1 day) |
| <i>temazepam oral capsule 15 mg, 30 mg</i> | T3 (G) | QL (1 EA per 1 day) |
| <i>zaleplon oral capsule 10 mg</i> | T3 (G) | QL (2 EA per 1 day) |
| <i>zaleplon oral capsule 5 mg</i> | T3 (G) | QL (1 EA per 1 day) |
| <i>zolpidem tartrate er</i> | T3 (G) | QL (1 EA per 1 day) |
| <i>zolpidem tartrate oral tablet</i> | T3 (G) | QL (1 EA per 1 day) |

Index of Drugs

| | | | | | |
|--|--------|--|----|--|----|
| <i>abacavir sulfate</i> | 27 | AEROCHAMBER PLUS FLO- VU SMALL..... | 72 | AMELUZ..... | 39 |
| <i>abacavir sulfate-lamivudine</i> | 27 | AEROCHAMBER PLUS FLOW VU..... | 72 | <i>amethyst</i> | 58 |
| ABELCET..... | 18 | AEROCHAMBER W/FLOWSIGNAL..... | 72 | <i>amiloride hcl</i> | 32 |
| ABILIFY MAINTENA..... | 26 | AEROCHAMBER Z-STAT PLUS..... | 72 | <i>amiloride-hydrochlorothiazide</i> ... 32 | |
| <i>abiraterone acetate</i> | 21 | AEROCHAMBER Z-STAT PLUS CHAMBR..... | 72 | <i>aminocaproic acid</i> | 31 |
| ABRYSVO..... | 69 | AEROCHAMBER Z-STAT PLUS/LARGE..... | 72 | <i>amiodarone hcl</i> | 32 |
| <i>acamprosate calcium</i> | 8 | AEROCHAMBER Z-STAT PLUS/MEDIUM..... | 72 | <i>amitriptyline hcl</i> | 16 |
| <i>acarbose</i> | 41 | AEROCHAMBER Z-STAT PLUS/SMALL..... | 72 | <i>amlodipine besylate</i> | 32 |
| ACCU-CHEK FASTCLIX LANCET KIT..... | 43 | AEROVENT PLUS..... | 72 | <i>amlodipine besylate-benzazepril hcl</i> | 32 |
| ACCU-CHEK SOFTCLIX LANCET DEVICE KIT..... | 43 | <i>afirmelle</i> | 58 | <i>amlodipine besylate-valsartan</i> .. 32 | |
| <i>accutane</i> | 38 | AFLURIA..... | 69 | <i>amlodipine-olmesartan</i> | 32 |
| <i>acebutolol hcl</i> | 32 | AFLURIA PRESERVATIVE FREE..... | 69 | <i>ammonium lactate</i> | 39 |
| <i>acetaminophen-codeine</i> | 3 | <i>aftera</i> | 58 | <i>amnesteam</i> | 39 |
| <i>acetazolamide</i> | 78 | AIMOVIG..... | 20 | <i>amoxapine</i> | 16 |
| <i>acetazolamide er</i> | 78 | AIMSCO LUBRICATED..... | 72 | <i>amoxicill-clarithro-lansopraz</i> 50 | |
| <i>acetic acid</i> | 55, 79 | AIRAVITE..... | 46 | <i>amoxicillin</i> | 10 |
| <i>acetylcysteine</i> | 80 | AJOVY..... | 20 | <i>amoxicillin-potassium clavulanate</i> | 10 |
| <i>acitretin</i> | 38 | <i>ala-cort</i> | 39 | <i>amphetamine sulfate</i> | 36 |
| ACTEMRA..... | 65 | <i>albendazole</i> | 24 | <i>amphetamine- dextroamphetamine</i> | 36 |
| ACTEMRA ACTPEN..... | 65 | <i>albuterol sulfate</i> | 81 | <i>amphetamine- dextroamphetamine er</i> | 36 |
| ACTHIB..... | 69 | <i>albuterol sulfate hfa</i> | 80 | <i>amphotericin b</i> | 18 |
| ACTIMMUNE..... | 65 | <i>alclometasone dipropionate</i> 39 | | <i>amphotericin b liposome</i> | 18 |
| <i>acyclovir</i> | 27 | ALCOHOL PREP PADS..... | 72 | <i>ampicillin</i> | 10 |
| <i>acyclovir sodium</i> | 27 | ALECENSA..... | 21 | <i>ampicillin sodium</i> | 10 |
| ADACEL..... | 69 | <i>alendronate sodium</i> | 71 | <i>ampicillin-sulbactam sodium</i> 10 | |
| ADALIMUMAB-ADAZ..... | 65 | <i>alfuzosin hcl er</i> | 56 | <i>anagrelide hcl</i> | 31 |
| ADALIMUMAB-FKJP (2 PEN).. 65 | | <i>aliskiren fumarate</i> | 32 | <i>anastrozole</i> | 21 |
| ADALIMUMAB-FKJP (2 SYRINGE)..... | 65 | <i>allopurinol</i> | 19 | ANNOVERA..... | 58 |
| <i>adapalene</i> | 38 | <i>allopurinol sodium</i> | 19 | ANORO ELLIPTA..... | 81 |
| <i>adapalene-benzoyl peroxide</i> 39 | | <i>almotriptan malate</i> | 20 | ANZEMET..... | 17 |
| ADCETRIS..... | 21 | ALOCRI..... | 77 | <i>apap-caff-dihydrocodeine</i> 3 | |
| <i>adefovir dipivoxil</i> | 27 | <i>alosetron hcl</i> | 50 | <i>apomorphine hcl</i> | 25 |
| ADEMPAS..... | 83 | <i>alprazolam</i> | 30 | <i>apraclonidine hcl</i> | 78 |
| ADVAIR HFA..... | 80 | <i>alprazolam er</i> | 30 | <i>aprepitant</i> | 17 |
| ADVOCATE INSULIN PEN NEEDLE..... | 72 | <i>alprazolam xr</i> | 30 | APRETUDE..... | 27 |
| AEROCHAMBER HOLDING CHAMBER..... | 72 | <i>altafrin</i> | 79 | <i>apri</i> | 58 |
| AEROCHAMBER MINI CHAMBER..... | 72 | <i>altavera</i> | 58 | APTIVUS..... | 27 |
| AEROCHAMBER MV..... | 72 | <i>alvimopan</i> | 50 | AQ INSULIN SYRINGE..... | 45 |
| AEROCHAMBER PLS FLOVU MTHPIECE..... | 72 | <i>alyacen 1/35</i> | 58 | AQINJECT PEN NEEDLE..... | 72 |
| AEROCHAMBER PLUS FLO- VU INTERM..... | 72 | <i>alyacen 7/7/7</i> | 58 | <i>aranelle</i> | 58 |
| AEROCHAMBER PLUS FLO- VU LARGE..... | 72 | <i>alyq</i> | 83 | ARANESP (ALBUMIN FREE)... 31 | |
| AEROCHAMBER PLUS FLO- VU MEDIUM..... | 72 | <i>amantadine hcl</i> | 25 | AREXVY..... | 69 |
| | | <i>ambrisentan</i> | 83 | <i>arformoterol tartrate</i> | 81 |
| | | | | <i>aripiprazole</i> | 26 |
| | | | | <i>armodafinil</i> | 84 |
| | | | | ARNUITY ELLIPTA..... | 81 |
| | | | | <i>ascomp-codeine</i> | 3 |
| | | | | <i>asenapine maleate</i> | 26 |

| | | | | | |
|--|--------|---|--------|---|--------|
| <i>ashlyna</i> | 58 | AUSTEDO XR..... | 38 | <i>bexarotene</i> | 21 |
| ASMANEX (120 METERED DOSES)..... | 81 | AUTOPEN..... | 43 | BEXSERO..... | 69 |
| ASMANEX (14 METERED DOSES)..... | 81 | <i>aviane</i> | 59 | BEYFORTUS..... | 66 |
| ASMANEX (30 METERED DOSES)..... | 81 | AVIDOXY..... | 11 | <i>bicalutamide</i> | 21 |
| ASMANEX (60 METERED DOSES)..... | 81 | AVONEX PEN..... | 37 | BICILLIN L-A..... | 11 |
| ASMANEX HFA..... | 81 | AVONEX PREFILLED..... | 37 | BIKTARVY..... | 27 |
| <i>aspirin</i> | 5 | AVSOLA..... | 65 | <i>bimatoprost</i> | 78 |
| <i>aspirin 81</i> | 5 | <i>ayuna</i> | 59 | BIOCEL..... | 46 |
| <i>aspirin adult low dose</i> | 5 | AZASITE..... | 77 | <i>bis subcit-metronid-tetracyc</i> | 51 |
| <i>aspirin adult low strength</i> | 5 | <i>azathioprine</i> | 65 | <i>bisacodyl ec</i> | 51 |
| <i>aspirin childrens</i> | 5 | <i>azelastine hcl</i> | 77, 80 | <i>bismuth/metronidazol/tetracyclin</i> | 51 |
| <i>aspirin ec adult low dose</i> | 5 | <i>azelastine-fluticasone</i> | 80 | <i>bisoprolol fumarate</i> | 32 |
| <i>aspirin ec adult low strength</i> | 5 | <i>azithromycin</i> | 11 | <i>bisoprolol-hydrochlorothiazide</i> .. | 32 |
| <i>aspirin ec low dose</i> | 5 | <i>aztreonam</i> | 11 | <i>blisovi 24 fe</i> | 59 |
| <i>aspirin ec low strength</i> | 5 | <i>azurette</i> | 59 | <i>blisovi fe 1.5/30</i> | 59 |
| <i>aspirin low dose</i> | 5 | <i>bac</i> | 3 | <i>blisovi fe 1/20</i> | 59 |
| <i>aspirin regimen</i> | 5 | <i>bacitracin</i> | 77 | BOOSTRIX..... | 69 |
| <i>aspirin-dipyridamole er</i> | 25 | <i>bacitracin-polymyxin b</i> | 79 | <i>bosentan</i> | 83 |
| ASSURE ID DUO PRO PEN NEEDLES..... | 72 | <i>bacitra-neomycin-polymyxin-hc</i> | 79 | BOSULIF..... | 21 |
| ASSURE ID PRO PEN NEEDLES..... | 72 | <i>baclofen</i> | 84 | BOTOX..... | 72 |
| ATABEX..... | 46 | <i>balsalazide disodium</i> | 71 | <i>bp vit 3</i> | 46 |
| <i>atazanavir sulfate</i> | 27 | <i>balziva</i> | 59 | <i>b-plex</i> | 46 |
| <i>atenolol</i> | 32 | BAQSIMI ONE PACK..... | 45 | <i>b-plex plus</i> | 46 |
| <i>atenolol-chlorthalidone</i> | 32 | BAQSIMI TWO PACK..... | 45 | BREATHE COMFORT CHAMBER/ADULT..... | 72 |
| <i>atomoxetine hcl</i> | 36 | BARACLUDGE..... | 27 | BREATHE COMFORT CHAMBER/CHILD..... | 73 |
| <i>atorvastatin calcium</i> | 32 | BAXDELA..... | 11 | BREATHE EASE LARGE..... | 73 |
| <i>atovaquone</i> | 24 | BAYER ASPIRIN EC LOW DOSE..... | 5 | BREATHE EASE MEDIUM..... | 73 |
| <i>atovaquone-proguanil hcl</i> | 24 | BAYER LOW DOSE..... | 5 | BREATHE EASE SMALL..... | 73 |
| <i>atropine sulfate</i> | 51, 79 | BD PEN..... | 43 | BREATHERITE VALVED MDI CHAMBER..... | 73 |
| ATROVENT HFA..... | 81 | BD PEN MINI..... | 43 | BREO ELLIPTA..... | 81 |
| <i>aubra eq</i> | 58 | BD ULTRA-FINE INSULIN SYRINGES..... | 45 | <i>breyana</i> | 81 |
| AUGMENTIN..... | 11 | BD ULTRA-FINE PEN NEEDLES..... | 72 | BREZTRI AEROSPHERE..... | 81 |
| AUM ALCOHOL PREP PADS.. | 72 | BELEODAQ..... | 21 | <i>briellyn</i> | 59 |
| AUM INSULIN SAFETY PEN NEEDLE..... | 72 | BELSOMRA..... | 84 | BRILINTA..... | 26 |
| AUM MINI INSULIN PEN NEEDLE..... | 72 | <i>benazepril hcl</i> | 32 | <i>brimonidine tartrate</i> | 79 |
| AUM PEN NEEDLE..... | 72 | BENLYSTA..... | 66 | <i>brimonidine tartrate-timolol</i> | 79 |
| AUM READYGARD DUO PEN NEEDLE..... | 72 | <i>benzalkonium chloride</i> | 11 | BRIVIACT..... | 14 |
| AUM SAFETY PEN NEEDLE... | 72 | BENZNIDAZOLE..... | 24 | <i>bromfenac sodium</i> | 77 |
| <i>aurovela 1.5/30</i> | 58 | <i>benzonatate</i> | 80 | <i>bromfenac sodium (once-daily)</i> .. | 77 |
| <i>aurovela 1/20</i> | 58 | <i>benzoyl peroxide-erythromycin</i> | 39 | <i>bromocriptine mesylate</i> | 25 |
| <i>aurovela 24 fe</i> | 58 | <i>benztropine mesylate</i> | 25 | <i>budesonide</i> | 71, 81 |
| <i>aurovela fe 1.5/30</i> | 58 | BERINERT..... | 66 | <i>budesonide er</i> | 71 |
| <i>aurovela fe 1/20</i> | 59 | <i>betaine</i> | 55 | <i>budesonide-formoterol</i> <i>fumarate</i> | 81 |
| AUSTEDO..... | 38 | <i>betamethasone dipropionate</i> | 39 | <i>bumetanide</i> | 32 |
| | | <i>betamethasone dipropionate</i> <i>aug</i> | 39 | <i>buprenorphine</i> | 3 |
| | | <i>betamethasone valerate</i> | 39 | <i>buprenorphine hcl</i> | 8 |
| | | BETASERON..... | 37 | <i>buprenorphine hcl-naloxone</i> <i>hcl</i> | 8 |
| | | <i>betaxolol hcl</i> | 32, 78 | <i>bupropion hcl</i> | 16 |
| | | <i>bethanechol chloride</i> | 55 | | |

| | | |
|---|---|---|
| <i>bupropion hcl er (smoking det)</i> ... 8 | <i>cefepime hcl</i> 11 | CIMZIA (2 SYRINGE)..... 66 |
| <i>bupropion hcl er (sr)</i> 16 | <i>cefotetan disodium</i> 11 | CIMZIA-STARTER..... 66 |
| <i>bupropion hcl er (xl)</i> 16 | <i>cefoxitin sodium</i> 11 | <i>cinacalcet hcl</i> 72 |
| <i>buspirone hcl</i> 30 | <i>cefpodoxime proxetil</i> 11 | CINRYZE..... 66 |
| <i>busulfan</i> 21 | <i>cefprozil</i> 11 | CIPRO..... 11 |
| <i>butalbital-acetaminophen</i> 3 | <i>ceftazidime</i> 11 | CIPRO HC..... 80 |
| <i>butalbital-apap-caff-cod</i> 3 | <i>ceftriaxone sodium</i> 11 | <i>ciprofloxacin hcl</i> 11, 77, 80 |
| <i>butalbital-apap-caffeine</i> 3 | <i>cefuroxime axetil</i> 11 | <i>ciprofloxacin in d5w</i> 11 |
| <i>butalbital-asa-caff-codeine</i> 3 | <i>celecoxib</i> 5 | <i>ciprofloxacin-dexamethasone</i> ... 80 |
| <i>butalbital-aspirin-caffeine</i> 3 | CENTRUM SPECIALIST | <i>citalopram hydrobromide</i> 16 |
| <i>butorphanol tartrate</i> 3 | PRENATAL..... 46 | <i>citrate of magnesia</i> 51 |
| BYDUREON BCISE | <i>cephalexin</i> 11 | <i>citroma</i> 51 |
| AUTOINJECTOR..... 41 | CEQUR SIMPLICITY 2U 10PK.43 | <i>claravis</i> 39 |
| BYETTA 10 MCG PEN..... 41 | CERDELGA..... 55 | <i>clarithromycin</i> 12 |
| BYETTA 5 MCG PEN..... 42 | <i>cetirizine hcl</i> 80 | <i>classic prenatal</i> 46 |
| BYLVAY..... 73 | <i>cevimeline hcl</i> 38 | <i>clearlax</i> 51 |
| BYLVAY (PELLETS)..... 73 | <i>charlotte 24 fe</i> 59 | <i>clemastine fumarate</i> 80 |
| <i>cabergoline</i> 57 | <i>chateal eq</i> 59 | CLEVER CHOICE COMFORT |
| CABLIVI..... 26 | CHEMET..... 46 | EZ..... 43, 73 |
| CABOMETRYX..... 21 | CHEMSTRIP 10 MD..... 43 | CLEVER CHOICE HOLDING |
| CADEAU DHA..... 46 | CHEMSTRIP 10/SG..... 43 | CHAMBER..... 73 |
| <i>calcipotriene</i> 39 | CHEMSTRIP 2 GP..... 43 | <i>clindacin etz</i> 39 |
| <i>calcipotriene-betameth diprop</i> ... 39 | CHEMSTRIP 5 OB..... 43 | <i>clindacin-p</i> 39 |
| <i>calcitonin (salmon)</i> 71 | CHEMSTRIP 7..... 43 | <i>clindamycin hcl</i> 12 |
| <i>calcitriol</i> 39, 72 | CHEMSTRIP 9..... 43 | <i>clindamycin palmitate hcl</i> 12 |
| <i>calcium acetate</i> 55 | CHEMSTRIP K..... 43 | <i>clindamycin phosphate</i> 12, 39 |
| <i>calcium acetate (phos binder)</i> ... 55 | CHEMSTRIP UGK..... 43 | <i>clindamycin phosphate in d5w</i> .. 12 |
| <i>camila</i> 59 | <i>childrens aspirin</i> 6 | <i>clindamycin phosphate-</i> |
| <i>camrese</i> 59 | <i>chlordiazepoxide hcl</i> 30 | <i>benzoyl peroxide</i> 39 |
| <i>camrese lo</i> 59 | <i>chlordiazepoxide-amitriptyline</i> .. 16 | <i>clobazam</i> 14 |
| <i>capecitabine</i> 21 | <i>chlorhexidine gluconate</i> 38 | <i>clobetasol propionate</i> 39, 40 |
| CAPRELSA..... 21 | <i>chloroquine phosphate</i> 24 | <i>clocortolone pivalate</i> 40 |
| <i>carbamazepine</i> 14 | <i>chlorthalidone</i> 32 | <i>clomiphene citrate</i> 57 |
| <i>carbamazepine er</i> 14 | <i>chlorzoxazone</i> 84 | <i>clomipramine hcl</i> 16 |
| <i>carbidopa</i> 25 | CHOLBAM..... 55 | <i>clonazepam</i> 30 |
| <i>carbidopa-levodopa</i> 25 | <i>cholestyramine</i> 32 | <i>clonidine hcl</i> 32 |
| <i>carbidopa-levodopa er</i> 25 | <i>cholestyramine light</i> 32 | <i>clonidine hcl er</i> 36 |
| <i>carbidopa-levodopa-</i> | CHORIONIC | <i>clopidogrel bisulfate</i> 26 |
| <i>entacapone</i> 25 | GONADOTROPIN..... 57 | <i>clorazepate dipotassium</i> 30 |
| <i>carbinoxamine maleate</i> 80 | CHOSEN LANCETS 30G..... 43 | <i>clotrimazole</i> 18, 19 |
| CARESENS LANCETS 30G..... 43 | CHOSEN SAFETY LANCETS | <i>clotrimazole-betamethasone</i> 19 |
| <i>carglumic acid</i> 46 | 28G..... 43 | <i>clozapine</i> 26 |
| <i>carisoprodol</i> 84 | CIBINQO..... 39 | <i>coal tar</i> 40 |
| <i>carteolol hcl</i> 79 | <i>ciclodan</i> 18 | COARTEM..... 24 |
| <i>cartia xt</i> 32 | <i>ciclopirox</i> 18 | <i>codeine sulfate</i> 3 |
| <i>carvedilol</i> 32 | <i>ciclopirox olamine</i> 18 | <i>colchicine</i> 19 |
| <i>caspofungin acetate</i> 18 | <i>cidofovir</i> 27 | <i>colchicine-probenecid</i> 20 |
| CAYA..... 73 | <i>cilostazol</i> 26 | <i>colesevelam hcl</i> 32 |
| <i>cefaclor</i> 11 | CIMDUO..... 27 | <i>colestipol hcl</i> 32 |
| <i>cefadroxil</i> 11 | <i>cimetidine</i> 50 | COMBIPATCH..... 59 |
| <i>cefazolin sodium</i> 11 | <i>cimetidine hcl</i> 50 | COMBIVENT RESPIMAT..... 81 |
| <i>cefazolin sodium-dextrose</i> 11 | CIMZIA..... 66 | COMETRIQ..... 21 |
| <i>cefdinir</i> 11 | | |

| | | | | | |
|---|--------|---|--------|--|-----------|
| COMFORT EZ PRO PEN | | <i>cvs prenatal multi+dha</i> | 47 | <i>dexamethasone sod phos +rfid</i> .. | 56 |
| NEEDLES..... | 73 | <i>cvs prenatal multivitamin</i> | 47 | <i>dexamethasone sod</i> | |
| COMFORT TOUCH TWIST | | <i>cvs purelax</i> | 51 | <i>phosphate pf</i> | 56 |
| LANCET 30G..... | 43 | <i>cyanocobalamin</i> | 47 | <i>dexamethasone sodium</i> | |
| COMIRNATY..... | 69 | <i>cyclobenzaprine hcl</i> | 84 | <i>phosphate</i> | 56, 78 |
| COMMIT..... | 8 | <i>cyclopentolate hcl</i> | 79 | DEXCOM G6 RECEIVER..... | 43 |
| COMPACT SPACE | | <i>cyclophosphamide</i> | 21 | DEXCOM G6 SENSOR..... | 43 |
| CHAMBER..... | 73 | CYCLOPHOSPHAMIDE..... | 21 | DEXCOM G6 TRANSMITTER.. | 43 |
| COMPACT SPACE | | <i>cycloserine</i> | 20 | DEXCOM G7 RECEIVER..... | 43 |
| CHAMBER/LG MASK..... | 73 | <i>cyclosporine</i> | 66, 79 | DEXCOM G7 SENSOR..... | 43 |
| COMPACT SPACE | | <i>cyclosporine modified</i> | 66 | <i>dexmethylphenidate hcl</i> | 36 |
| CHAMBER/MED MASK..... | 73 | <i>cyproheptadine hcl</i> | 80 | <i>dexmethylphenidate hcl er</i> | 36 |
| COMPACT SPACE | | <i>cyred eq</i> | 59 | <i>dextroamphetamine sulfate</i> | 36 |
| CHAMBER/SM MASK..... | 73 | CYSTADROPS..... | 79 | <i>dextroamphetamine sulfate er</i> .. | 36 |
| COMPLERA..... | 27 | CYSTAGON..... | 55 | DIACOMIT..... | 14 |
| COMPRO..... | 17 | CYSTARAN..... | 79 | DIASCREEN 10..... | 73 |
| CONDOMS..... | 73 | <i>dabigatran etexilate mesylate</i> ... | 14 | DIASCREEN 1B..... | 73 |
| <i>constulose</i> | 51 | <i>dalfampridine er</i> | 37 | DIASCREEN 1G..... | 73 |
| CONTOUR PLUS BLUE KIT | | <i>danazol</i> | 57 | DIASCREEN 1K..... | 73 |
| W/DEVICE..... | 43 | <i>dapsone</i> | 20 | DIASCREEN 2GK..... | 73 |
| CONTOUR PLUS TEST | | DAPTACEL..... | 69 | DIASCREEN 2GP..... | 73 |
| STRIP..... | 43 | <i>daptomycin</i> | 12 | DIASCREEN 3..... | 73 |
| CORLANOR..... | 32 | <i>darifenacin hydrobromide er</i> | 55 | DIASCREEN 4NL..... | 73 |
| CORTIFOAM..... | 71 | <i>darunavir</i> | 27 | DIASCREEN 4OBL..... | 73 |
| CORTISPORIN-TC..... | 80 | <i>dasatinib</i> | 21 | DIASCREEN 4PH..... | 73 |
| <i>corvita 150</i> | 46 | <i>dasetta 1/35 (28)</i> | 59 | DIASCREEN 5..... | 73 |
| COSENTYX (300 MG DOSE)... | 66 | <i>dasetta 7/7/7</i> | 59 | DIASCREEN 6..... | 73 |
| COSENTYX 150 MG/ML..... | 66 | <i>daunorubicin hcl</i> | 21 | DIASCREEN 7..... | 73 |
| COSENTYX SENSOREADY | | <i>daysee</i> | 59 | DIASCREEN 8..... | 73 |
| (300 MG)..... | 66 | DAYVIGO..... | 84 | DIASCREEN 9..... | 73 |
| COSENTYX SENSOREADY | | <i>deblitane</i> | 59 | DIASCREEN LIQUID URINE | |
| PEN..... | 66 | <i>decitabine</i> | 21 | CONTROL..... | 73 |
| COSENTYX UNOREADY..... | 66 | <i>deferiasirox</i> | 47 | <i>diazepam</i> | 14, 30 |
| COTELLIC..... | 21 | <i>deferiprone</i> | 47 | <i>diazepam intensol</i> | 30 |
| CREON..... | 55 | <i>deferoxamine mesylate</i> | 73 | <i>diazoxide</i> | 45 |
| <i>cromolyn sodium</i> | 51, 78 | DELSTRIGO..... | 27 | <i>diclofenac potassium</i> | 6 |
| CROTAN..... | 24 | <i>delyla</i> | 59 | <i>diclofenac sodium</i> | 6, 40, 78 |
| <i>cryselle-28</i> | 59 | <i>demeclocycline hcl</i> | 12 | <i>diclofenac sodium er</i> | 6 |
| <i>curae</i> | 59 | DENGVAXIA..... | 69 | <i>dicloxacillin sodium</i> | 12 |
| <i>cvs aspirin adult low dose</i> | 6 | DEPO-MEDROL..... | 56 | <i>dicyclomine hcl</i> | 51 |
| <i>cvs aspirin adult low strength</i> | 6 | DEPO-SUBQ PROVERA 104... | 59 | DIFICID..... | 12 |
| <i>cvs aspirin ec</i> | 6 | DESCOVY..... | 27 | <i>diflorasone diacetate</i> | 40 |
| <i>cvs aspirin low dose</i> | 6 | <i>desipramine hcl</i> | 16 | <i>diflunisal</i> | 6 |
| <i>cvs aspirin low strength</i> | 6 | <i>desloratadine</i> | 80 | <i>difluprednate</i> | 78 |
| <i>cvs c-lax laxative</i> | 51 | <i>desmopressin ace spray refrig</i> .. | 57 | <i>digoxin</i> | 32 |
| <i>cvs folic acid</i> | 47 | <i>desmopressin acetate</i> | 57 | <i>dihydroergotamine mesylate</i> | 20 |
| <i>cvs gentle laxative</i> | 51 | <i>desmopressin acetate spray</i> | 57 | DILANTIN..... | 14 |
| <i>cvs gentle laxative womens</i> | 51 | <i>desogestrel-ethinyl estradiol</i> | 59 | <i>diltiazem hcl</i> | 33 |
| <i>cvs magnesium citrate</i> | 51 | <i>desonide</i> | 40 | <i>diltiazem hcl er</i> | 32 |
| <i>cvs nicotine</i> | 8 | <i>desoximetasone</i> | 40 | <i>diltiazem hcl er beads</i> | 32 |
| <i>cvs nicotine polacrilex</i> | 8 | <i>desvenlafaxine succinate er</i> | 16 | <i>diltiazem hcl er coated beads</i> ... | 32 |
| <i>cvs prenatal</i> | 47 | <i>dexamethasone</i> | 56 | <i>dilt-xr</i> | 33 |
| <i>cvs prenatal gummy</i> | 47 | <i>dexamethasone intensol</i> | 56 | <i>dimenhydrinate</i> | 18 |

| | | | | | |
|--|--------|--|--------|--|------------|
| <i>dimethyl fumarate</i> | 37 | <i>efavirenz-emtricitab-tenofo df</i> | 27 | <i>eq adult aspirin low strength</i> | 6 |
| <i>dimethyl fumarate starter pack</i> .. | 37 | <i>efavirenz-lamivudine-tenofovir</i> .. | 27 | <i>eq aspirin adult low dose</i> | 6 |
| DIPENTUM..... | 71 | <i>eletriptan hydrobromide</i> | 20 | <i>eq aspirin low dose</i> | 6 |
| <i>diphenhydramine hcl</i> | 80 | <i>elimest</i> | 59 | <i>eq clearlax</i> | 51 |
| <i>diphenoxylate-atropine</i> | 51 | ELIQUIS..... | 14 | <i>eq gentle laxative</i> | 51 |
| <i>dipyridamole</i> | 26 | ELIQUIS DVT/PE STARTER | | <i>eq magnesium citrate</i> | 51 |
| <i>disopyramide phosphate</i> | 33 | PACK..... | 14 | <i>eq nicotine</i> | 8 |
| <i>disulfiram</i> | 8 | ELLA..... | 59 | <i>eq nicotine polacrilex</i> | 8 |
| <i>divalproex sodium</i> | 14 | ELMIRON..... | 55 | <i>eq nicotine step 3</i> | 8 |
| <i>divalproex sodium er</i> | 14 | <i>eluryng</i> | 59 | EQ SPACE CHAMBER ANTI- | |
| <i>dofetilide</i> | 33 | EMBECTA AUTOSHIELD | | STATIC..... | 74 |
| <i>dolishale</i> | 59 | DUO..... | 74 | EQ SPACE CHAMBER ANTI- | |
| <i>donepezil hcl</i> | 16 | EMBECTA INSULIN SYRINGE | | STATIC L..... | 74 |
| DOPTELET..... | 31 | U/F..... | 45 | EQ SPACE CHAMBER ANTI- | |
| <i>dorzolamide hcl</i> | 79 | EMBECTA INSULIN SYRINGE | | STATIC M..... | 74 |
| <i>dorzolamide hcl-timolol mal</i> | 79 | U-100..... | 45 | EQ SPACE CHAMBER ANTI- | |
| <i>dotti</i> | 59 | EMBECTA PEN NEEDLE | | STATIC S..... | 74 |
| DOVATO..... | 27 | NANO..... | 74 | <i>eql aspirin low dose</i> | 6 |
| <i>doxazosin mesylate</i> | 33 | EMBECTA PEN NEEDLE U/F .. | 74 | <i>eql childrens aspirin</i> | 6 |
| <i>doxepin hcl</i> | 16, 84 | EMBRACE PEN NEEDLES..... | 74 | <i>eql clearlax</i> | 51 |
| <i>doxercalciferol</i> | 72 | EMGALITY..... | 20 | <i>eql gentle laxative</i> | 51 |
| <i>doxy 100</i> | 12 | <i>emtricitabine</i> | 27 | <i>eql laxative</i> | 51 |
| <i>doxycycline hyclate</i> | 12 | <i>emtricitabine-tenofovir df</i> | 28 | <i>eql magnesium citrate</i> | 52 |
| <i>doxycycline monohydrate</i> | 12 | EMTRIVA..... | 28 | <i>eql prenatal formula</i> | 47 |
| <i>dronabinol</i> | 18 | EMVERM..... | 24 | <i>ergocalciferol</i> | 47 |
| <i>droperidol</i> | 18 | <i>emzahn</i> | 59 | ERGOMAR..... | 20 |
| DROPLET MICRON..... | 73 | <i>enalapril maleate</i> | 33 | <i>ergotamine-caffeine</i> | 20 |
| DROPSAFE ACTI-LANCE | | <i>enalapril-hydrochlorothiazide</i> | 33 | ERIVEDGE..... | 21 |
| 23G..... | 43 | ENBREL..... | 66 | <i>erlotinib hcl</i> | 21, 22 |
| DROPSAFE ALCOHOL PREP. 73 | | ENBREL MINI..... | 66 | <i>errin</i> | 60 |
| DROPSAFE SAFETY | | ENBREL SURECLICK..... | 66 | ERTACZO..... | 19 |
| SYRINGE/NEEDLE..... | 45 | ENCARE..... | 74 | <i>ertapenem sodium</i> | 12 |
| <i>drospiren-eth estrad-levomefol</i> .. | 59 | ENDARI..... | 74 | <i>ery pad 2%</i> | 40 |
| <i>drospirenone-ethinyl estradiol</i> ... 59 | | <i>endocet</i> | 3 | <i>erythromycin</i> | 12, 40, 78 |
| DROXIA..... | 21 | ENFAMIL EXPECTA..... | 47 | <i>erythromycin base</i> | 12 |
| DUAVEE..... | 59 | ENGERIX-B..... | 69 | <i>erythromycin ethylsuccinate</i> | 12 |
| <i>duloxetine hcl</i> | 16, 17 | ENHERTU..... | 21 | <i>escitalopram oxalate</i> | 17 |
| DUPIXENT..... | 40 | <i>enilloring</i> | 59 | <i>esomeprazole magnesium</i> | 50 |
| DUREX EXTRA SENSITIVE | | <i>enoxaparin sodium</i> | 14 | <i>estarylla</i> | 60 |
| THIN..... | 73 | <i>enpresse-28</i> | 59 | <i>estazolam</i> | 30 |
| DUREX REALFEEL..... | 73 | <i>enskyce</i> | 60 | <i>estradiol</i> | 60 |
| DUREX TROPICAL..... | 74 | <i>entacapone</i> | 25 | <i>estradiol-norethindrone acet</i> | 60 |
| <i>dutasteride</i> | 56 | <i>entecavir</i> | 28 | <i>eszopiclone</i> | 84 |
| EASIVENT..... | 74 | ENTRESTO..... | 33 | <i>ethacrynic acid</i> | 33 |
| EASIVENT MASK LARGE..... | 74 | <i>enulose</i> | 51 | <i>ethambutol hcl</i> | 20 |
| EASIVENT MASK MEDIUM..... | 74 | EPCLUSA..... | 28 | <i>ethosuximide</i> | 15 |
| EASIVENT MASK SMALL..... | 74 | EPIDIOLEX..... | 14 | <i>ethynodiol diac-eth estradiol</i> | 60 |
| EASYGEL..... | 38 | <i>epinastine hcl</i> | 78 | <i>etodolac</i> | 6 |
| <i>econazole nitrate</i> | 19 | <i>epinephrine</i> | 33, 81 | <i>etodolac er</i> | 6 |
| <i>econtra one-step</i> | 59 | <i>epinephrine (anaphylaxis)</i> | 81 | <i>etonogestrel-ethinyl estradiol</i> ... 60 | |
| ECOTRIN LOW STRENGTH..... | 6 | <i>epinephrine pf</i> | 33 | <i>etoposide</i> | 22 |
| EDURANT..... | 27 | <i>epitol</i> | 14 | <i>etravirine</i> | 28 |
| <i>efavirenz</i> | 27 | <i>eplerenone</i> | 33 | <i>euthyrox</i> | 64 |

| | | | | | |
|--|--------|--|--------|--|--------|
| <i>everolimus</i> | 22, 66 | <i>fluconazole in sodium chloride</i> .. | 19 | <i>ft clearlax</i> | 52 |
| EVOTAZ..... | 28 | <i>flucytosine</i> | 19 | <i>ft folic acid</i> | 47 |
| EVRYSDI..... | 55 | <i>fludarabine phosphate</i> | 22 | <i>ft laxative</i> | 52 |
| <i>exemestane</i> | 22 | <i>fludrocortisone acetate</i> | 56 | <i>ft magnesium citrate</i> | 52 |
| <i>ezetimibe</i> | 33 | FLULAVAL..... | 69 | <i>ft nicotine</i> | 8 |
| <i>ezetimibe-simvastatin</i> | 33 | FLUMIST..... | 70 | <i>ft nicotine mini</i> | 9 |
| <i>fa-8</i> | 47 | <i>flunisolide</i> | 80 | <i>ft prenatal</i> | 47 |
| <i>falmina</i> | 60 | <i>fluocinolone acetonide</i> | 40, 80 | <i>furosemide</i> | 33 |
| <i>famciclovir</i> | 28 | <i>fluocinolone acetonide body</i> | 40 | FUZEON..... | 28 |
| <i>famotidine</i> | 50 | <i>fluocinolone acetonide scalp</i> | 40 | <i>fyavolv</i> | 60 |
| <i>famotidine (pf)</i> | 50 | <i>fluocinonide</i> | 40 | FYCOMPA..... | 15 |
| FANAPT..... | 26 | <i>fluocinonide emulsified base</i> | 40 | <i>gabapentin</i> | 15 |
| FANAPT TITRATION PACK..... | 26 | FLUORIDEX DAILY | | GALAFOLD..... | 55 |
| FANTASY LUBRICATED..... | 74 | RENEWAL..... | 38 | <i>galantamine hydrobromide</i> | 16 |
| FANTASY | | <i>fluorometholone</i> | 78 | <i>galantamine hydrobromide er...</i> | 16 |
| LUBRICATED/SPERMICIDE.... | 74 | <i>fluorouracil</i> | 22, 40 | <i>gallifrey</i> | 60 |
| FARXIGA..... | 42 | <i>fluoxetine hcl</i> | 17 | GAMIFANT..... | 66 |
| <i>fa-vitamin b-6-vitamin b-12</i> | 47 | <i>fluphenazine hcl</i> | 26 | GARDASIL 9..... | 70 |
| FC2 FEMALE CONDOM..... | 74 | <i>flurandrenolide</i> | 40 | <i>gatifloxacin</i> | 78 |
| <i>febuxostat</i> | 20 | <i>flurazepam hcl</i> | 84 | GATTEX..... | 52 |
| FEIBA..... | 31 | <i>flurbiprofen</i> | 6 | <i>gavilax</i> | 52 |
| <i>feirza 1.5/30</i> | 60 | <i>flurbiprofen sodium</i> | 78 | <i>gavilyte-c</i> | 52 |
| <i>feirza 1/20</i> | 60 | <i>fluticasone propionate</i> | 40, 80 | <i>gavilyte-g</i> | 52 |
| <i>felodipine er</i> | 33 | FLUTICASONE PROPIONATE | | <i>gavilyte-n with flavor pack</i> | 52 |
| FEMCAP..... | 74 | DISKUS..... | 81 | <i>gemfibrozil</i> | 33 |
| <i>fenofibrate</i> | 33 | FLUTICASONE PROPIONATE | | <i>gemmily</i> | 60 |
| <i>fenofibrate micronized</i> | 33 | HFA..... | 81, 82 | <i>generlac</i> | 52 |
| <i>fenofibric acid</i> | 33 | <i>fluticasone-salmeterol</i> | 82 | <i>gengraf</i> | 66 |
| <i>fenoprofen calcium</i> | 6 | FLUTICASONE- | | <i>gentamicin sulfate</i> | 12, 78 |
| <i>fentanyl</i> | 3 | SALMETEROL..... | 82 | <i>gentle laxative</i> | 52 |
| <i>ferotinsic</i> | 47 | <i>fluvastatin sodium</i> | 33 | GILENYA..... | 37 |
| <i>fesoterodine fumarate er</i> | 55 | <i>fluvoxamine maleate</i> | 17 | GILOTRIF..... | 22 |
| FETZIMA..... | 17 | <i>fluvoxamine maleate er</i> | 17 | <i>glatiramer acetate</i> | 37 |
| FETZIMA TITRATION..... | 17 | FLUZONE..... | 70 | <i>glatopa</i> | 37 |
| <i>finasteride</i> | 56 | FLUZONE HIGH-DOSE..... | 70 | GLEOSTINE..... | 22 |
| <i>ingolimod hcl</i> | 37 | <i>folate</i> | 47 | <i>glimepiride</i> | 42 |
| <i>finzala</i> | 60 | FOLBEE..... | 47 | <i>glipizide er</i> | 42 |
| <i>flac</i> | 80 | <i>folbee plus</i> | 47 | <i>glipizide ir</i> | 42 |
| FLAREX..... | 78 | <i>folding paddle walker</i> | 8 | <i>glipizide-metformin hcl</i> | 42 |
| <i>flavoxate hcl</i> | 55 | <i>folic acid</i> | 47 | <i>glucagon emergency kit</i> | 45 |
| <i>flecainide acetate</i> | 33 | <i>folplex 2.2</i> | 47 | GLUCAGON EMERGENCY | |
| FLEXICHAMBER..... | 74 | <i>foltrin</i> | 47 | KIT..... | 45 |
| FLEXICHAMBER ADULT | | <i>fondaparinux sodium</i> | 14 | <i>glyburide</i> | 42 |
| MASK/SMALL..... | 74 | <i>formoterol fumarate</i> | 82 | <i>glyburide micronized</i> | 42 |
| FLEXICHAMBER CHILD | | <i>fosamprenavir calcium</i> | 28 | <i>glyburide-metformin</i> | 42 |
| MASK/LARGE..... | 74 | <i>fosaprepitant dimeglumine</i> | 18 | <i>glycine</i> | 55 |
| FLEXICHAMBER CHILD | | <i>fosinopril sodium</i> | 33 | <i>glycine urologic</i> | 55 |
| MASK/SMALL..... | 74 | <i>fosphenytoin sodium</i> | 15 | <i>glycolax</i> | 52 |
| FLUAD..... | 69 | FOSRENOL..... | 55 | <i>glycopyrrolate</i> | 52 |
| FLUARIX..... | 69 | FRAGMIN..... | 14 | <i>glycopyrrolate pf</i> | 52 |
| FLUBLOK..... | 69 | <i>frovatriptan succinate</i> | 20 | <i>glydo</i> | 7 |
| FLUCELVAX..... | 69 | <i>ft aspirin</i> | 6 | GLYXAMBI..... | 42 |
| <i>fluconazole</i> | 19 | <i>ft aspirin low dose</i> | 6 | <i>gnp adult aspirin low strength</i> | 6 |

| | | | | | |
|--|--------|--|----------------|----------------------------------|------|
| <i>gnp aspirin</i> | 6 | <i>haloette</i> | 60 | HYRIMOZ-PED>/=40KG | |
| <i>gnp aspirin low dose</i> | 6 | <i>haloperidol</i> | 26 | CROHN START..... | 67 |
| <i>gnp clearlax</i> | 52 | <i>haloperidol decanoate</i> | 26 | HYRIMOZ-PLAQ | |
| <i>gnp folic acid</i> | 47 | <i>haloperidol lactate</i> | 26 | PSOR/UEVIT START..... | 67 |
| <i>gnp gentle laxative</i> | 52 | HARVONI..... | 28 | <i>ibandronate sodium</i> | 71 |
| <i>gnp magnesium citrate</i> | 52 | HAVRIX..... | 70 | IBRANCE..... | 22 |
| <i>gnp nicotine</i> | 9 | HEALTHY MAMA BE WELL | | <i>ibuprofen</i> | 6 |
| <i>gnp nicotine mini</i> | 9 | ROUNDED..... | 47 | <i>icatibant acetate</i> | 67 |
| <i>gnp nicotine polacrilex</i> | 9 | <i>heather</i> | 60 | <i>iclevia</i> | 60 |
| GNP PEN NEEDLES..... | 74 | <i>h-e-b aspirin</i> | 6 | ICLUSIG..... | 22 |
| <i>gnp prenatal</i> | 47 | HEMLIBRA..... | 31 | ILARIS..... | 67 |
| GNP ULTIGUARD SAFEPAK | | HEPAGAM B..... | 67 | <i>imatinib mesylate</i> | 22 |
| NEEDLE..... | 74 | <i>heparin sodium (porcine)</i> | 14 | IMBRUVICA..... | 22 |
| <i>gnp womens gentle laxative</i> | 52 | <i>heparin sodium (porcine) pf</i> | 14 | <i>imipenem-cilastatin</i> | 12 |
| <i>gnp womens laxative</i> | 52 | HEPLISAV-B..... | 70 | <i>imipramine hcl</i> | 17 |
| GOODSENSE ALCOHOL | | <i>her style</i> | 60 | <i>imiquimod</i> | 41 |
| SWABS..... | 74 | HIBERIX..... | 70 | IMPAVIDO..... | 24 |
| <i>goodsense aspirin</i> | 6 | HIZENTRA..... | 67 | <i>incassia</i> | 60 |
| <i>goodsense aspirin adult low st</i> | 6 | HUMALOG MIX 50/50 | | INCONTROL ULTICARE PEN | |
| <i>goodsense aspirin low dose</i> | 6 | KWIKPEN..... | 45 | NEEDLES..... | 74 |
| <i>goodsense bisacodyl laxative</i> ... | 52 | HUMATIN..... | 12 | INCRELEX..... | 57 |
| <i>goodsense clearlax</i> | 53 | HUMULIN R U-500 KWIKPEN.. | 45 | <i>indapamide</i> | 34 |
| <i>goodsense magnesium citrate</i> .. | 53 | HUMULIN R U-500 VIAL..... | 45 | <i>indomethacin</i> | 6, 7 |
| <i>goodsense nicotine</i> | 9 | HYCAMTIN..... | 22 | <i>indomethacin er</i> | 6 |
| <i>granisetron hcl</i> | 18 | <i>hydralazine hcl</i> | 33 | INFANRIX..... | 70 |
| <i>griseofulvin microsize</i> | 19 | <i>hydrochlorothiazide</i> | 33 | INFLECTRA..... | 67 |
| <i>griseofulvin ultramicrosize</i> | 19 | <i>hydrocodone bitartrate er</i> | 3 | INLYTA..... | 22 |
| <i>guanfacine hcl</i> | 33 | <i>hydrocodone bit-homatrop mbr</i> .. | 80 | INPEN 100-BLUE-LILLY- | |
| <i>guanfacine hcl er</i> | 36 | <i>hydrocodone-acetaminophen</i> | 3 | HUMALOG..... | 44 |
| GUARDIAN 4 GLUCOSE | | <i>hydrocodone-ibuprofen</i> | 3, 4 | INPEN 100-BLUE-NOVOLOG- | |
| SENSOR..... | 43 | <i>hydrocortisone</i> | 40, 41, 56, 71 | FIASP..... | 44 |
| GUARDIAN 4 TRANSMITTER.. | 43 | <i>hydrocortisone (perianal)</i> | 71 | INPEN 100-GREY-LILLY- | |
| GUARDIAN CONNECT | | <i>hydrocortisone ace-pramoxine</i> .. | 71 | HUMALOG..... | 44 |
| TRANSMITTER..... | 43 | <i>hydrocortisone butyrate</i> | 40 | INPEN 100-GREY- | |
| GUARDIAN LINK 3 | | <i>hydrocortisone valerate</i> | 41 | NOVOLOG-FIASP..... | 44 |
| TRANSMITTER..... | 43 | <i>hydrocortisone-acetic acid</i> | 80 | INPEN 100-PINK-LILLY- | |
| GUARDIAN REAL-TIME | | <i>hydromet</i> | 80 | HUMALOG..... | 44 |
| CHARGER..... | 43 | <i>hydromorphone hcl</i> | 4 | INPEN 100-PINK-NOVOLOG- | |
| GUARDIAN REAL-TIME | | <i>hydromorphone hcl er</i> | 4 | FIASP..... | 44 |
| REPLACE PED..... | 43 | <i>hydromorphone hcl pf</i> | 4 | INSPIREASE..... | 74 |
| GUARDIAN REAL-TIME TEST | | <i>hydroxocobalamin acetate</i> | 47 | INSPIREASE RESERVOIR | |
| PLUG..... | 43 | <i>hydroxychloroquine sulfate</i> | 24 | BAGS..... | 74 |
| GUARDIAN SENSOR 3..... | 43 | <i>hydroxyurea</i> | 22 | INSULIN DEGLUDEC..... | 45 |
| GYNAZOLE-1..... | 19 | <i>hydroxyzine hcl</i> | 30 | INSULIN DEGLUDEC | |
| <i>habitrol</i> | 9 | <i>hydroxyzine pamoate</i> | 30 | FLEXTOUCH..... | 45 |
| HADLIMA..... | 66, 67 | <i>hyoscyamine sulfate</i> | 53 | INSULIN GLARGINE-YFGN.... | 45 |
| HADLIMA PUSH TOUCH..... | 66 | HYPERHEP B..... | 67 | INSULIN PEN NEEDLES..... | 74 |
| <i>hailey 1.5/30</i> | 60 | HYPERRHO S/D..... | 67 | INSULIN SYRINGES..... | 45 |
| <i>hailey 24 fe</i> | 60 | HYRIMOZ..... | 67 | INTELENCE..... | 28 |
| <i>hailey fe 1.5/30</i> | 60 | HYRIMOZ-CROHNS/UC | | INTRAROSA..... | 55 |
| <i>hailey fe 1/20</i> | 60 | STARTER..... | 67 | <i>introvale</i> | 60 |
| <i>halcinonide</i> | 40 | HYRIMOZ-PED<40KG | | INVEGA HAFYERA..... | 26 |
| <i>halobetasol propionate</i> | 40 | CROHN STARTER..... | 67 | INVEGA SUSTENNA..... | 26 |

| | | | | | |
|--|--------|--|-------|--|------|
| INVEGA TRINZA..... | 26 | KETO-DIASTIX..... | 44 | <i>lamotrigine</i> | 15 |
| <i>iodine strong</i> | 47 | KETONE CARE..... | 44 | <i>lamotrigine er</i> | 15 |
| <i>iodine tincture</i> | 12 | KETONE TEST..... | 44 | LANCETS..... | 44 |
| IPOL..... | 70 | <i>ketoprofen</i> | 7 | LANCETS 28G THIN..... | 44 |
| <i>ipratropium bromide</i> | 80, 82 | <i>ketorolac tromethamine</i> | 7, 78 | LANCETS SUPER THIN..... | 44 |
| <i>ipratropium-albuterol</i> | 82 | KETOSTIX..... | 44 | <i>lansoprazole</i> | 50 |
| <i>irbesartan</i> | 34 | KIMONO..... | 74 | <i>lanthanum carbonate</i> | 55 |
| <i>irbesartan-hydrochlorothiazide</i> .. | 34 | KIMONO COLORS..... | 74 | <i>lapatinib ditosylate</i> | 22 |
| ISENTRESS..... | 28 | KIMONO MAXX-LARGE | | <i>larin 1.5/30</i> | 61 |
| ISENTRESS HD..... | 28 | FLARE..... | 75 | <i>larin 1/20</i> | 61 |
| <i>isibloom</i> | 60 | KIMONO MICRO THIN..... | 75 | <i>larin 24 fe</i> | 61 |
| <i>isoniazid</i> | 20, 21 | KIMONO MICRO THIN PLUS... | 75 | <i>larin fe 1.5/30</i> | 61 |
| <i>isosorbide dinitrate</i> | 34 | KIMONO PLUS..... | 75 | <i>larin fe 1/20</i> | 61 |
| <i>isosorbide mononitrate</i> | 34 | KIMONO PS..... | 75 | <i>latanoprost</i> | 79 |
| <i>isosorbide mononitrate er</i> | 34 | KIMONO PS PLUS..... | 75 | <i>laxative</i> | 53 |
| <i>isotretinoin</i> | 41 | KIMONO SENSATION..... | 75 | <i>layolis fe</i> | 61 |
| <i>itraconazole</i> | 19 | KIMONO SENSATION PLUS... | 75 | <i>leena</i> | 61 |
| <i>ivabradine hcl</i> | 34 | KIMONO SPECIAL..... | 75 | <i>leflunomide</i> | 67 |
| <i>ivermectin</i> | 24, 41 | KINERET..... | 67 | <i>lenalidomide</i> | 22 |
| IXEMPRA KIT..... | 22 | KINRIX..... | 70 | LENVIMA..... | 22 |
| <i>jaimiess</i> | 60 | KISQALI (200 MG DOSE)..... | 22 | <i>lessina</i> | 61 |
| JAKAFI..... | 22 | KISQALI (400 MG DOSE)..... | 22 | <i>letrozole</i> | 22 |
| <i>jantoven</i> | 14 | KISQALI (600 MG DOSE)..... | 22 | <i>leucovorin calcium</i> | 22 |
| JANUMET..... | 42 | <i>klayesta</i> | 19 | LEUKERAN..... | 23 |
| JANUMET XR..... | 42 | <i>klor-con</i> | 47 | LEUKINE..... | 31 |
| JANUVIA..... | 42 | <i>klor-con 10</i> | 47 | <i>leuprolide acetate</i> | 57 |
| JARDIANCE..... | 42 | <i>klor-con m10</i> | 47 | <i>levabuterol hcl</i> | 82 |
| <i>jasmiel</i> | 60 | <i>klor-con m15</i> | 47 | <i>levetiracetam</i> | 15 |
| <i>jencycla</i> | 60 | <i>klor-con m20</i> | 47 | <i>levetiracetam er</i> | 15 |
| JENTADUETO..... | 42 | KLOXXADO..... | 9 | <i>levobunolol hcl</i> | 79 |
| JENTADUETO XR..... | 42 | <i>kls aspirin low dose</i> | 7 | <i>levocarnitine</i> | 48 |
| <i>jinteli</i> | 60 | <i>kls laxaclear</i> | 53 | <i>levocarnitine sf</i> | 48 |
| <i>jolessa</i> | 60 | <i>kls quit2</i> | 9 | <i>levocetirizine dihydrochloride</i> ... | 80 |
| <i>joyeaux</i> | 60 | <i>kls quit4</i> | 9 | <i>levofloxacin</i> | 12 |
| J-TIP KIT W/VIAL ADAPTERS..... | 74 | KOSELUGO..... | 22 | <i>levonest</i> | 61 |
| <i>juleber</i> | 60 | KOURZEQ..... | 38 | <i>levonorgest-eth est & eth est</i> ... | 61 |
| JULUCA..... | 28 | <i>kp aspirin</i> | 7 | <i>levonorgest-eth estrad 91-day</i> .. | 61 |
| <i>junel 1.5/30</i> | 61 | <i>kp bisacodyl</i> | 53 | <i>levonorgest-eth estradiol-iron</i> ... | 61 |
| <i>junel 1/20</i> | 61 | <i>kp folic acid</i> | 47 | <i>levonorgestrel</i> | 61 |
| <i>junel fe 1.5/30</i> | 61 | <i>kp prenatal multivitamins</i> | 48 | <i>levonorgestrel-ethinyl estrad</i> | 61 |
| <i>junel fe 1/20</i> | 61 | K-PHOS..... | 48 | <i>levonorg-eth estrad triphasic</i> | 61 |
| <i>junel fe 24</i> | 61 | <i>k-tan plus</i> | 48 | <i>levora 0.15/30 (28)</i> | 61 |
| <i>kaitlib fe</i> | 61 | <i>kurvelo</i> | 61 | <i>levo-t</i> | 64 |
| <i>kalliga</i> | 61 | KYLEENA..... | 61 | <i>levothyroxine sodium</i> | 64 |
| KALYDECO..... | 83 | <i>labetalol hcl</i> | 34 | <i>levoxyl</i> | 65 |
| KAMELEON LUBRICATED..... | 74 | <i>lacosamide</i> | 15 | <i>l-glutamine</i> | 75 |
| <i>kariva</i> | 61 | <i>lactic acid</i> | 41 | <i>lidocaine</i> | 7, 8 |
| <i>kelnor 1/35</i> | 61 | <i>lactic acid e</i> | 41 | <i>lidocaine hcl urethral/mucosal</i> | 7 |
| <i>kelnor 1/50</i> | 61 | <i>lactulose</i> | 53 | <i>lidocaine viscous hcl</i> | 38 |
| KENALOG-10..... | 56 | <i>lactulose encephalopathy</i> | 53 | <i>lidocaine-prilocaine</i> | 8 |
| KENALOG-80..... | 56 | LAGEVRIO..... | 28 | LILETTA (52 MG)..... | 61 |
| KESIMPTA..... | 37 | <i>lamivudine</i> | 28 | <i>linezolid</i> | 12 |
| <i>ketoconazole</i> | 19 | <i>lamivudine-zidovudine</i> | 28 | <i>linezolid in sodium chloride</i> | 12 |

| | | | | | |
|--|--------|--|----|---|--------|
| LINZESS..... | 53 | MASK | | <i>methylprednisolone acetate</i> | 57 |
| <i>liothyronine sodium</i> | 65 | VORTEX/TODDLER/LADYBU | | <i>metoclopramide hcl</i> | 18 |
| <i>liraglutide</i> | 42 | G..... | 75 | <i>metolazone</i> | 34 |
| <i>lisdexamfetamine dimesylate</i> | 36 | MASONATAL..... | 48 | <i>metoprolol succinate er</i> | 34 |
| <i>lisinopril</i> | 34 | MATULANE..... | 23 | <i>metoprolol tartrate</i> | 34 |
| <i>lisinopril-hydrochlorothiazide</i> | 34 | MAVYRET..... | 28 | <i>metronidazole</i> | 13, 41 |
| <i>lithium</i> | 31 | MAXX..... | 75 | <i>metyrosine</i> | 34 |
| <i>lithium carbonate</i> | 31 | MAXX PLUS..... | 75 | <i>mexiletine hcl</i> | 34 |
| <i>lithium carbonate er</i> | 31 | MAYZENT..... | 37 | <i>mibelas 24 fe</i> | 62 |
| <i>lojaimiess</i> | 61 | MAYZENT STARTER PACK.... | 37 | <i>miconazole 3</i> | 19 |
| <i>loperamide hcl</i> | 53 | <i>meclizine hcl</i> | 18 | MICROCHAMBER..... | 75 |
| <i>lopinavir-ritonavir</i> | 28 | <i>meclofenamate sodium</i> | 7 | <i>microgestin 1.5/30</i> | 62 |
| <i>lorazepam</i> | 30, 31 | <i>medroxyprogesterone acetate</i> .. | 62 | <i>microgestin 1/20</i> | 62 |
| <i>lorazepam intensol</i> | 31 | <i>mefenamic acid</i> | 7 | <i>microgestin fe 1.5/30</i> | 62 |
| <i>loryna</i> | 61 | <i>mefloquine hcl</i> | 25 | <i>microgestin fe 1/20</i> | 62 |
| <i>losartan potassium</i> | 34 | <i>megestrol acetate</i> | 62 | MICROSPACER..... | 75 |
| <i>losartan potassium-hctz</i> | 34 | MEKINIST..... | 23 | <i>midazolam hcl</i> | 31 |
| <i>lovastatin</i> | 34 | <i>meloxicam</i> | 7 | <i>midodrine hcl</i> | 34 |
| <i>low-ogestrel</i> | 61 | <i>melphalan hcl</i> | 23 | <i>mifepristone</i> | 58 |
| <i>loxapine succinate</i> | 26 | <i>memantine hcl</i> | 16 | <i>miglustat</i> | 55 |
| <i>lo-zumandimine</i> | 61 | <i>memantine hcl er</i> | 16 | <i>mili</i> | 62 |
| <i>lubiprostone</i> | 53 | MENEST..... | 62 | <i>mimvey</i> | 62 |
| LULICONAZOLE..... | 19 | MENQUADFI..... | 70 | <i>mineral oil heavy</i> | 53 |
| LUMIGAN..... | 79 | MENVEO..... | 70 | MINIMED 630G GUARDIAN | |
| LUPRON DEPOT (1-MONTH).. | 57 | <i>meperidine hcl</i> | 4 | PRESS..... | 44 |
| LUPRON DEPOT (3-MONTH).. | 57 | <i>meprobamate</i> | 31 | MINOCIN..... | 13 |
| LUPRON DEPOT (4-MONTH) | | <i>mercaptapurine</i> | 23 | <i>minocycline hcl</i> | 13 |
| INTRAMUSCULAR KIT 30MG.. | 57 | <i>merzee</i> | 62 | <i>minoxidil</i> | 34 |
| LUPRON DEPOT (6-MONTH) | | <i>mesalamine</i> | 71 | <i>minzoya</i> | 62 |
| INTRAMUSCULAR KIT 45MG.. | 57 | <i>mesalamine er</i> | 71 | <i>mirabegron er</i> | 55 |
| LUPRON DEPOT-PED (1- | | <i>mesna</i> | 23 | MIRENA (52 MG)..... | 62 |
| MONTH)..... | 57 | MESNEX..... | 23 | <i>mirtazapine</i> | 17 |
| LUPRON DEPOT-PED (3- | | <i>metaxalone</i> | 84 | <i>misoprostol</i> | 50 |
| MONTH)..... | 58 | <i>metformin hcl er</i> | 42 | <i>mitigo</i> | 4 |
| LUPRON DEPOT-PED (6- | | <i>metformin hcl ir</i> | 42 | <i>mitomycin</i> | 23 |
| MONTH)..... | 58 | <i>methadone hcl</i> | 4 | <i>mitoxantrone hcl</i> | 23 |
| <i>lurasidone hcl</i> | 26 | <i>methadone hcl intensol</i> | 4 | <i>mm aspirin</i> | 7 |
| <i>lutura</i> | 61 | <i>methamphetamine hcl</i> | 37 | <i>mm clearlax</i> | 53 |
| <i>lyleq</i> | 61 | <i>methenamine hippurate</i> | 13 | M-M-R II..... | 70 |
| <i>lyllana</i> | 61 | METHERGINE..... | 75 | <i>modafinil</i> | 84 |
| LYNPARZA..... | 23 | <i>methimazole</i> | 65 | MODERNA COVID-19 VAC | |
| LYSIPLEX PLUS..... | 48 | <i>methocarbamol</i> | 84 | 6M-11Y..... | 70 |
| LYSODREN..... | 23 | <i>methotrexate sodium</i> | 67 | <i>mometasone furoate</i> | 41, 80 |
| <i>lyza</i> | 61 | <i>methotrexate sodium (pf)</i> | 67 | MONDOXYNE NL..... | 13 |
| <i>mafenide acetate</i> | 12 | <i>methoxsalen rapid</i> | 41 | <i>mono-linyah</i> | 62 |
| <i>magnesium citrate</i> | 53 | <i>methscopolamine bromide</i> | 53 | <i>montelukast sodium</i> | 82 |
| <i>malathion</i> | 25 | <i>methsuximide</i> | 15 | <i>morphine sulfate</i> | 4 |
| <i>mannitol</i> | 34 | <i>methyl dopa</i> | 34 | <i>morphine sulfate (concentrate)</i> ... | 4 |
| <i>maraviroc</i> | 28 | <i>methylergonovine maleate</i> | 75 | <i>morphine sulfate (pf)</i> | 4 |
| <i>marlissa</i> | 61 | <i>methylphenidate hcl</i> | 37 | <i>morphine sulfate er</i> | 4 |
| MARPLAN..... | 17 | <i>methylphenidate hcl er</i> | 37 | MOTEGRITY..... | 53 |
| MASK VORTEX..... | 75 | <i>methylphenidate hcl er (osm)</i> | 37 | MOTOFEN..... | 53 |
| MASK VORTEX/CHILD/FROG.. | 75 | <i>methylprednisolone</i> | 57 | MOUNJARO..... | 42 |

| | | | | | |
|--|--------|---|----|-------------------------------------|----|
| <i>moxifloxacin hcl</i> | 13, 78 | NEO-SYNALAR..... | 41 | <i>nortrel 1/35 (28)</i> | 63 |
| <i>moxifloxacin hcl (2x day)</i> | 78 | <i>nephronex</i> | 48 | <i>nortrel 7/7/7</i> | 63 |
| <i>moxifloxacin hcl in nacl</i> | 13 | <i>neuac</i> | 41 | <i>nortriptyline hcl</i> | 17 |
| <i>multi prenatal</i> | 48 | NEULASTA..... | 31 | NORVIR..... | 29 |
| MULTISTIX 10 SG..... | 44 | NEULASTA ONPRO..... | 31 | NOVAVAX COVID-19 | |
| <i>multivitamin w/fluoride</i> | 48 | NEUPRO..... | 25 | VACCINE..... | 70 |
| <i>multivitamin/fluoride</i> | 48 | <i>nevirapine</i> | 28 | NOVOFINE PEN NEEDLE..... | 75 |
| <i>multi-vitamin/fluoride</i> | 48 | <i>nevirapine er</i> | 28 | NOVOFINE PLUS PEN | |
| <i>multi-vitamin/fluoride/iron</i> | 48 | <i>new day</i> | 62 | NEEDLE..... | 75 |
| <i>mupirocin</i> | 13 | NEXPLANON..... | 62 | NOVOLIN 70/30 FLEXPEN..... | 45 |
| MUTAMYCIN..... | 23 | <i>niacin er (antihyperlipidemic)</i> | 34 | NOVOLIN 70/30 FLEXPEN | |
| <i>my choice</i> | 62 | NICODERM CQ..... | 9 | RELION..... | 46 |
| <i>my way</i> | 62 | NICORETTE..... | 9 | NOVOLIN 70/30 RELION..... | 46 |
| MYALEPT..... | 55 | NICORETTE MINI..... | 9 | NOVOLIN 70/30 VIAL..... | 46 |
| <i>mycophenolate mofetil</i> | 67 | NICORETTE STARTER KIT..... | 9 | NOVOLIN N FLEXPEN..... | 46 |
| <i>mycophenolate mofetil hcl</i> | 67 | <i>nicotine</i> | 9 | NOVOLIN N FLEXPEN | |
| <i>mycophenolate sodium</i> | 67 | <i>nicotine mini</i> | 9 | RELION..... | 46 |
| <i>mycophenolic acid</i> | 67 | <i>nicotine polacrilex</i> | 9 | NOVOLIN N RELION..... | 46 |
| MYLERAN..... | 23 | <i>nicotine polacrilex mini</i> | 9 | NOVOLIN N VIAL..... | 46 |
| MYRBETRIQ..... | 56 | <i>nicotine step 1</i> | 9 | NOVOLIN R FLEXPEN..... | 46 |
| <i>na ferric gluc cplx in sucrose</i> | 48 | <i>nicotine step 2</i> | 9 | NOVOLIN R FLEXPEN | |
| <i>na sulfate-k sulfate-mg sulf</i> | 53 | <i>nicotine step 3</i> | 10 | RELION..... | 46 |
| NABI-HB..... | 68 | NICOTROL..... | 10 | NOVOLIN R RELION..... | 46 |
| <i>nabumetone</i> | 7 | NICOTROL NS..... | 10 | NOVOLIN R VIAL..... | 46 |
| <i>nadolol</i> | 34 | <i>nifedipine er</i> | 34 | NOVOLOG 70/30 FLEXPEN | |
| <i>nafcillin sodium</i> | 13 | <i>nifedipine er osmotic release</i> | 34 | RELION..... | 46 |
| <i>naftifine hcl</i> | 19 | <i>nikki</i> | 62 | NOVOLOG FLEXPEN..... | 46 |
| <i>naloxone hcl</i> | 9 | <i>nilutamide</i> | 23 | NOVOLOG FLEXPEN | |
| <i>naltrexone hcl</i> | 9 | <i>nimodipine</i> | 34 | RELION..... | 46 |
| <i>naproxen</i> | 7 | NINLARO..... | 23 | NOVOLOG MIX 70/30 | |
| <i>naproxen sodium</i> | 7 | <i>nitazoxanide</i> | 25 | FLEXPEN..... | 46 |
| <i>naratriptan hcl</i> | 20 | <i>nitisinone</i> | 55 | NOVOLOG MIX 70/30 | |
| NASCOBAL..... | 48 | <i>nitrofurantoin macrocrystal</i> | 13 | RELION..... | 46 |
| NATACYN..... | 78 | <i>nitrofurantoin monohydrate</i> | | NOVOLOG MIX 70/30 VIAL..... | 46 |
| NATAZIA..... | 62 | <i>macrocrystals</i> | 13 | NOVOLOG PENFILL..... | 46 |
| <i>nateglinide</i> | 42 | <i>nitroglycerin</i> | 35 | NOVOLOG RELION..... | 46 |
| NAYZILAM..... | 15 | NIVESTYM..... | 31 | NOVOLOG U-100 VIAL..... | 46 |
| <i>nebivolol hcl</i> | 34 | <i>nizatidine</i> | 50 | NOVOPEN ECHO..... | 44 |
| <i>necon 0.5/35 (28)</i> | 62 | <i>nora-be</i> | 62 | <i>np thyroid</i> | 65 |
| <i>nefazodone hcl</i> | 17 | NORDITROPIN FLEXPRO..... | 58 | NUCALA..... | 82 |
| <i>neomycin sulfate</i> | 13 | <i>norelgestromin-eth estradiol</i> | 62 | NUCYNTA..... | 4 |
| <i>neomycin-bacitracin zn-</i> | | <i>norethin ace-eth estrad-fe</i> | 62 | NUCYNTA ER..... | 4 |
| <i>polymyx</i> | 79 | <i>norethindrone</i> | 62 | NUFOL..... | 48 |
| <i>neomycin-polymyxin-dexameth</i> | 78 | <i>norethindrone acetate</i> | 62 | NURTEC..... | 20 |
| <i>neomycin-polymyxin-</i> | | <i>norethindrone acet-ethinyl est</i> ...62 | | NUTRIFAC ZX..... | 48 |
| <i>gramicidin</i> | 79 | <i>norethindrone-eth estradiol</i> | 62 | NUTROPIN AQ NUSPIN 10..... | 58 |
| <i>neomycin-polymyxin-hc</i> | 78, 80 | <i>norethin-eth estradiol-fe</i> | 62 | NUTROPIN AQ NUSPIN 20..... | 58 |
| NEONATAL PRENATAL..... | 48 | <i>norgestimate-eth estradiol</i> | 62 | NUTROPIN AQ NUSPIN 5..... | 58 |
| NEONATAL VITAMIN..... | 48 | <i>norgestimate-ethinyl estradiol</i> | | <i>nyamyc</i> | 19 |
| NEO-POLYCIN..... | 79 | <i>triphasic</i> | 63 | <i>nylia 1/35</i> | 63 |
| NEO-POLYCIN HC..... | 79 | <i>norlyroc</i> | 63 | <i>nylia 7/7/7</i> | 63 |
| <i>neostigmine methylsulfate</i> | 20 | <i>nortrel 0.5/35 (28)</i> | 63 | <i>nystatin</i> | 19 |
| <i>neostigmine methylsulfate rfid</i> .. | 20 | <i>nortrel 1/35 (21)</i> | 63 | <i>nystatin-triamcinolone</i> | 19 |

| | | | | | |
|---|------------|---|------|---|--------|
| <i>nystop</i> | 19 | ONUREG..... | 23 | <i>pazopanib hcl</i> | 23 |
| OCALIVA..... | 55 | <i>opcicon one-step</i> | 63 | PEDIARIX..... | 70 |
| <i>ocella</i> | 63 | OPILL..... | 63 | PEDIATRIC PANDA MASK..... | 76 |
| <i>octreotide acetate</i> | 58 | OPSUMIT..... | 83 | PEDVAX HIB..... | 70 |
| ODEFSEY..... | 29 | OPTICHAMBER DIAMOND..... | 75 | <i>peg 3350</i> | 53 |
| OFEV..... | 82 | OPTICHAMBER DIAMOND- LG MASK..... | 75 | <i>peg 3350-kcl-na bicarb-nacl</i> | 53 |
| <i>ofloxacin</i> | 13, 78, 80 | OPTICHAMBER DIAMOND- MD MASK..... | 75 | <i>peg-3350/electrolytes</i> | 53 |
| OGSIVEO..... | 23 | OPTICHAMBER DIAMOND- SM MASK..... | 75 | <i>peg-3350/electrolytes/ascorbat</i> | 53 |
| <i>olanzapine</i> | 26 | <i>option 2</i> | 63 | PEGASYS..... | 29 |
| <i>olmesartan medoxomil</i> | 35 | OPTIONS GYNOL II CONTRACEPTIVE..... | 75 | <i>peg-kcl-nacl-nasulf-na asc-c</i> | 53 |
| <i>olmesartan medoxomil-hctz</i> | 35 | ORALONE..... | 38 | PEN NEEDLE/5-BEVEL TIP..... | 76 |
| <i>olopatadine hcl</i> | 78, 80 | ORENCIA..... | 68 | PENBRAYA..... | 70 |
| OMECLAMOX-PAK..... | 53 | ORENCIA CLICKJECT..... | 68 | <i>penciclovir</i> | 29 |
| <i>omega-3-acid ethyl esters</i> | 35 | ORFADIN..... | 55 | <i>penicillamine</i> | 56 |
| <i>omeprazole</i> | 50 | ORGOVYX..... | 23 | <i>penicillin g potassium</i> | 13 |
| OMNIFLEX DIAPHRAGM..... | 75 | ORKAMBI..... | 83 | <i>penicillin v potassium</i> | 13 |
| OMNIPOD 5 DEXG7G6 INTRO GEN 5..... | 75 | <i>orphenadrine citrate er</i> | 84 | PENTACEL..... | 70 |
| OMNIPOD 5 DEXG7G6 PODS GEN 5..... | 75 | <i>orphenadrine-aspirin-caffeine</i> ... 84 | | <i>pentazocine-naloxone hcl</i> | 5 |
| OMNIPOD 5 LIBRE2 PLUS G6 OMNIPOD 5 LIBRE2 PLUS G6 PODS..... | 75 | ORSERDU..... | 23 | PENTIPS GENERIC PEN NEEDLES..... | 76 |
| OMNIPOD DASH INTRO (GEN 4)..... | 75 | <i>oseltamivir phosphate</i> | 29 | <i>pentobarbital sodium</i> | 15 |
| OMNIPOD DASH PDM (GEN 4)..... | 75 | OSPHERA..... | 58 | <i>pentoxifylline er</i> | 35 |
| OMNIPOD DASH PODS (GEN 4)..... | 75 | OTEZLA..... | 68 | PERFECT POINT SAFETY LANCETS..... | 44 |
| OMNITROPE..... | 58 | <i>oxaprozin</i> | 7 | <i>perigard</i> | 38 |
| <i>ondansetron hcl</i> | 18 | <i>oxazepam</i> | 31 | <i>permethrin</i> | 25 |
| <i>ondansetron odt</i> | 18 | <i>oxcarbazepine</i> | 15 | <i>perphenazine</i> | 18 |
| ONE VITE WOMENS..... | 48 | <i>oxiconazole nitrate</i> | 19 | <i>perphenazine-amitriptyline</i> | 17 |
| ONE-A-DAY WOMENS PRENATAL 1..... | 48 | <i>oxybutynin chloride</i> | 56 | PFIZER COVID-19 VAC-TRIS 5-11Y..... | 70 |
| ONETOUCH DELICA PLUS LANCING..... | 44 | <i>oxybutynin chloride er</i> | 56 | PFIZER COVID-19 VAC-TRIS 6M-4Y..... | 70 |
| ONETOUCH DELICA SAFETY LANCING..... | 44 | <i>oxycodone hcl</i> | 4, 5 | <i>phenazopyridine hcl</i> | 56 |
| ONETOUCH ULTRA 2 KIT W/DEVICE..... | 44 | <i>oxycodone-acetaminophen</i> | 5 | <i>phenelzine sulfate</i> | 17 |
| ONETOUCH ULTRA BLUE TEST..... | 44 | OXYCONTIN..... | 5 | <i>phenobarbital</i> | 15 |
| ONETOUCH ULTRA CONTROL..... | 44 | <i>oxymorphone hcl</i> | 5 | <i>phenobarbital sodium</i> | 15 |
| ONETOUCH ULTRA TEST STRIPS..... | 44 | <i>oxymorphone hcl er</i> | 5 | <i>phenoxybenzamine hcl</i> | 35 |
| ONETOUCH VERIO FLEX SYSTEM..... | 44 | <i>oxytocin</i> | 58 | <i>phenylephrine hcl</i> | 79 |
| ONETOUCH VERIO KIT W/DEVICE..... | 44 | <i>paclitaxel</i> | 23 | <i>phenytek</i> | 15 |
| ONETOUCH VERIO REFLECT KIT W/DEVICE..... | 44 | <i>paliperidone er</i> | 26 | <i>phenytoin</i> | 15 |
| | | <i>palonosetron hcl</i> | 18 | <i>phenytoin infatabs</i> | 15 |
| | | <i>pamidronate disodium</i> | 71 | <i>phenytoin sodium</i> | 15 |
| | | PANDA MASK LARGE..... | 75 | <i>phenytoin sodium extended</i> | 15 |
| | | PANDA MASK MEDIUM..... | 75 | <i>philit</i> | 63 |
| | | PANDA MASK SMALL..... | 75 | PHOSPHOLINE IODIDE..... | 79 |
| | | <i>pantoprazole sodium</i> | 50 | PHOSPHO-TRIN K500..... | 48 |
| | | PARAGARD INTRAUTERINE COPPER..... | 63 | <i>phytonadione</i> | 48 |
| | | PARI VORTEX ADULT MASK.. | 75 | PIFELTRO..... | 29 |
| | | <i>paricalcitol</i> | 72 | <i>pilocarpine hcl</i> | 38, 79 |
| | | <i>paroxetine hcl</i> | 17 | <i>pimecrolimus</i> | 41 |
| | | PAXLOVID (150/100)..... | 29 | <i>pimozide</i> | 26 |
| | | PAXLOVID (300/100)..... | 29 | <i>pimtreea</i> | 63 |
| | | | | <i>pindolol</i> | 35 |

| | | | | | |
|--|--------|--|----|--|----|
| <i>pioglitazone hcl</i> | 42 | <i>prenatal forte</i> | 49 | <i>prucalopride succinate</i> | 54 |
| PIP PEN NEEDLES 31G X | | <i>prenatal gummies/dha & fa</i> | 49 | PULMOZYME..... | 83 |
| 5MM..... | 76 | <i>prenatal multi +dha</i> | 49 | PURE COMFORT SAFETY | |
| PIP PEN NEEDLES 32G X | | PRENATAL MULTIVITAMIN + | | PEN NEEDLE..... | 76 |
| 4MM..... | 76 | DHA..... | 49 | PURE COMFORT SPACER | |
| <i>piperacillin sod-tazobactam</i> | | <i>prenatal multivitamin plus dha</i> .. | 49 | CHAMBER..... | 76 |
| <i>sod</i> | 13 | <i>prenatal one daily</i> | 49 | <i>purevit dualfe plus</i> | 49 |
| PIQRAY..... | 23 | <i>prenatal plus</i> | 49 | <i>pyrazinamide</i> | 21 |
| <i>pirfenidone</i> | 82 | <i>prenatal plus vitamin/mineral</i> | 49 | <i>pyridostigmine bromide</i> | 20 |
| <i>piroxicam</i> | 7 | <i>prenatal vitamin and mineral</i> | 49 | <i>pyridoxine hcl</i> | 49 |
| PLENVU..... | 53 | <i>prenatal vitamins</i> | 49 | <i>pyrimethamine</i> | 25 |
| <i>plerixafor</i> | 31 | <i>prenatal/folic acid+dha</i> | 49 | PYRUKYND..... | 31 |
| PNEUMOVAX 23..... | 70 | <i>prenatal/iron</i> | 49 | PYRUKYND TAPER PACK..... | 31 |
| <i>pnv-dha</i> | 48 | PRETOMANID..... | 21 | <i>qc aspirin low dose</i> | 7 |
| <i>pnv-dha+docusate</i> | 48 | <i>prevalite</i> | 35 | <i>qc childrens aspirin</i> | 7 |
| <i>pnv-omega</i> | 48 | PREVIDENT..... | 38 | <i>qc folic acid</i> | 49 |
| <i>pnv-select</i> | 48 | PREVNAR 20..... | 70 | <i>qc gentle laxative</i> | 54 |
| POCKET CHAMBER..... | 76 | PREZCOBIX..... | 29 | <i>qc gentle laxative womens</i> | 54 |
| POCKET SPACER..... | 76 | PREZISTA..... | 29 | <i>qc laxative</i> | 54 |
| <i>podofilox</i> | 41 | PRIFTIN..... | 21 | <i>qc magnesium citrate</i> | 54 |
| POLYCIN..... | 79 | <i>primaquine phosphate</i> | 25 | <i>qc natura-lax</i> | 54 |
| <i>polyethylene glycol 3350</i> | 53 | <i>primidone</i> | 15 | <i>qc nicotine transdermal system</i> | 10 |
| <i>polyethylene glycol 3350-grx</i> | 54 | PRIORIX..... | 70 | <i>qc prenatal</i> | 49 |
| <i>polymyxin b sulfate</i> | 13 | PRO COMFORT SPACER | | QINLOCK..... | 23 |
| <i>polymyxin b-trimethoprim</i> | 79 | ADULT..... | 76 | QUADRACEL..... | 70 |
| <i>polysaccharide iron forte</i> | 48 | PRO COMFORT SPACER | | <i>quazepam</i> | 31 |
| POMALYST..... | 23 | CHILD..... | 76 | <i>quetiapine fumarate</i> | 27 |
| <i>portia-28</i> | 63 | PRO COMFORT SPACER | | <i>quetiapine fumarate er</i> | 26 |
| <i>potassium chloride</i> | 48 | INFANT..... | 76 | QUICK TOUCH INSULIN PEN | |
| <i>potassium chloride crys er</i> | 48 | <i>probenecid</i> | 20 | NEEDLE..... | 76 |
| <i>potassium chloride er</i> | 48 | <i>procainamide hcl</i> | 35 | <i>quinapril hcl</i> | 35 |
| <i>potassium citrate er</i> | 48 | PROCARE SPACER/ADULT | | <i>quinapril-hydrochlorothiazide</i> | 35 |
| PRADAXA..... | 14 | MASK..... | 76 | <i>quinidine sulfate</i> | 35 |
| <i>pramipexole dihydrochloride</i> | 25 | PROCARE SPACER/CHILD | | <i>quinine sulfate</i> | 25 |
| <i>prasugrel hcl</i> | 26 | MASK..... | 76 | QVAR REDHALER..... | 82 |
| <i>pravastatin sodium</i> | 35 | PROCHAMBER VHC..... | 76 | <i>ra aspirin adult low dose</i> | 7 |
| <i>praziquantel</i> | 25 | <i>prochlorperazine</i> | 18 | <i>ra aspirin adult low strength</i> | 7 |
| <i>prazosin hcl</i> | 35 | <i>prochlorperazine maleate</i> | 18 | <i>ra aspirin childrens</i> | 7 |
| <i>prednisolone</i> | 57 | <i>procto-med hc</i> | 71 | <i>ra aspirin ec</i> | 7 |
| <i>prednisolone acetate</i> | 78 | PROCTOSOL HC..... | 71 | <i>ra aspirin ec adult low st</i> | 7 |
| <i>prednisolone sodium</i> | | <i>progesterone</i> | 63 | <i>ra folic acid</i> | 49 |
| <i>phosphate</i> | 57, 78 | PROLASTIN-C..... | 82 | <i>ra laxative</i> | 54 |
| <i>prednisone</i> | 57 | PROLEUKIN..... | 23 | <i>ra magnesium citrate</i> | 54 |
| <i>pregabalin</i> | 38 | PROLIA..... | 71 | <i>ra mini nicotine</i> | 10 |
| PREGNYL..... | 58 | PROMACTA..... | 31 | <i>ra nicotine</i> | 10 |
| PREMARIN..... | 63 | <i>promethazine hcl</i> | 18 | <i>ra nicotine gum</i> | 10 |
| PREMPHASE..... | 63 | PROMETHEGAN..... | 18 | <i>ra nicotine polacrilex</i> | 10 |
| PREMPRO..... | 63 | <i>propafenone hcl</i> | 35 | <i>ra prenatal</i> | 49 |
| <i>prenatal</i> | 49 | <i>propranolol hcl</i> | 35 | <i>ra prenatal formula</i> | 49 |
| <i>prenatal (w/iron & fa)</i> | 49 | <i>propranolol hcl er</i> | 35 | <i>ra womens laxative</i> | 54 |
| <i>prenatal 19</i> | 49 | <i>propylthiouracil</i> | 65 | <i>rabeprazole sodium</i> | 50 |
| <i>prenatal complete</i> | 49 | PROQUAD..... | 70 | <i>raloxifene hcl</i> | 58 |
| <i>prenatal formula</i> | 49 | <i>protriptyline hcl</i> | 17 | <i>ramelteon</i> | 84 |

| | | | | | |
|------------------------------------|----|--|--------|--|--------|
| <i>ramipril</i> | 35 | ROZLYTREK..... | 23 | <i>sm nicotine polacrilex</i> | 10 |
| <i>ranolazine er</i> | 35 | <i>rufinamide</i> | 15 | <i>sm one daily prenatal</i> | 49 |
| <i>rasagiline mesylate</i> | 25 | RUKOBIA..... | 29 | <i>sm prenatal vitamins</i> | 49 |
| RAYA SURE PEN NEEDLE..... | 76 | RUXIENCE..... | 23 | <i>smooth lax</i> | 54 |
| <i>react</i> | 63 | RYDAPT..... | 23 | <i>sod benz-sod phenylacet</i> | 55 |
| REALITY LATEX CONDOMS... 76 | | SAFETY PEN NEEDLES..... | 76 | <i>sod citrate-citric acid</i> | 49 |
| REALITY LATEX/ULTRA | | SAJAZIR..... | 68 | <i>sodium acetate</i> | 49 |
| TEXTURED..... | 76 | SANTYL..... | 41 | <i>sodium chloride</i> | 80 |
| REALITY LATEX/ULTRA THIN | 76 | <i>sapropterin dihydrochloride</i> | 55 | <i>sodium fluoride</i> | 38, 49 |
| REBLOZYL..... | 31 | SAVAYSA..... | 14 | <i>sodium fluoride 5000 plus</i> | 38 |
| REBYOTA..... | 54 | SAVELLA..... | 38 | <i>sodium fluoride 5000 ppm</i> | 38 |
| <i>reclipsen</i> | 63 | SAVELLA TITRATION PACK... 38 | | <i>sodium phenylbutyrate</i> | 55 |
| RECOMBIMATE..... | 31 | <i>sb bisacodyl laxative ec</i> | 54 | <i>sodium polystyrene sulfonate</i> ... 49 | |
| RECOMBIVAX HB..... | 70 | <i>sb childrens aspirin</i> | 7 | <i>solifenacin succinate</i> | 56 |
| RECTIV..... | 35 | <i>sb gentle lax-women</i> | 54 | SOLQUA..... | 42 |
| REGRANEX..... | 41 | <i>sb low dose asa ec</i> | 7 | SOLIRIS..... | 31 |
| RELENZA DISKHALER..... | 29 | <i>sb magnesium citrate</i> | 54 | SOLU-CORTEF..... | 57 |
| RELION KETONE TEST..... | 44 | <i>sb polyethylene glycol 3350</i> | 54 | SOMAVERT..... | 58 |
| RENACIDIN..... | 56 | <i>scopolamine</i> | 18 | <i>sorafenib tosylate</i> | 23 |
| <i>repaglinide</i> | 42 | <i>selegiline hcl</i> | 25 | <i>sorbitol-mannitol</i> | 76 |
| REPATHA..... | 35 | <i>selenium sulfide</i> | 41 | <i>sotalol hcl</i> | 35 |
| REPATHA PUSHTRONEX | | SELZENTRY..... | 29 | <i>sotalol hcl (af)</i> | 35 |
| SYSTEM..... | 35 | SEREVENT DISKUS..... | 82 | SOVALDI..... | 29 |
| REPATHA SURECLICK..... | 35 | <i>sertraline hcl</i> | 17 | SPEVIGO..... | 68 |
| RETACRIT..... | 31 | <i>se-tan plus</i> | 49 | SPIKEVAX..... | 70 |
| REVCIVI..... | 55 | <i>setlakin</i> | 63 | <i>spinosad</i> | 25 |
| REVLIMID..... | 23 | <i>sevelamer carbonate</i> | 56 | SPIRIVA HANDIHALER..... | 82 |
| REXULTI..... | 27 | SFROWASA..... | 71 | SPIRIVA RESPIMAT..... | 82 |
| REYATAZ..... | 29 | <i>sharobel</i> | 63 | <i>spironolactone</i> | 35 |
| REZVOGLAR KWIKPEN..... | 46 | SHINGRIX..... | 70 | <i>spironolactone-hctz</i> | 35 |
| RHOPHYLAC..... | 68 | SIGNIFOR..... | 58 | <i>sprintec 28</i> | 63 |
| RHOPRESSA..... | 79 | <i>sildenafil citrate</i> | 83, 84 | SPRYCEL..... | 23 |
| <i>ribavirin</i> | 29 | <i>silodosin</i> | 56 | SPS (SODIUM | |
| <i>rifabutin</i> | 21 | <i>silver sulfadiazine</i> | 13 | POLYSTYRENE SULF)..... | 49 |
| <i>rifampin</i> | 21 | SIMBRINZA..... | 79 | <i>sronyx</i> | 63 |
| <i>riluzole</i> | 38 | SIMILAC PRENATAL EARLY | | <i>ssd</i> | 13 |
| <i>rimantadine hcl</i> | 29 | SHIELD..... | 49 | ST JOSEPH ASPIRIN..... | 7 |
| RINVOQ..... | 68 | <i>simliya</i> | 63 | ST JOSEPH LOW DOSE..... | 7 |
| <i>risedronate sodium</i> | 71 | <i>simpesse</i> | 63 | STELARA..... | 68, 69 |
| <i>risperidone</i> | 27 | SIMPONI..... | 68 | STIOLTO RESPIMAT..... | 82 |
| RITEFLO..... | 76 | SIMPONI ARIA..... | 68 | STIVARGA..... | 23 |
| <i>ritonavir</i> | 29 | <i>simvastatin</i> | 35 | <i>streptomycin sulfate</i> | 13 |
| <i>rivastigmine</i> | 16 | <i>sirolimus</i> | 68 | STRIVERDI RESPIMAT..... | 82 |
| <i>rivastigmine tartrate</i> | 16 | SIRTURO..... | 21 | STUART ONE..... | 49 |
| <i>rivelsa</i> | 63 | SKYCLARYS..... | 36 | <i>subvenite</i> | 15 |
| <i>rizatriptan benzoate</i> | 20 | SKYLA..... | 63 | SUCRAID..... | 55 |
| <i>roflumilast</i> | 82 | SKYRIZI..... | 68 | <i>sucralfate</i> | 50 |
| <i>ropinirole hcl</i> | 25 | SKYRIZI PEN..... | 68 | SULCONAZOLE NITRATE..... | 19 |
| <i>ropinirole hcl er</i> | 25 | <i>sm aspirin adult low strength</i> | 7 | <i>sulfacetamide sodium</i> | 78 |
| <i>rosuvastatin calcium</i> | 35 | <i>sm aspirin ec low strength</i> | 7 | <i>sulfacetamide sodium (acne)</i> | 41 |
| ROTARIX..... | 70 | <i>sm folic acid</i> | 49 | <i>sulfacetamide-prednisolone</i> | 79 |
| ROTATEQ..... | 70 | <i>sm gentle laxative</i> | 54 | <i>sulfadiazine</i> | 13 |
| <i>roweepira</i> | 15 | <i>sm nicotine</i> | 10 | <i>sulfamethoxazole-trimethoprim</i> .. | 13 |

| | | | | | |
|--|--------|---|------------|-----------------------------------|----|
| <i>sulfasalazine</i> | 71 | <i>tetrabenazine</i> | 38 | <i>triazolam</i> | 31 |
| <i>sulfatrim pediatric</i> | 13 | <i>tetracycline hcl</i> | 13 | <i>triderm</i> | 41 |
| <i>sulfurated lime</i> | 25 | THALOMID..... | 24 | <i>trientine hcl</i> | 50 |
| <i>sulindac</i> | 7 | <i>theophylline er</i> | 83 | <i>tri-estarylla</i> | 64 |
| <i>sumatriptan</i> | 20 | <i>thiamine hcl</i> | 49 | <i>trifluoperazine hcl</i> | 27 |
| <i>sumatriptan succinate</i> | 20 | <i>thioridazine hcl</i> | 27 | <i>trifluridine</i> | 78 |
| <i>sunitinib malate</i> | 23 | <i>thiothixene</i> | 27 | <i>trigels-f forte</i> | 50 |
| SUNOSI..... | 85 | THRIVE..... | 10 | <i>trihexyphenidyl hcl</i> | 25 |
| <i>syeda</i> | 63 | <i>thyroid</i> | 65 | <i>tri-legest fe</i> | 64 |
| SYFOVRE..... | 79 | <i>tiadylt er</i> | 36 | <i>tri-linyah</i> | 64 |
| SYMBICORT..... | 82 | <i>tiagabine hcl</i> | 15 | <i>tri-lo-estarylla</i> | 64 |
| SYMPROIC..... | 54 | <i>tilia fe</i> | 63 | <i>tri-lo-marzia</i> | 64 |
| SYMTUZA..... | 29 | <i>timolol maleate</i> | 79 | <i>tri-lo-mili</i> | 64 |
| SYNAGIS..... | 69 | <i>tinidazole</i> | 13 | <i>tri-lo-sprintec</i> | 64 |
| SYNAREL..... | 58 | <i>tiopronin</i> | 56 | <i>trimethoprim</i> | 13 |
| SYNJARDY..... | 42 | <i>tiotropium bromide</i> | | <i>tri-mili</i> | 64 |
| SYNJARDY XR..... | 42 | <i>monohydrate</i> | 83 | <i>trimipramine maleate</i> | 17 |
| TABRECTA..... | 23 | TIVICAY..... | 29 | TRINTELLIX..... | 17 |
| <i>tacrolimus</i> | 41, 69 | TIVICAY PD..... | 29 | <i>triphrocaps</i> | 50 |
| <i>tadalafil</i> | 56 | <i>tizanidine hcl</i> | 84 | <i>tri-sprintec</i> | 64 |
| <i>tadalafil (pah)</i> | 84 | TOBRADEX..... | 78 | TRIUMEQ..... | 29 |
| TAFINLAR..... | 23 | TOBRADEX ST..... | 78 | <i>tri-vitelfluoride</i> | 50 |
| <i>tafluprost (pf)</i> | 79 | <i>tobramycin</i> | 78, 83 | <i>trivora (28)</i> | 64 |
| TAGRISSO..... | 23 | <i>tobramycin-dexamethasone</i> | 78 | <i>tri-vylibra</i> | 64 |
| <i>take action</i> | 63 | TOBREX..... | 78 | <i>tri-vylibra lo</i> | 64 |
| <i>tamoxifen citrate</i> | 24 | TODAY SPONGE..... | 76 | TROJAN ENZ..... | 76 |
| <i>tamsulosin hcl</i> | 56 | <i>tolcapone</i> | 25 | TROJAN MAGNUM..... | 76 |
| <i>tarina 24 fe</i> | 63 | <i>tolmetin sodium</i> | 7 | TROJAN ULTRA RIBBED | |
| <i>tarina fe 1/20 eq</i> | 63 | <i>tolterodine tartrate</i> | 56 | LUBRICATED..... | 76 |
| TASIGNA..... | 24 | <i>tolterodine tartrate er</i> | 56 | TROJAN ULTRA THIN..... | 76 |
| <i>taysofy</i> | 63 | <i>topiramate</i> | 15 | TROJAN ULTRA | |
| <i>tazarotene</i> | 41 | <i>toremifene citrate</i> | 24 | THIN/SPERMICIDAL..... | 76 |
| <i>tazicef</i> | 13 | <i>torpenz</i> | 24 | TROJAN-ENZ LUBRICATED... | 76 |
| TDVAX..... | 70 | <i>torse mide</i> | 36 | TROJAN-ENZ/SPERMICIDAL.. | 76 |
| TECHLITE LANCETS 26G..... | 44 | TRACLEER..... | 84 | <i>trospium chloride</i> | 56 |
| TECHLITE PLUS PEN | | TRADJENTA..... | 42 | TRUE COMFORT SAFETY | |
| NEEDLES..... | 76 | <i>tramadol hcl (er biphasic)</i> | 5 | PEN NEEDLE..... | 76 |
| <i>telmisartan</i> | 36 | <i>tramadol hcl er</i> | 5 | TRUE COVER..... | 76 |
| <i>temazepam</i> | 85 | <i>tramadol hcl ir</i> | 5 | TRUE FOLIC ACID..... | 50 |
| <i>temozolomide</i> | 24 | <i>tramadol-acetaminophen</i> | 5 | <i>true laxative</i> | 54 |
| <i>temsirolimus</i> | 69 | <i>trandolapril</i> | 36 | TRULICITY..... | 42 |
| TENIVAC..... | 70 | <i>tranylcypromine sulfate</i> | 17 | TRUMENBA..... | 70 |
| <i>tenofovir disoproxil fumarate</i> | 29 | <i>travoprost (bak free)</i> | 79 | TRUSTEX COLOR | |
| <i>terazosin hcl</i> | 56 | <i>trazodone hcl</i> | 17 | CONDOMS + LUBE..... | 76 |
| <i>terbinafine hcl</i> | 19 | TRECTOR..... | 21 | TRUSTEX | |
| <i>terconazole</i> | 19 | TRELEGY ELLIPTA..... | 83 | LUB/RIBBED/STUDED..... | 76 |
| <i>teriflunomide</i> | 37 | TREMFYA..... | 69 | TRUSTEX LUB/SPERMICIDE | |
| TERIPARATIDE..... | 71 | <i>treprostinil</i> | 84 | EX ST..... | 76 |
| <i>testosterone</i> | 57 | <i>tretinoin</i> | 24, 41 | TRUSTEX LUB/SPERMICIDE | |
| <i>testosterone cypionate</i> | 57 | <i>triamcinolone acetamide</i> | 38, 41, 57 | XL..... | 76 |
| <i>testosterone enanthate</i> | 57 | TRIAMCINOLONE | | TRUSTEX LUBRICATED..... | 77 |
| TETANUS-DIPHTEHERIA | | ACETONIDE..... | 57 | TRUSTEX LUBRICATED EX | |
| TOXOIDS TD..... | 70 | <i>triamterene-hctz</i> | 36 | LARGE..... | 77 |

| | | | | | |
|--|--------|---|----|------------------------------|----|
| TRUSTEX LUBRICATED | | VARIVAX..... | 70 | VORTEX HOLD | |
| EXTRA ST..... | 77 | <i>vasopressin</i> | 58 | CHMBR/MASK/CHILD..... | 77 |
| TRUSTEX | | <i>vasopressin +rfd</i> | 58 | VORTEX HOLD | |
| LUBRICATED/SPERMICIDE.... | 77 | VAXELIS..... | 71 | CHMBR/MASK/TODDLER..... | 77 |
| TRUSTEX NATURAL | | VAXNEUVANCE..... | 71 | VORTEX VALVE CHAMBER- | |
| CONDOMS + LUBE..... | 77 | <i>v-c forte</i> | 50 | PEDI MASK..... | 77 |
| TRUSTEX NON-LUBRICATED | 77 | VCF VAGINAL | | VORTEX VALVED HOLDING | |
| TRUSTEX RIA | | CONTRACEPTIVE..... | 77 | CHAMBER..... | 77 |
| LUB/SPERMICIDE..... | 77 | <i>velivet</i> | 64 | VOTRIENT..... | 24 |
| TRUSTEX RIA LUBRICATED.. | 77 | VELPHORO..... | 56 | <i>vyfemla</i> | 64 |
| TRUSTEX RIA NON- | | VEMLIDY..... | 29 | <i>vylibra</i> | 64 |
| LUBRICATED..... | 77 | VENCLEXTA..... | 24 | VYNDAMAX..... | 36 |
| TRUSTEX-NONOXYNOL- | | VENCLEXTA STARTING | | <i>warfarin sodium</i> | 14 |
| 9/RIB/STUD..... | 77 | PACK..... | 24 | <i>wera</i> | 64 |
| TUKYSA..... | 24 | <i>venlafaxine hcl</i> | 17 | <i>wescaps</i> | 50 |
| TURALIO..... | 24 | <i>venlafaxine hcl er</i> | 17 | WESTAB ONE..... | 50 |
| <i>turqoz</i> | 64 | VENTAVIS..... | 84 | WIDE-SEAL DIAPHRAGM 60.. | 77 |
| TWINRIX..... | 70 | VEOPOZ..... | 69 | WIDE-SEAL DIAPHRAGM 65.. | 77 |
| TYBOST..... | 29 | <i>verapamil hcl</i> | 36 | WIDE-SEAL DIAPHRAGM 70.. | 77 |
| TYSABRI..... | 37 | <i>verapamil hcl er</i> | 36 | WIDE-SEAL DIAPHRAGM 75.. | 77 |
| TYVASO..... | 84 | VERIFINE INSULIN PEN | | WIDE-SEAL DIAPHRAGM 80.. | 77 |
| TYVASO DPI INSTITUTIONAL | | NEEDLE..... | 77 | WIDE-SEAL DIAPHRAGM 85.. | 77 |
| KIT..... | 84 | VERIFINE INSULIN SYRINGE. | 46 | WIDE-SEAL DIAPHRAGM 90.. | 77 |
| TYVASO DPI MAINTENANCE | | VERIFINE PLUS PEN | | WIDE-SEAL DIAPHRAGM 95.. | 77 |
| KIT..... | 84 | NEEDLE..... | 77 | <i>wixela inhub</i> | 83 |
| TYVASO DPI TITRATION KIT.. | 84 | VERIFINE SAFE LANCET | | <i>womans laxative</i> | 54 |
| TYVASO REFILL KIT..... | 84 | MINI 21G..... | 44 | <i>womens laxative</i> | 54 |
| TYVASO STARTER KIT..... | 84 | VERIFINE SAFE LANCET | | <i>wymzya fe</i> | 64 |
| ULTICARE INSULIN SYR 1/2 | | MINI 23G..... | 44 | XALKORI..... | 24 |
| UNIT..... | 46 | VERIFINE SAFE LANCET | | <i>xarah fe</i> | 64 |
| ULTIGUARD SAFEPACK | | MINI 28G..... | 44 | XARELTO..... | 14 |
| SYR/NEEDLE..... | 46 | VERIFINE SAFE LANCET | | XARELTO STARTER PACK.... | 14 |
| ULTOMIRIS..... | 31 | MINI 30G..... | 44 | XCOPRI..... | 16 |
| UNIFINE PROTECT PEN | | VERZENIO..... | 24 | XELJANZ..... | 69 |
| NEEDLE..... | 77 | <i>vestura</i> | 64 | XELJANZ XR..... | 69 |
| UNISTIK NORMAL..... | 44 | <i>vienna</i> | 64 | XGEVA..... | 71 |
| <i>unithroid</i> | 65 | <i>vilazodone hcl</i> | 17 | XIAFLEX..... | 77 |
| UPTRAVI..... | 84 | <i>violele</i> | 64 | XIFAXAN..... | 14 |
| UPTRAVI TITRATION..... | 84 | VIRACEPT..... | 29 | XIGDUO XR..... | 43 |
| <i>ursodiol</i> | 54 | VIREAD..... | 29 | XOLAIR..... | 83 |
| VABOMERE..... | 13 | VISTOGARD..... | 77 | XOLREMDI..... | 31 |
| <i>valacyclovir hcl</i> | 29 | VITA S FORTE..... | 50 | XTAMPZA ER..... | 5 |
| <i>valganciclovir hcl</i> | 29 | VITACEL..... | 50 | XTANDI..... | 24 |
| <i>valproate sodium</i> | 16 | <i>vitamin d (ergocalciferol)</i> | 50 | <i>xulane</i> | 64 |
| <i>valproic acid</i> | 16 | <i>vitamin k1</i> | 50 | XULTOPHY..... | 43 |
| <i>valsartan</i> | 36 | VIVAGUARD LANCETS 30G... 44 | | <i>yargesa</i> | 55 |
| <i>valsartan-hydrochlorothiazide</i> ... 36 | | VIVAGUARD SAFETY | | <i>yl folic acid</i> | 50 |
| <i>valtya 1/50</i> | 64 | LANCETS 28G..... | 44 | <i>yuvafem</i> | 64 |
| <i>vancomycin hcl</i> | 13, 14 | VIVITROL..... | 10 | <i>zafemy</i> | 64 |
| VAQTA..... | 70 | <i>volnea</i> | 64 | <i>zafirlukast</i> | 83 |
| <i>varenicline tartrate</i> | 10 | VORANIGO..... | 24 | <i>zaleplon</i> | 85 |
| <i>varenicline tartrate (starter)</i> 10 | | <i>voriconazole</i> | 19 | ZANOSAR..... | 24 |
| <i>varenicline tartrate(continue)</i> 10 | | | | ZELBORAF..... | 24 |

| | |
|-----------------------------------|----|
| <i>zenatane</i> | 41 |
| ZENPEP..... | 55 |
| ZEPATIER..... | 29 |
| ZERVIAE..... | 78 |
| <i>zidovudine</i> | 30 |
| <i>zileuton er</i> | 83 |
| <i>ziprasidone hcl</i> | 27 |
| ZOKINVY..... | 77 |
| <i>zoledronic acid</i> | 71 |
| ZOLINZA..... | 24 |
| <i>zolmitriptan</i> | 20 |
| <i>zolpidem tartrate</i> | 85 |
| <i>zolpidem tartrate er</i> | 85 |
| <i>zonisamide</i> | 16 |
| ZONTIVITY..... | 26 |
| <i>zovia 1/35 (28)</i> | 64 |
| <i>zumandimine</i> | 64 |
| ZYDELIG..... | 24 |
| ZYKADIA..... | 24 |
| ZYLET..... | 79 |