



# 2025 Small Group Standard Choice/Quality Drug Formulary (IA/MN/WI)

## **QuartzBenefits.com**

This formulary applies to large group (50 employees or more) commercial plans sold in the states of Iowa, Minnesota, or Wisconsin. People with Quartz drug coverage based in another state should see the Illinois 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](http://www.navitus.com) for information about your prescription drug benefits.

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



January 1, 2025

# 2025 Quartz Small Group Standard Choice/Quality Drug Formulary (IA/MN/WI) Information

This Formulary serves members with a Quartz Small Group Commercial (less than 50 employees) employer-sponsored health plan based in the states of Iowa, Minnesota, or Wisconsin whose prescription drug benefit plan has four cost shares. Some of these benefits may include an additional value tier cost share. **This formulary is for members whose employer has NOT gone through open enrollment for 2025 to date.**

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

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

The formulary is the list of medications covered by Quartz through the prescription drug benefit. Some state and federal laws require Quartz to cover specific drugs for some benefits that are excluded for others. This formulary includes drugs covered for ALL fully insured Iowa, Minnesota, and Wisconsin small group commercial policies that have not renewed to date with Quartz in 2025. Certain drugs on the formulary may not be covered by your specific plan.

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

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

This means that even though a drug is listed on this formulary, it may not be covered by your specific benefit plan. Please see your Quartz Prescription Drug Benefit Rider or contact 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 Standard Choice/Quality Formulary Tier Key:** how formulary tiers match up to plan cost shares.\*

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

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

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

## General Drug Coverage Concepts

**90-Day Supplies:** Drugs **MAY** qualify for a 3-month supply fill at the pharmacy. Three copays will be charged for the 3-month supply. All additional restrictions apply. Drugs included in the Specialty Pharmaceuticals Program are not eligible for 90-day supplies.

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

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

**Oral Oncology Drug cost share:** For drugs taken at home to treat cancer, the state of 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. The states of Iowa and Minnesota have laws that affect oncology drug cost share as well. The maximum cost share that can be applied to these medications is \$0 per 30-day fill after any benefit deductible has been met. This maximum cost share amount applies regardless of what tier the drug is listed at on the formulary document.

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

## Formulary Notes – Coverage Indicators

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

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

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

Requests can be submitted via fax to (844) 403-1029, by phone, or can be mailed to the address on the form. Your doctor may also be able to submit an electronic request (ePA) directly from the electronic health

record (EHR) they use. The information will be reviewed, and both the requesting physician and the member will be notified regarding the coverage decision. If you would like to discuss the specifics of a medication request decision with a pharmacist, or have general questions about the prior authorization criteria, please call Member Services at (800) 496-7509.

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

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

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

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

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

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

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

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

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

# Individual/Family and Small Group Preventive Care Medications

Under the healthcare reform law (Affordable Care Act), plans must cover certain Preventive care drugs at \$0 cost share – without charging a copay, coinsurance, or deductible. These drugs can include:

- United States Preventive Services Task Force (USPSTF) A and B recommended drugs
- Food and Drug Administration (FDA)-approved prescription and over the counter (OTC) birth control (contraceptives)
- Advisory Committee on Immunization Practices (ACIP) recommend vaccines

In support of this law, Quartz covers this list Preventive care drugs of \$0 cost share that are listed on the formulary (**most with a PV for preventive**) when they are:

- Prescribed by a health care professional (unless not required by your specific state)
- Age or condition specific as recommended by USPSTF, ACIP, etc.
- Filled at a network pharmacy

To find a network pharmacy, please use the [Find A Pharmacy](#) tool on the Quartz website at [www.QuartzBenefits.com](http://www.QuartzBenefits.com). If you get these drugs at an out-of-network pharmacy, they will not be covered you may have to pay the full cost for them.

**Please note:**

- 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
- Certain dosage forms or strengths of a drug may not be \$0 even though the drug name appears on this list
- If you do not meet the recommendations for Preventive use, the drug claim may cost your 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

## U. S. Preventive Services Task Force A & B Recommendation Drugs and Supplements

Drug/Supplement Name	Reason and Covered Population
Aspirin 81 mg (OTC)	To prevent preeclampsia (very high blood pressure) during pregnancy Covered at \$0 cost share for persons aged 54 years and younger
Folic acid 400 and 800 mcg (OTC) Prenatal vitamins with 400-800 mcg of folic acid (Various – OTC)	To prevent birth defects during pregnancy

OTC = available over the counter



Drug/Supplement Name	Reason and Covered Population
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)	Bowel preparation for colonoscopy for Preventive colon cancer screening Covered at \$0 cost share for 2 fills per year for persons aged 45–75 years
Fluoride 0.25 mg, 0.5 mg, and 1 mg and 0.125 mg drops (does <b>NOT</b> 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	To prevent 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

OTC = available over the counter

## Tobacco Cessation Drugs

If you need help to quit smoking or using or 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, claims will process at plan cost shares for covered drugs listed on the formulary. Utilization management may apply based on product and state.

Drug Name
Nicotine gum (OTC) Nicotine lozenges (OTC) Nicotine patches (OTC) Bupropion 150 mg sustained release tab Nicotine inhaler Nicotine nasal spray Varenicline

OTC = available over the counter

## 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 \$0 cost share. When used for treatment of HIV infection claims for these drugs will process with a normal plan cost share.

Drug Name	Covered Population
Emtricitabine-tenofovir 200/300 mg (generic Truvada) Tenofovir (generic Viread)	Pharmacy must submit a submission clarification code when filling the claim for \$0 coverage for HIV pre-exposure prevention (PrEP)

## Breast Cancer Prevention Drugs

For members at a higher risk for breast cancer these medications are available at a \$0 cost share. These drugs may be used for other reasons and will process with a normal plan cost share unless a copay waiver request is submitted and approved.

Drug Name	Covered Population
Anastrozole Exemestane Raloxifene Tamoxifen	Covered for persons aged 35 or older at increased risk for 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, jencydrugs for members outside of the covered population will process with normal plan cost shares.

Drug Name	Covered Population
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

## Women’s Health: Birth Control Products

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

Contraception Type	Covered Generic Drug Name	Equivalent Brand Drug Name*
Birth control caps and diaphragms		<ul style="list-style-type: none"> <li>• Caya</li> <li>• Femcap</li> <li>• Omniflex</li> <li>• Wide-Seal</li> </ul>
Combination birth control pills	<ul style="list-style-type: none"> <li>• Afimelle, Aubra, Aviane, Delyla, Falmina, Lessina, Levorgestrel/ethinyl estradiol, Lutera, Orsythia, Sronyx, Tyblume, Vienva</li> <li>• Drospirenone/ethinyl estradiol</li> <li>• Necon 0.5/35, Nortrel 0.5/35, Wera 0.5/35</li> <li>• Velivet Pak</li> <li>• Ethinyl estraadiol/ethynodiol 1/35, Keknor 1/35, Zovia 1/35</li> <li>• Ethinyl estradiol/ethynodiol 1/50, Kelnor 1/50</li> <li>• Apri, Cyred, Desogestrel/ethinyl estradiol, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen, Solia</li> <li>• Norethindrone/ethinyl estradiol FE, Tilia FE, Tri-Legest FE</li> <li>• Norethindrone/ethinyl estradiol FE chew, Wymzya FE</li> <li>• Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Tarina 24 FE</li> </ul>	<ul style="list-style-type: none"> <li>• Natazia</li> <li>• Alesse</li> <li>• Beyaz</li> <li>• Brevicon 0.5/35</li> <li>• Cyclessa Pak</li> <li>• Demulen 1/35</li> <li>• Demulen 1/50</li> <li>• Desogen-28, Ortho-Cept</li> <li>• Estrostep FE</li> <li>• Generess FE</li> <li>• Loestrin 24 FE</li> </ul>

Contraception Type	Covered Generic Drug Name	Equivalent Brand Drug Name*
Combination birth control pills	<ul style="list-style-type: none"> <li>• Aurovela 1/20, Junel 1/20, Larin 1/20, Microgestin 1/20, Norethindrone/ethinyl estradiol 1/20</li> <li>• 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</li> <li>• 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</li> <li>• 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</li> <li>• Cryselle-28, Elinest, Low-Ogestrel</li> <li>• Camrese Lo, Levonorgestrel/ethinyl estradiol, Lojaimiess</li> <li>• Amethyst, Dolishale, levonorgestrel/ethinyl estradiol 90-20 mcg</li> <li>• Charlotte 24 FE, Finzala FE, norethindrone/ethinyl estradiol FE</li> <li>• Azurette, desogestrel/ethinyl estradiol, Kariva, Pimtrea, Simliya, Viorele, Volnea</li> <li>• Altavera, Ayuna, Chateal, Kurvelo, Levonorgestrel/ethinyl estradiol, Levora-28, Marlissa, Portia-28</li> <li>• Estarylla, Mili, Mono-Linyah, norgestimate/ethinyl estradiol, Sprintec-28, Vylibra</li> <li>• Alyacen 1/35, Dasetta 1/35, Necon 1/35, Nortrel 1/35, Nylia 1/35</li> <li>• Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nylia 7/7/7</li> <li>• Norgestimate/ethinyl estradiol, Tri-Estarylla, Tri-Femynor, Tri-Linyah, Tri-Mili, Tri-Nymyo, Tri-Sprintec, Tri-Vylibra, Trinessa</li> <li>• Norgestimate/ethinyl estradiol, Tri Lo-Estarylla, Tri Lo-Marzia, Tri Lo-Mili, Tri Lo-Sprintec, Tri-Vylibra Lo</li> <li>• Balziva, Briellyn, Philith, Vyfemla</li> <li>• Levonorgestrel/ethinyl estradiol, Rivelsa</li> <li>• Drospirenone/ethinyl estradiol, Tydemy</li> <li>• Iclevia, Introvale, Jolessa, levonorgestrel/ethinyl estradiol, Setlakin</li> <li>• Ashlyna, Camrese, Daysee, Jaimiess, levonorgestrel/ethinyl estradiol, Simpresse</li> </ul>	<ul style="list-style-type: none"> <li>• Loestrin 1/20</li> <li>• Loestrin 1.5/30</li> <li>• Loestrin FE 1/20</li> <li>• Loestrin FE 1.5/30</li> <li>• Lo/Ovral-28</li> <li>• LoSeasonique</li> <li>• Lybrel</li> <li>• Minastrin 24 FE</li> <li>• Mircette 28 day</li> <li>• Nordette-28</li> <li>• Ortho-Cyclen</li> <li>• Ortho-Novum 1/35</li> <li>• Ortho-Novum 7/7/7</li> <li>• Ortho Tri-Cyclen</li> <li>• Ortho Tri-Cyclen Lo</li> <li>• Ovcon-35</li> <li>• Quartette</li> <li>• Safyral</li> <li>• Seasonale</li> <li>• Seasonique</li> </ul>

Contraception Type	Covered Generic Drug Name	Equivalent Brand Drug Name*
Combination birth control pills	<ul style="list-style-type: none"> <li>Gemmily, Merzee, norethindrone/ethinyl estradiol, Taysofy</li> <li>Aranelle, Leena</li> <li>Enpresse-28, Levonest, levonorgestrel/ethinyl estradiol, Trivora-28</li> <li>Drospirenon/ethinyl estradiol, Ocella, Syeda, Zumandimine</li> <li>Drospirenone/ethinyl estradiol, Jasmiel, Lo-Zumandimine, Loryna, Nikki, Vestura</li> </ul>	<ul style="list-style-type: none"> <li>Taytulla</li> <li>Tri-Norinyl</li> <li>Triphasil</li> <li>Yasmin 28</li> <li>Yaz</li> </ul>
Progestin Only birth control pills	<ul style="list-style-type: none"> <li>Camila, Debiltane, Errin, Heather, Incassia, Jencycla, Lyleq, Lyza, Nora-BE, norethindrone, Norlyda, Norlyroc, Sharobel</li> </ul>	<ul style="list-style-type: none"> <li>Micronor, Nor-QD</li> <li>OPILL (OTC)</li> </ul>
Birth control rings	<ul style="list-style-type: none"> <li>Annovera, EluRyng, etonogestrel/ethinyl estradiol, Haloette</li> </ul>	<ul style="list-style-type: none"> <li>NuvaRing</li> </ul>
Birth control patches	<ul style="list-style-type: none"> <li>Xulane, Zafemy</li> </ul>	<ul style="list-style-type: none"> <li>Ortho Evra</li> </ul>
Birth control shots	<ul style="list-style-type: none"> <li>Medroxyprogesterone 150</li> </ul>	<ul style="list-style-type: none"> <li>Depo-Provera</li> </ul>
Emergency birth control	<ul style="list-style-type: none"> <li>Aftera, EContra OS, levonorgestrel, My Choice, My Way, New Day, Opcicon, Option 2, React, Take Action (OTC)</li> </ul>	<ul style="list-style-type: none"> <li>Ella</li> <li>Plan B</li> </ul>
Contraceptive films		<ul style="list-style-type: none"> <li>VCF vaginal (OTC)</li> </ul>
Contraceptive foams		<ul style="list-style-type: none"> <li>VCF vaginal (OTC)</li> </ul>
Contraceptive gels		<ul style="list-style-type: none"> <li>Gynol II, VCF vaginal (OTC)</li> </ul>
Condoms		<ul style="list-style-type: none"> <li>Durex, Kimono, Trustex, FC2 Female (OTC)</li> </ul>
Sponges		<ul style="list-style-type: none"> <li>Today (OTC)</li> </ul>
Intrauterine devices (IUDs) and Implants		<ul style="list-style-type: none"> <li>Kyleena</li> <li>Liletta</li> <li>Mirena</li> <li>Nexplanon</li> <li>Paragard</li> <li>Skyla</li> </ul>

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

## Vaccinations

The plan covers immunizations and vaccines at \$0 cost share that are recommended for routine use by the Center for Disease Control and Prevention's ACIP committee. Some immunizations may be covered on your medical benefit and not at the pharmacy. Quartz covers the listed vaccines at the pharmacy with the noted limits.

Disease (Vaccine Name)	Coverage Limits (if applicable)
COVID-19 (Comirnaty, Moderna COVID-19 6M-11Y, Pfizer COVID-19 6M-4Y and 5-11Y, Spikevax)	
Dengue Fever (Dengvaxia)	For persons aged 9-16 years
Flu/Influenza (Afluria, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, FluMist, Fluzone High-Dose, Fluzone)	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, Pedvax HIB)	Covered for persons aged 6 years and younger
Hepatitis A (Havrix, Vaqta)	
Hepatitis B (Engerix-B, Heplisav-B, PreHevbrio, Recombivax-HB)	Heplisav-B and Prehevbrio covered for persons aged 18 years and older
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 (Pneumovax 23, Prevnar 20, Vaxneuvance)	
Poliovirus (Ipol)	Covered for persons aged 17 years and younger
Respiratory Syncytial Virus/RSV (Abrysvo, Arexvy, Beyfortus)	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)	

Disease (Vaccine Name)	Coverage Limits (if applicable)
Tetanus, diphtheria, pertussis, polio, hepatitis B (Infanrix, Pediarix)	
Tetanus, diphtheria, pertussis, polio, hepatitis B, haemophilus influenzae B (Vaxelis)	
Varicella/Chickenpox (Varivax)	
Zoster/Shingles (Shingrix)	Covered for persons aged 19 years and older

## Frequently Asked Questions – Preventive Care Drug Coverage

### What happens if a generic drug becomes available?

Prescription brand drugs may be replaced by newly launched FDA-approved generic equivalents.

### What if my doctor 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 doctor prescribes birth control that is not on this list that is medically necessary, submit a [Health Care Reform copay waiver](#) 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 doctor prescribes a bowel preparation for my Preventive colonoscopy that is not on this list?

You can ask your doctor 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 doctor to obtain a [Health Care Reform copay waiver](#) 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 doctor says I need a HIV PrEP drug that is not on this list?

If your doctor prescribes a HIV Preventive drug that is not on our list it may be covered at \$0 cost share if determined to be medically necessary. Work with your doctor to submit a [Health Care Reform copay waiver](#) for review. Some forms of HIV PrEP may be covered under your medical benefits.

### Will this drug list change?

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

## 2025 4-Tier Plus Formulary

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Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>		
<i>acetaminophen-codeine</i>	T1	QL
<i>apap-caff-dihydrocodeine</i>	T3	PA; QL
<i>ascomp-codeine</i>	T3	
<i>bac</i>	T1	
<i>buprenorphine</i>	T3	PA; QL
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	
<i>butalbital-apap-caff-cod</i>	T3	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T1	
<i>butalbital-apap-caffeine oral tablet</i>	T1	
<i>butalbital-asa-caff-codeine</i>	T3	
<i>butalbital-aspirin-caffeine</i>	T1	
<i>butorphanol tartrate injection</i>	T1	
<i>butorphanol tartrate nasal</i>	T3	QL
<i>codeine sulfate</i>	T1	QL
<i>endocet</i>	T1	QL
<i>fentanyl citrate buccal lozenge on a handle</i>	T3	PA; QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 75 mcg/hr</i>	T3	PA; QL
<i>fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr</i>	T1	PA; QL
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T3	PA; QL
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1	QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	T1	QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	T3	QL
<i>hydrocodone-ibuprofen oral tablet 5-200 mg, 7.5-200 mg</i>	T1	QL
<i>hydromorphone hcl er</i>	T3	PA; QL
<i>hydromorphone hcl injection solution 4 mg/ml</i>	T3	
<i>hydromorphone hcl oral liquid</i>	T3	QL
<i>hydromorphone hcl oral tablet</i>	T1	QL
<i>hydromorphone hcl pf</i>	T3	
<i>hydromorphone hcl solution 1 mg/ml injection</i>	T3	
<i>hydromorphone hcl solution 2 mg/ml injection</i>	T3	
<i>meperidine hcl oral tablet</i>	T3	QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>methadone hcl intensol</i>	T1	
<i>methadone hcl oral concentrate</i>	T1	
<i>methadone hcl oral solution</i>	T1	
<i>methadone hcl oral tablet</i>	T1	PA
<i>mitigo</i>	T3	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T1	QL
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml</i>	T3	
<i>morphine sulfate (pf) injection solution 10 mg/ml, 8 mg/ml</i>	T1	
<i>morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml</i>	T3	
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	T3	PA; QL
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	T1	PA; QL
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	T3	
<i>morphine sulfate intravenous solution 4 mg/ml</i>	T3	
<i>morphine sulfate oral</i>	T1	QL
NUCYNTA	T3	PA; QL
NUCYNTA ER	T3	PA; QL
<i>oxycodone hcl oral capsule</i>	T1	QL
<i>oxycodone hcl oral solution</i>	T1	QL
<i>oxycodone hcl oral tablet</i>	T1	QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	QL
OXYCONTIN	T2	PA; QL
<i>oxymorphone hcl</i>	T1	QL
<i>oxymorphone hcl er</i>	T3	PA; QL
<i>pentazocine-naloxone hcl</i>	T3	QL
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	T3	PA; QL
<i>tramadol hcl er</i>	T3	PA; QL
<i>tramadol hcl oral tablet 50 mg</i>	T1	QL
<i>tramadol-acetaminophen</i>	T1	QL
XTAMPZA ER	T2	PA; QL
<b>Analgesics - Drugs for Pain and Inflammation</b>		
<i>aspirin 81</i>	T1 PV	\$0 for age less than 55 years

Effective 1/1/2025

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin adult low strength</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin childrens</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec adult low strength oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin ec low strength</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin oral tablet chewable</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>aspirin regimen</i>	T1 PV	\$0 for age less than 55 years
BAYER ASPIRIN EC LOW DOSE	T3 PV	\$0 for age less than 55 years
BAYER LOW DOSE	T3 PV	\$0 for age less than 55 years
<i>celecoxib oral</i>	T1	QL
<i>childrens aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin adult low strength</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin ec</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>cvs aspirin low strength</i>	T1 PV	\$0 for age less than 55 years
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac sodium er</i>	T3	
<i>diclofenac sodium external solution 1.5 %</i>	T1	PA
<i>diclofenac sodium gel 1 % external (rx)</i>	T1	QL
<i>diclofenac sodium oral</i>	T1	
<i>diflunisal oral</i>	T3	
ECOTRIN LOW STRENGTH	T3 PV	\$0 for age less than 55 years
<i>eq adult aspirin low strength oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>eq aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>eq aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>eq aspirin low dose oral tablet 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>eql aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>eql childrens aspirin oral tablet chewable 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>etodolac</i>	T1	
<i>etodolac er</i>	T1	
<i>fenoprofen calcium oral tablet</i>	T1	
<i>flurbiprofen oral</i>	T1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>ft aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>ft aspirin oral tablet chewable</i>	T1 PV	\$0 for age less than 55 years
<i>gnp adult aspirin low strength</i>	T1 PV	\$0 for age less than 55 years
<i>gnp aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>goodsense aspirin adult low st oral tablet chewable 81 mg</i>	T1 PV	\$0 for age less than 55 years
<i>goodsense aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>goodsense aspirin oral tablet chewable</i>	T1 PV	\$0 for age less than 55 years
<i>h-e-b aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>ibuprofen oral suspension 100 mg/5ml</i>	T1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1/Value	
<i>indomethacin er</i>	T1	
<i>indomethacin oral capsule 25 mg</i>	T1/Value	
<i>indomethacin oral capsule 50 mg</i>	T1	
<i>ketoprofen oral</i>	T1	
<i>ketorolac tromethamine injection</i>	T1	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	T1	
<i>ketorolac tromethamine oral</i>	T1	QL
<i>kls aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>kp aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>meclofenamate sodium oral</i>	T3	
<i>mefenamic acid oral</i>	T3	
<i>meloxicam oral tablet</i>	T1/Value	
<i>mm aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>nabumetone oral</i>	T1	
<i>naproxen oral tablet 250 mg</i>	T1	
<i>naproxen oral tablet 375 mg, 500 mg</i>	T1/Value	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>oxaprozin oral tablet</i>	T1	
<i>piroxicam oral</i>	T1	
<i>qc aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>qc childrens aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin adult low dose</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin adult low strength</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin childrens</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin ec adult low st</i>	T1 PV	\$0 for age less than 55 years
<i>ra aspirin ec oral tablet delayed release 81 mg</i>	T1 PV	\$0 for age less than 55 years

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Drug Name	Drug Tier	Notes
<i>sb childrens aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>sb low dose asa ec</i>	T1 PV	\$0 for age less than 55 years
<i>sm aspirin adult low strength</i>	T1 PV	\$0 for age less than 55 years
<i>sm aspirin ec low strength</i>	T1 PV	\$0 for age less than 55 years
<i>sm aspirin low dose</i>	T1 PV	\$0 for age less than 55 years
<i>sm childrens aspirin oral tablet chewable 81 mg</i>	T1 PV	\$0 for age less than 55 years
ST JOSEPH ASPIRIN	T3 PV	\$0 for age less than 55 years
ST JOSEPH LOW DOSE	T3 PV	\$0 for age less than 55 years
<i>sulindac oral</i>	T1	
<i>tolmetin sodium</i>	T1	
<b>Anesthetics</b>		
<i>glydo</i>	T1	
<i>lidocaine external patch 5 %</i>	T1	
<i>lidocaine hcl urethral/mucosal</i>	T1	
<i>lidocaine ointment 5 % external</i>	T1	
<i>lidocaine-prilocaine external cream</i>	T1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>		
<i>acamprosate calcium</i>	T3	
<i>buprenorphine hcl sublingual</i>	T1	QL
<i>buprenorphine hcl-naloxone hcl sublingual film</i>	T3	QL
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1	QL
<i>bupropion hcl er (smoking det)</i>	T1 PV	\$0 for 180 days/year; QL
COMMIT MOUTH/THROAT LOZENGE 2 MG, 4 MG	T3 PV	\$0 for 180 days/year; QL
<i>cvs nicotine</i>	T1 PV	\$0 for 180 days/year; QL
<i>cvs nicotine polacrilex</i>	T1 PV	\$0 for 180 days/year; QL
<i>disulfiram oral</i>	T3	
<i>eq nicotine</i>	T1 PV	\$0 for 180 days/year; QL
<i>eq nicotine polacrilex</i>	T1 PV	\$0 for 180 days/year; QL
<i>eq nicotine step 3</i>	T1 PV	\$0 for 180 days/year; QL
<i>folding paddle walker</i>	T1 PV	\$0 for 180 days/year; QL
<i>ft nicotine</i>	T1 PV	\$0 for 180 days/year; QL
<i>ft nicotine mini</i>	T1 PV	\$0 for 180 days/year; QL
<i>gnp nicotine</i>	T1 PV	\$0 for 180 days/year; QL
<i>gnp nicotine mini</i>	T1 PV	\$0 for 180 days/year; QL
<i>gnp nicotine polacrilex</i>	T1 PV	\$0 for 180 days/year; QL
<i>goodsense nicotine</i>	T1 PV	\$0 for 180 days/year; QL

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Drug Name	Drug Tier	Notes
<i>habitrol</i>	T1 PV	\$0 for 180 days/year; QL
<i>hm nicotine polacrilex</i>	T1 PV	\$0 for 180 days/year; QL
KLOXXADO	T2	
<i>kls quit2</i>	T1 PV	\$0 for 180 days/year; QL
<i>kls quit4</i>	T1 PV	\$0 for 180 days/year; QL
<i>naloxone hcl injection solution</i>	T1	
<i>naloxone hcl injection solution cartridge</i>	T1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	T1	
<i>naloxone hcl nasal</i>	T1	
<i>naltrexone hcl oral</i>	T1	
NICODERM CQ	T3 PV	\$0 for 180 days/year; QL
NICORETTE	T3 PV	\$0 for 180 days/year; QL
NICORETTE MINI	T3 PV	\$0 for 180 days/year; QL
NICORETTE STARTER KIT	T3 PV	\$0 for 180 days/year; QL
<i>nicotine</i>	T1 PV	\$0 for 180 days/year; QL
<i>nicotine mini</i>	T1 PV	\$0 for 180 days/year; QL
<i>nicotine polacrilex mini</i>	T1 PV	\$0 for 180 days/year; QL
<i>nicotine polacrilex mouth/throat</i>	T1 PV	\$0 for 180 days/year; QL
<i>nicotine step 1</i>	T1 PV	\$0 for 180 days/year; QL
<i>nicotine step 2</i>	T1 PV	\$0 for 180 days/year; QL
<i>nicotine step 3</i>	T1 PV	\$0 for 180 days/year; QL
NICOTROL	T3 PV	ST; \$0 for 180 days/year; QL
NICOTROL NS	T3 PV	ST; \$0 for 180 days/year; QL
<i>qc nicotine transdermal system</i>	T1 PV	\$0 for 180 days/year; QL
<i>ra mini nicotine</i>	T1 PV	\$0 for 180 days/year; QL
<i>ra nicotine</i>	T1 PV	\$0 for 180 days/year; QL
<i>ra nicotine gum</i>	T1 PV	\$0 for 180 days/year; QL
<i>ra nicotine polacrilex</i>	T1 PV	\$0 for 180 days/year; QL
<i>sm nicotine</i>	T1 PV	\$0 for 180 days/year; QL
<i>sm nicotine polacrilex</i>	T1 PV	\$0 for 180 days/year; QL
THRIVE	T3 PV	\$0 for 180 days/year; QL
<i>varenicline tartrate</i>	T1 PV	\$0 for 180 days/year; QL
<i>varenicline tartrate (starter)</i>	T1 PV	\$0 for 180 days/year; QL
<i>varenicline tartrate(continue)</i>	T1 PV	\$0 for 180 days/year; QL
VIVITROL	T4	
<b>Antibacterials</b>		
<i>amoxicillin</i>	T1/Value	

Drug Name	Drug Tier	Notes
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T1	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	T3	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	T1	
<i>amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg</i>	T1	
<i>ampicillin</i>	T1	
<i>ampicillin sodium</i>	T1	
<i>ampicillin-sulbactam sodium</i>	T1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	T3	
AVIDOXY	T1	
<i>azithromycin intravenous</i>	T1	
<i>azithromycin oral</i>	T1/Value	
<i>azithromycin oral packet 1 gm</i>	T1/Value	
<i>aztreonam injection solution reconstituted 1 gm</i>	T1	
<i>aztreonam injection solution reconstituted 2 gm</i>	T3	
BAXDELA ORAL	T3	
<i>benzalkonium chloride external solution</i>	T1	
BICILLIN L-A	T3	
<i>cefaclor</i>	T1	
<i>cefadroxil oral capsule</i>	T1	
<i>cefadroxil oral suspension reconstituted</i>	T3	
<i>cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	T1	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	T1	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	T1	
<i>cefdinir</i>	T1	
<i>cefepime hcl injection</i>	T3	
<i>cefepime hcl intravenous solution 1 gm/50ml</i>	T3	
<i>cefepime hcl solution reconstituted 2 gm intravenous</i>	T3	
<i>cefotetan disodium</i>	T1	
<i>cefoxitin sodium</i>	T1	
<i>cefpodoxime proxetil</i>	T3	
<i>cefprozil</i>	T1	

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Drug Name	Drug Tier	Notes
<i>ceftazidime injection</i>	T1	
<i>ceftazidime intravenous</i>	T1	
<i>ceftriaxone sodium injection</i>	T1	
<i>ceftriaxone sodium intravenous</i>	T1	
<i>cefuroxime axetil</i>	T1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1/Value	
<i>cephalexin oral suspension reconstituted</i>	T1	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	T1/Value	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	T1	
<i>ciprofloxacin in d5w</i>	T3	
<i>clarithromycin oral suspension reconstituted</i>	T3	
<i>clarithromycin oral tablet</i>	T1	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phosphate in d5w</i>	T1	
<i>clindamycin phosphate injection</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
<i>daptomycin</i>	T3	
<i>demeclocycline hcl</i>	T3	
<i>dicloxacillin sodium</i>	T1/Value	
DIFICID ORAL SUSPENSION RECONSTITUTED	T3	
<i>doxy 100</i>	T1	
<i>doxycycline hyclate intravenous</i>	T1	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T3	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	T1	
<i>ertapenem sodium</i>	T3	
<i>erythromycin base oral</i>	T3	
<i>erythromycin ethylsuccinate oral</i>	T3	
<i>erythromycin oral</i>	T3	
<i>gentamicin sulfate external</i>	T1	



Drug Name	Drug Tier	Notes
HUMATIN	T2	
<i>imipenem-cilastatin</i>	T3	
<i>iodine tincture tincture 2 % external (rx)</i>	T1	
<i>levofloxacin intravenous</i>	T3	
<i>levofloxacin oral solution</i>	T3	
<i>levofloxacin oral tablet</i>	T1	
<i>linezolid in sodium chloride</i>	T1	
<i>linezolid intravenous</i>	T1	
<i>linezolid oral suspension reconstituted</i>	T3	QL
<i>linezolid oral tablet</i>	T2	QL
<i>mafenide acetate external</i>	T1	
<i>methenamine hippurate</i>	T3	
<i>metronidazole intravenous</i>	T1	
<i>metronidazole oral tablet</i>	T1/Value	
<i>metronidazole vaginal</i>	T1	
MINOCIN	T3	
<i>minocycline hcl oral capsule</i>	T1	
MONDOXYNE NL	T1	
<i>moxifloxacin hcl in nacl</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>mupirocin ointment</i>	T1	
<i>nafcillin sodium</i>	T1	
<i>neomycin sulfate oral</i>	T1/Value	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1	
<i>nitrofurantoin monohydrate macrocrystals</i>	T1	
<i>ofloxacin oral</i>	T3	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	T1	
<i>penicillin v potassium</i>	T1/Value	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	T1	
<i>polymyxin b sulfate injection</i>	T1	
<i>silver sulfadiazine external</i>	T1	
<i>ssd</i>	T1	
<i>streptomycin sulfate intramuscular</i>	T3	
<i>sulfadiazine oral</i>	T3	

Drug Name	Drug Tier	Notes
<i>sulfamethoxazole-trimethoprim intravenous</i>	T1	
<i>sulfamethoxazole-trimethoprim oral</i>	T1/Value	
<i>sulfatrim pediatric</i>	T1/Value	
<i>tazicef injection</i>	T1	
<i>tazicef intravenous solution reconstituted</i>	T1	
<i>tetracycline hcl oral capsule</i>	T3	
<i>tinidazole oral</i>	T1	
<i>trimethoprim oral</i>	T1/Value	
VABOMERE	T3	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 100 gm, 500 mg, 750 mg</i>	T1	
<i>vancomycin hcl oral</i>	T3	
XIFAXAN ORAL TABLET 550 MG	T3	PA
<b>Anticoagulants</b>		
<i>dabigatran etexilate mesylate</i>	T2	QL
ELIQUIS	T2	QL
ELIQUIS DVT/PE STARTER PACK	T2	QL
<i>enoxaparin sodium</i>	T3	
<i>fondaparinux sodium</i>	T3	
FRAGMIN	T3	
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	T1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	T3	
<i>jantoven</i>	T1/Value	
PRADAXA ORAL CAPSULE 110 MG	T2	QL
SAVAYSA	T3	
<i>warfarin sodium oral</i>	T1/Value	
XARELTO	T2	QL
XARELTO STARTER PACK	T2	QL
<b>Anticonvulsants - Drugs for Seizures</b>		
BRIVIACT ORAL	T3	PA; ST
<i>carbamazepine er</i>	T3	
<i>carbamazepine oral suspension</i>	T1	
<i>carbamazepine oral tablet</i>	T1/Value	
<i>carbamazepine oral tablet chewable 100 mg</i>	T1	
<i>clobazam oral tablet</i>	T2	PA
DIACOMIT	T4	PA

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Drug Name	Drug Tier	Notes
<i>diazepam rectal</i>	T3	QL
DILANTIN ORAL CAPSULE 30 MG	T3	
<i>divalproex sodium er</i>	T1	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T3	
<i>divalproex sodium oral tablet delayed release</i>	T1	
EPIDIOLEX	T4	PA
<i>epitol</i>	T1/Value	
<i>ethosuximide oral capsule</i>	T1	
<i>ethosuximide oral solution</i>	T3	
<i>fosphenytoin sodium injection solution 500 mg pe/10ml</i>	T1	
FYCOMPA	T3	
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
<i>lacosamide oral solution</i>	T1	
<i>lacosamide oral tablet</i>	T3	
<i>lamotrigine er</i>	T3	
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>lamotrigine oral tablet dispersible</i>	T3	
<i>levetiracetam er</i>	T3	
<i>levetiracetam oral</i>	T1	
<i>methsuximide</i>	T2	
NAYZILAM	T3	
<i>oxcarbazepine oral suspension</i>	T3	
<i>oxcarbazepine oral tablet</i>	T1	
<i>pentobarbital sodium injection</i>	T1	
<i>phenobarbital oral</i>	T1	
<i>phenobarbital sodium injection</i>	T1	
<i>phenytek</i>	T3	
<i>phenytoin infatabs</i>	T1	
<i>phenytoin oral</i>	T1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	T1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	T3	
<i>phenytoin sodium injection</i>	T1	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1/Value	

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Drug Name	Drug Tier	Notes
<i>roweepra</i>	T1	
<i>rufinamide</i>	T3	PA
<i>subvenite</i>	T1	
<i>tiagabine hcl</i>	T3	
<i>topiramate oral capsule sprinkle 15 mg</i>	T1	
<i>topiramate oral capsule sprinkle 25 mg</i>	T3	
<i>topiramate oral tablet</i>	T1	
<i>valproate sodium intravenous</i>	T1	
<i>valproic acid oral</i>	T1/Value	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T3	
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG	T3	
<i>zonisamide oral</i>	T1	
<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
<i>donepezil hcl</i>	T1	
<i>galantamine hydrobromide</i>	T1	
<i>galantamine hydrobromide er</i>	T1	
<i>memantine hcl er</i>	T3	QL
<i>memantine hcl oral solution</i>	T3	
<i>memantine hcl oral tablet</i>	T1	
<i>rivastigmine</i>	T3	
<i>rivastigmine tartrate</i>	T1	
<b>Antidepressants</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	T1/Value	
<i>amitriptyline hcl oral tablet 150 mg</i>	T3	
<i>amoxapine</i>	T3	
<i>bupropion hcl er (sr)</i>	T1	QL
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	T1	QL
<i>bupropion hcl oral</i>	T1	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>citalopram hydrobromide oral tablet</i>	T1/Value	\$0 HDHP
<i>clomipramine hcl oral</i>	T3	
<i>desipramine hcl oral</i>	T3	
<i>desvenlafaxine succinate er</i>	T3	QL

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>doxepin hcl oral capsule 10 mg, 50 mg</i>	T1/Value	
<i>doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 75 mg</i>	T3	
<i>doxepin hcl oral concentrate</i>	T3	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T1	QL
<i>escitalopram oxalate oral tablet</i>	T1	\$0 HDHP
FETZIMA	T3	PA; ST; QL
FETZIMA TITRATION	T3	PA; ST; QL
<i>fluoxetine hcl oral capsule</i>	T1/Value	\$0 HDHP
<i>fluvoxamine maleate er</i>	T3	QL
<i>fluvoxamine maleate oral tablet 100 mg, 50 mg</i>	T2	
<i>fluvoxamine maleate oral tablet 25 mg</i>	T3	
<i>imipramine hcl oral</i>	T1	
MARPLAN	T3	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	T1/Value	
<i>nefazodone hcl</i>	T3	
<i>nortriptyline hcl oral capsule</i>	T1/Value	
<i>nortriptyline hcl oral solution</i>	T3	
<i>paroxetine hcl oral tablet</i>	T1/Value	\$0 HDHP
<i>perphenazine-amitriptyline</i>	T3	
<i>phenelzine sulfate oral</i>	T3	
<i>protriptyline hcl</i>	T3	
<i>sertraline hcl oral concentrate</i>	T1	\$0 HDHP
<i>sertraline hcl oral tablet</i>	T1	\$0 HDHP
<i>tranylcypromine sulfate</i>	T3	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	T1/Value	
<i>trimipramine maleate oral</i>	T3	
TRINTELLIX	T3	PA; ST; QL
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	QL
<i>vilazodone hcl</i>	T1	PA; QL
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
ANZEMET	T3	QL
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	T3	QL
COMPRO	T3	
<i>dimenhydrinate injection</i>	T1	
<i>dronabinol</i>	T3	PA; QL

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Drug Name	Drug Tier	Notes
<i>droperidol injection</i>	T1	
<i>fosaprepitant dimeglumine</i>	T1	
<i>granisetron hcl intravenous</i>	T1	
<i>granisetron hcl oral</i>	T1	QL
<i>meclizine hcl oral tablet 50 mg</i>	T2	
<i>meclizine hcl tablet 12.5 mg oral (rx)</i>	T1/Value	
<i>meclizine hcl tablet 25 mg oral (rx)</i>	T1/Value	
<i>metoclopramide hcl injection</i>	T1	
<i>metoclopramide hcl oral solution</i>	T1/Value	
<i>metoclopramide hcl oral tablet</i>	T1/Value	
<i>ondansetron hcl injection</i>	T1	
<i>ondansetron hcl oral solution</i>	T1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>	T1	
<i>palonosetron hcl intravenous solution 0.25 mg/2ml</i>	T1	
<i>perphenazine oral</i>	T2	
<i>prochlorperazine</i>	T3	
<i>prochlorperazine maleate oral tablet 10 mg</i>	T1/Value	
<i>prochlorperazine maleate oral tablet 5 mg</i>	T1	
<i>promethazine hcl oral solution</i>	T1/Value	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	T1	
<i>promethazine hcl oral tablet 25 mg</i>	T1/Value	
<i>promethazine hcl rectal</i>	T3	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T3	
<i>scopolamine</i>	T2	
<b>Antifungals</b>		
ABELCET	T3	
<i>amphotericin b intravenous</i>	T1	
<i>amphotericin b liposome</i>	T3	
<i>caspofungin acetate</i>	T3	
<i>ciclodan</i>	T1	
<i>ciclopirox external</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<i>clotrimazole external</i>	T1/Value	
<i>clotrimazole mouth/throat</i>	T1	
<i>clotrimazole-betamethasone external cream</i>	T1	

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Drug Name	Drug Tier	Notes
<i>econazole nitrate external</i>	T1	
ERTACZO	T3	PA
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	T1	
<i>fluconazole oral</i>	T1/Value	
<i>flucytosine oral capsule 250 mg</i>	T1	
<i>flucytosine oral capsule 500 mg</i>	T3	
<i>griseofulvin microsize oral</i>	T3	
<i>griseofulvin ultramicrosize</i>	T3	
GNAZOLE-1	T3	
<i>itraconazole oral capsule</i>	T3	PA
<i>ketoconazole external cream</i>	T1	
<i>ketoconazole external shampoo</i>	T1	
<i>ketoconazole oral</i>	T1/Value	
<i>klayesta</i>	T1	
LULICONAZOLE	T3	PA
<i>miconazole 3</i>	T1	
<i>naftifine hcl external cream 1 %</i>	T2	
<i>nyamyc</i>	T1	
<i>nystatin external cream</i>	T1/Value	
<i>nystatin external ointment</i>	T1	
<i>nystatin external powder</i>	T1	
<i>nystatin mouth/throat</i>	T1	
<i>nystatin oral</i>	T3	
<i>nystatin-triamcinolone</i>	T1	
<i>nystop</i>	T1	
<i>oxiconazole nitrate</i>	T3	
SULCONAZOLE NITRATE EXTERNAL CREAM	T3	PA
<i>terbinafine hcl oral</i>	T1/Value	QL
<i>terconazole vaginal cream</i>	T1	
<i>voriconazole oral tablet</i>	T3	PA
<b>Antigout Agents</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1/Value	
<i>allopurinol sodium</i>	T1	
<i>colchicine oral tablet</i>	T1	
<i>colchicine-probenecid</i>	T2	
<i>febuxostat</i>	T3	PA; ST
<i>probenecid</i>	T2	

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Drug Name	Drug Tier	Notes
<b>Antimigraine Agents</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	T2	PA; QL
AJOVY	T2	PA; QL
<i>almotriptan malate</i>	T2	QL
<i>dihydroergotamine mesylate injection</i>	T3	PA; QL
<i>eletriptan hydrobromide</i>	T2	QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	PA; QL
ERGOMAR	T3	
<i>ergotamine-caffeine</i>	T3	PA; QL
<i>frovatriptan succinate</i>	T2	QL
<i>naratriptan hcl</i>	T1	QL
NURTEC	T2	PA; QL
<i>rizatriptan benzoate</i>	T1	QL
<i>sumatriptan nasal</i>	T2	QL
<i>sumatriptan succinate oral</i>	T1	QL
<i>sumatriptan succinate subcutaneous</i>	T2	QL
<i>zolmitriptan oral tablet</i>	T1	QL
<i>zolmitriptan oral tablet dispersible</i>	T2	QL
<b>Antimyasthenic Agents</b>		
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	T3	
<i>pyridostigmine bromide oral tablet</i>	T1	
<b>Antimycobacterials</b>		
<i>cycloserine oral</i>	T1	
<i>dapsone oral</i>	T3	
<i>ethambutol hcl oral</i>	T3	
<i>isoniazid injection</i>	T1	
<i>isoniazid oral syrup</i>	T1	
<i>isoniazid oral tablet 100 mg</i>	T1	
<i>isoniazid oral tablet 300 mg</i>	T1/Value	
PRETOMANID	T2	
PRIFTIN	T3	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T3	
<i>rifampin intravenous</i>	T1	
<i>rifampin oral</i>	T2	
SIRTURO	T3	

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Drug Name	Drug Tier	Notes
TRECATOR	T3	
<b>Antineoplastics - Drugs for Cancer</b>		
<i>abiraterone acetate</i>	T4	PA; SP-QTZ
ADCETRIS	T4	PA
ALECENSA	T4	PA; SP-QTZ
<i>anastrozole oral</i>	T1	\$0 for breast cancer PX
BELEODAQ	T4	PA
<i>bexarotene</i>	T4	PA; SP-QTZ
<i>bicalutamide</i>	T1	
BOSULIF ORAL TABLET	T4	PA; SP-QTZ
<i>busulfan</i>	T4	
CABOMETYX ORAL TABLET 20 MG	T4	PA; SP-QTZ; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	T4	PA; SP-QTZ
<i>capecitabine</i>	T4	SP-QTZ
CAPRELSA ORAL TABLET 100 MG	T4	PA; QL
CAPRELSA ORAL TABLET 300 MG	T4	PA
COMETRIQ	T4	PA; SP-ORx
COTELLIC	T4	PA; SP-QTZ
<i>cyclophosphamide injection</i>	T4	
<i>cyclophosphamide oral capsule</i>	T3	
CYCLOPHOSPHAMIDE ORAL TABLET	T2	
<i>dasatinib</i>	T4	PA; SP-QTZ
<i>daunorubicin hcl</i>	T4	
<i>decitabine</i>	T4	
DROXIA	T3	
ENHERTU	T4	PA
ERIVEDGE	T4	PA; SP-QTZ
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	T4	PA; SP-QTZ
<i>erlotinib hcl oral tablet 25 mg</i>	T4	PA; SP-QTZ; QL
<i>etoposide oral</i>	T4	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP-QTZ; QL
<i>everolimus oral tablet soluble</i>	T4	PA; SP-QTZ
<i>exemestane</i>	T1	\$0 for breast cancer PX
<i>fludarabine phosphate</i>	T4	
<i>fluorouracil intravenous</i>	T4	
GILOTRIF	T4	PA; SP-QTZ; QL
GLEOSTINE	T4	

Drug Name	Drug Tier	Notes
HYCAMTIN ORAL	T4	SP-QTZ
<i>hydroxyurea oral</i>	T1	
IBRANCE	T4	PA; SP-QTZ
ICLUSIG ORAL TABLET 10 MG, 15 MG	T4	PA; QL
ICLUSIG ORAL TABLET 30 MG, 45 MG	T4	PA
<i>imatinib mesylate</i>	T4	PA; SP-QTZ
IMBRUVICA ORAL CAPSULE	T4	PA; SP-QTZ; QL
IMBRUVICA ORAL SUSPENSION	T4	PA; SP-QTZ
IMBRUVICA ORAL TABLET	T4	PA; SP-QTZ; QL
INLYTA	T4	PA; SP-QTZ
IXEMPRA KIT	T4	
JAKAFI ORAL TABLET 10 MG, 5 MG	T4	PA; SP-QTZ; QL
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	T4	PA; SP-QTZ
KISQALI (200 MG DOSE)	T4	PA; SP-QTZ
KISQALI (400 MG DOSE)	T4	PA; SP-QTZ
KISQALI (600 MG DOSE)	T4	PA; SP-QTZ
KOSELUGO	T4	PA; SP-QTZ
<i>lapatinib ditosylate</i>	T4	PA; SP-QTZ
<i>lenalidomide</i>	T4	PA; SP-QTZ
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	T4	PA; SP-ORx
<i>letrozole oral</i>	T1	\$0 for breast cancer PX
<i>leucovorin calcium injection solution reconstituted</i>	T1	
<i>leucovorin calcium oral tablet 10 mg, 5 mg</i>	T1	
<i>leucovorin calcium oral tablet 15 mg, 25 mg</i>	T3	
LEUKERAN	T2	
LYNPARZA	T4	PA; SP-QTZ
LYSODREN	T3	
MATULANE	T4	
MEKINIST	T4	PA; SP-QTZ
<i>melphalan hcl</i>	T4	
<i>mercaptopurine oral</i>	T1	
MESNEX ORAL	T4	
<i>mitomycin intravenous</i>	T4	
<i>mitoxantrone hcl</i>	T4	PA
MUTAMYCIN	T4	

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Drug Name	Drug Tier	Notes
MYLERAN	T2	
<i>nilutamide</i>	T4	SP-QTZ
NINLARO	T4	PA; SP-QTZ
OGSIVEO	T4	PA
ONUREG	T4	PA; SP-QTZ
ORGOVYX	T4	PA
ORSERDU	T4	PA
<i>paclitaxel</i>	T4	
<i>pazopanib hcl</i>	T4	PA; SP-QTZ
PIQRAY	T4	PA; SP-QTZ
POMALYST ORAL CAPSULE 1 MG, 2 MG	T4	PA; SP-QTZ; QL
POMALYST ORAL CAPSULE 3 MG, 4 MG	T4	PA; SP-QTZ
PROLEUKIN	T4	
QINLOCK	T4	PA
RETEVMO ORAL CAPSULE 40 MG, 80 MG	T4	PA; SP-QTZ
REVLIMID	T4	PA; SP-QTZ
ROZLYTREK ORAL CAPSULE	T4	PA; SP-QTZ
RUXIENCE	T3	PA
RYDAPT	T4	PA
<i>sorafenib tosylate</i>	T4	PA; SP-QTZ
SPRYCEL	T4	PA; SP-QTZ
STIVARGA	T4	PA; SP-QTZ
<i>sunitinib malate</i>	T4	PA; SP-QTZ
TABRECTA	T4	PA; SP-QTZ
TAFINLAR	T4	PA; SP-QTZ
TAGRISSE ORAL TABLET 40 MG	T4	PA; SP-QTZ; QL
TAGRISSE ORAL TABLET 80 MG	T4	PA; SP-QTZ
<i>tamoxifen citrate oral</i>	T1	\$0 for breast cancer PX
TASIGNA	T4	PA; SP-QTZ
<i>temozolomide</i>	T4	PA
THALOMID	T4	PA; SP-QTZ
<i>toremifene citrate</i>	T3	
<i>torpenz</i>	T4	PA; SP-QTZ; QL
<i>tretinoin oral</i>	T4	
TUKYSA	T4	PA; SP-QTZ
TURALIO	T4	PA
VENCLEXTA	T4	PA; SP-QTZ
VENCLEXTA STARTING PACK	T4	PA; SP-QTZ

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Drug Name	Drug Tier	Notes
VERZENIO	T4	PA; SP-QTZ
VOTRIENT	T4	PA
XALKORI ORAL CAPSULE	T4	PA; SP-QTZ
XTANDI	T4	PA; SP-QTZ
ZANOSAR	T4	
ZELBORAF	T4	PA; SP-QTZ
ZOLINZA	T4	PA; SP-QTZ
ZYDELIG	T4	PA; SP-QTZ
ZYKADIA	T4	PA; SP-QTZ
<b>Antiparasitics</b>		
<i>albendazole oral</i>	T3	PA
<i>atovaquone</i>	T3	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	T3	
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	T1	
BENZNIDAZOLE	T3	
<i>chloroquine phosphate oral</i>	T3	
COARTEM	T3	
CROTAN	T4	
EMVERM	T2	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg</i>	T1	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1/Value	
<i>hydroxychloroquine sulfate oral tablet 400 mg</i>	T2	
IMPAVIDO	T3	
<i>ivermectin oral</i>	T3	
<i>malathion</i>	T3	
<i>mefloquine hcl</i>	T1	
<i>nitazoxanide oral</i>	T3	
<i>permethrin external</i>	T1	
<i>praziquantel oral</i>	T3	
<i>primaquine phosphate</i>	T1	
<i>pyrimethamine oral</i>	T4	PA
<i>quinine sulfate</i>	T2	
<i>spinosad</i>	T3	
<i>sulfurated lime</i>	T1	
<b>Antiparkinson Agents</b>		
<i>amantadine hcl oral capsule</i>	T1	
<i>amantadine hcl oral solution</i>	T1	

Drug Name	Drug Tier	Notes
<i>apomorphine hcl subcutaneous</i>	T4	PA; SP-ORx; QL
<i>benztropine mesylate injection</i>	T1	
<i>benztropine mesylate oral</i>	T1/Value	
<i>bromocriptine mesylate oral</i>	T3	
<i>carbidopa oral</i>	T3	
<i>carbidopa-levodopa</i>	T1	
<i>carbidopa-levodopa er</i>	T1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 25-100-200 mg, 50-200-200 mg</i>	T3	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg, 31.25-125-200 mg, 37.5-150- 200 mg</i>	T1	
<i>entacapone</i>	T3	
NEUPRO	T3	
<i>pramipexole dihydrochloride</i>	T1	
<i>rasagiline mesylate oral</i>	T3	
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T3	
<i>selegiline hcl oral</i>	T1	
<i>tolcapone</i>	T1	
<i>trihexyphenidyl hcl oral solution</i>	T1	
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	T1/Value	
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	T1	
<b>Antiplatelets</b>		
<i>aspirin-dipyridamole er</i>	T3	
BRILINTA	T2	
CABLIVI	T4	PA; SP-QTZ; QL
<i>cilostazol</i>	T1	
<i>clopidogrel bisulfate oral</i>	T1	
<i>dipyridamole oral</i>	T2	
<i>prasugrel hcl</i>	T3	
ZONTIVITY	T3	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
ABILIFY MAINTENA	T3	
<i>aripiprazole oral tablet</i>	T1	QL
<i>asenapine maleate</i>	T3	QL
<i>chlorpromazine hcl oral tablet</i>	T3	
<i>clozapine oral tablet</i>	T3	QL

Drug Name	Drug Tier	Notes
FANAPT	T3	PA; ST; QL
FANAPT TITRATION PACK	T3	PA; ST; QL
<i>fluphenazine hcl oral tablet</i>	T3	
<i>haloperidol decanoate intramuscular</i>	T1	
<i>haloperidol lactate injection</i>	T1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	T1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	T1/Value	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	T1	
INVEGA HAFYERA	T3	PA; ST
INVEGA SUSTENNA	T3	
INVEGA TRINZA	T3	
<i>loxapine succinate</i>	T3	
<i>lurasidone hcl</i>	T1	QL
<i>olanzapine intramuscular</i>	T3	
<i>olanzapine oral tablet</i>	T1	QL
<i>paliperidone er</i>	T3	QL
<i>pimozide</i>	T3	
<i>quetiapine fumarate</i>	T1	QL
<i>quetiapine fumarate er</i>	T1	QL
REXULTI	T3	QL
<i>risperidone oral tablet</i>	T1	QL
<i>thioridazine hcl oral</i>	T1	
<i>thiothixene</i>	T3	
<i>trifluoperazine hcl</i>	T3	
<i>ziprasidone hcl</i>	T3	QL
<b>Antivirals</b>		
<i>abacavir sulfate oral solution</i>	T3	SP-QTZ
<i>abacavir sulfate oral tablet</i>	T1	SP-QTZ
<i>abacavir sulfate-lamivudine</i>	T3	SP-QTZ; QL
<i>acyclovir external ointment</i>	T1	QL
<i>acyclovir oral capsule</i>	T1/Value	
<i>acyclovir oral suspension</i>	T3	
<i>acyclovir oral tablet</i>	T1/Value	
<i>acyclovir sodium</i>	T1	
<i>adefovir dipivoxil</i>	T3	
APTIVUS	T4	SP-QTZ
<i>atazanavir sulfate</i>	T3	SP-QTZ
BARACLUDE ORAL SOLUTION	T3	QL

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Drug Name	Drug Tier	Notes
BIKTARVY	T3	SP-QTZ; QL
<i>cidofovir intravenous</i>	T1	
CIMDUO	T2	SP-QTZ; QL
COMPLERA	T3	SP-QTZ; QL
<i>darunavir</i>	T1	SP-QTZ
DELSTRIGO	T2	SP-QTZ
DOVATO	T2	SP-QTZ; QL
EDURANT	T3	SP-QTZ
<i>efavirenz</i>	T3	SP-QTZ
<i>efavirenz-emtricitab-tenofo df</i>	T3	SP-QTZ; QL
<i>efavirenz-lamivudine-tenofovir</i>	T3	SP-QTZ; QL
<i>emtricitabine</i>	T3	SP-QTZ
<i>emtricitabine-tenofovir df oral tablet 100-150 mg</i>	T3	SP-QTZ; \$0 copay for HIV PX for MN plans; QL
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	T3	SP-QTZ; QL
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T3	SP-QTZ; \$0 copay for HIV PX; QL
EMTRIVA ORAL SOLUTION	T2	SP-QTZ
<i>entecavir</i>	T1	QL
EPCLUSA ORAL PACKET	T2	PA; SP-QTZ; QL
EPCLUSA ORAL TABLET 200-50 MG	T2	PA; SP-QTZ; QL
EPCLUSA ORAL TABLET 400-100 MG	T4	PA; SP-QTZ; QL
<i>etravirine</i>	T3	SP-QTZ
EVOTAZ	T2	SP-QTZ; QL
<i>famciclovir oral</i>	T1	
<i>fosamprenavir calcium</i>	T3	SP-QTZ
FUZEON	T2	SP-QTZ
HARVONI	T4	PA; SP-QTZ; QL
INTELENCE ORAL TABLET 25 MG	T3	SP-QTZ
ISENTRESS	T2	SP-QTZ; \$0 copay for HIV PX for MN plans
ISENTRESS HD	T2	SP-QTZ
JULUCA	T2	SP-QTZ; QL
LAGEVRIO	T3	QL
<i>lamivudine oral solution</i>	T3	SP-QTZ
<i>lamivudine oral tablet 100 mg</i>	T1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T1	SP-QTZ
<i>lamivudine-zidovudine</i>	T3	SP-QTZ; QL

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Drug Name	Drug Tier	Notes
<i>lopinavir-ritonavir oral solution</i>	T3	SP-QTZ
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	T1	SP-QTZ
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	T3	SP-QTZ
<i>maraviroc</i>	T1	PA; SP-QTZ
MAVYRET	T3	PA; SP-QTZ; QL
<i>nevirapine</i>	T3	SP-QTZ
<i>nevirapine er</i>	T3	SP-QTZ
NORVIR ORAL PACKET	T2	SP-QTZ
ODEFSEY	T3	SP-QTZ; QL
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg</i>	T2	QL
<i>oseltamivir phosphate oral capsule 75 mg</i>	T3	QL
<i>oseltamivir phosphate oral suspension reconstituted</i>	T3	QL
PAXLOVID (150/100)	T3	QL
PAXLOVID (300/100)	T3	QL
PEGASYS	T4	PA; SP-QTZ
<i>penciclovir</i>	T3	
PIFELTRO	T3	SP-QTZ
PREZCOBIX	T2	SP-QTZ; QL
PREZISTA ORAL SUSPENSION	T2	SP-QTZ
PREZISTA ORAL TABLET 150 MG, 75 MG	T2	SP-QTZ
RELENZA DISKHALER	T3	QL
REYATAZ ORAL PACKET	T2	SP-QTZ
<i>ribavirin oral</i>	T4	
<i>rimantadine hcl</i>	T1	
<i>ritonavir</i>	T3	SP-QTZ
RUKOBIA	T2	SP-QTZ
SELZENTRY ORAL SOLUTION	T2	PA; SP-QTZ
SOVALDI ORAL TABLET 400 MG	T4	PA; SP-QTZ
SYMTUZA	T3	SP-QTZ; QL
<i>tenofovir disoproxil fumarate</i>	T1	SP-QTZ; \$0 copay for HIV PX
TIVICAY	T2	SP-QTZ
TIVICAY PD	T2	SP-QTZ; \$0 copay for HIV PX for MN plans
TRIUMEQ	T2	SP-QTZ; QL
TYBOST	T2	SP-QTZ
<i>valacyclovir hcl oral</i>	T1	QL
<i>valganciclovir hcl</i>	T3	

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Drug Name	Drug Tier	Notes
VEMLIDY	T4	
VIRACEPT	T4	SP-QTZ
VIREAD ORAL POWDER	T2	SP-QTZ
VIREAD ORAL TABLET 150 MG	T3	SP-QTZ
VIREAD ORAL TABLET 200 MG, 250 MG	T2	SP-QTZ
ZEPATIER	T4	PA; SP-QTZ; QL
<i>zidovudine oral capsule</i>	T3	SP-QTZ
<i>zidovudine oral syrup</i>	T3	SP-QTZ
<i>zidovudine oral tablet</i>	T3	
<b>Anxiolytics - Drugs for Anxiety</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 2 mg, 3 mg</i>	T2	QL
<i>alprazolam er oral tablet extended release 24 hour 1 mg</i>	T1	QL
<i>alprazolam oral tablet</i>	T1	QL
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 2 mg, 3 mg</i>	T2	QL
<i>alprazolam xr oral tablet extended release 24 hour 1 mg</i>	T1	QL
<i>buspirone hcl oral tablet 10 mg, 5 mg</i>	T1/Value	
<i>buspirone hcl oral tablet 15 mg, 30 mg</i>	T1	
<i>chlordiazepoxide hcl</i>	T1	QL
<i>clonazepam oral tablet</i>	T1	QL
<i>clorazepate dipotassium</i>	T3	QL
<i>diazepam intensol</i>	T2	
<i>diazepam oral concentrate</i>	T2	
<i>diazepam oral solution</i>	T2	
<i>diazepam oral tablet</i>	T1	
<i>estazolam</i>	T1	QL
<i>hydroxyzine hcl oral</i>	T1/Value	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	T3	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	T1/Value	
<i>lorazepam injection</i>	T1	
<i>lorazepam intensol</i>	T3	QL
<i>lorazepam oral concentrate 2 mg/ml</i>	T3	QL
<i>lorazepam oral tablet</i>	T1	QL
<i>meprobamate</i>	T3	
<i>midazolam hcl injection solution 2 mg/2ml</i>	T3	

Drug Name	Drug Tier	Notes
<i>oxazepam</i>	T3	QL
<i>quazepam</i>	T3	QL
<i>triazolam</i>	T1	QL
<b>Bipolar Agents - Drugs for Mood Disorders</b>		
<i>lithium</i>	T1	
<i>lithium carbonate er</i>	T1/Value	
<i>lithium carbonate oral</i>	T1/Value	
<b>Blood Products and Modifiers - Drugs for Blood Disorders</b>		
<i>aminocaproic acid oral tablet</i>	T3	
<i>anagrelide hcl</i>	T3	
ARANESP (ALBUMIN FREE)	T4	PA
DOPTELET	T4	SP-ORx
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 500 UNIT	T4	
HEMLIBRA	T4	SP-QTZ
LEUKINE	T4	
NEULASTA	T4	PA
NEULASTA ONPRO	T4	PA
NIVESTYM	T4	PA
<i>plerixafor</i>	T4	
PROMACTA	T4	PA; SP-QTZ
PYRUKYND	T4	PA; QL
PYRUKYND TAPER PACK	T4	PA; QL
REBLOZYL	T4	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1801-2400 UNIT	T4	
RETACRIT	T4	PA
SOLIRIS	T4	PA
ULTOMIRIS	T4	PA
XOLREMDI	T4	PA; QL
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>		
<i>acebutolol hcl oral</i>	T2	
<i>aliskiren fumarate</i>	T3	
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1/Value	
<i>amiodarone hcl oral tablet 200 mg</i>	T1	
<i>amlodipine besylate oral</i>	T1/Value	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>amlodipine besylate-benazepril hcl</i>	T1	
<i>amlodipine besylate-valsartan</i>	T3	
<i>amlodipine-olmesartan</i>	T3	
<i>atenolol oral</i>	T1/Value	\$0 HDHP
<i>atenolol-chlorthalidone</i>	T1/Value	\$0 HDHP
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1/Value PV	\$0 HDHP; \$0 if age 40-75
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1/Value	\$0 HDHP
<i>benazepril hcl oral</i>	T1/Value	\$0 HDHP
<i>betaxolol hcl oral</i>	T1	\$0 HDHP
<i>bisoprolol fumarate oral</i>	T1/Value	\$0 HDHP
<i>bisoprolol-hydrochlorothiazide</i>	T1/Value	\$0 HDHP
<i>bumetanide oral</i>	T1	
<i>cartia xt</i>	T1	
<i>carvedilol</i>	T1/Value	\$0 HDHP
<i>chlorthalidone</i>	T1/Value	
<i>cholestyramine light</i>	T3	
<i>cholestyramine oral</i>	T3	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	T1/Value	
<i>clonidine hcl oral tablet 0.3 mg</i>	T1	
<i>colesevelam hcl oral tablet</i>	T3	
<i>colestipol hcl</i>	T3	
<b>CORLANOR</b>	T3	PA; QL
<i>digoxin oral solution</i>	T3	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1/Value	
<i>diltiazem hcl er beads</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	T1	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>disopyramide phosphate</i>	T3	
<i>dofetilide</i>	T3	
<i>doxazosin mesylate oral</i>	T1/Value	
<i>enalapril maleate oral tablet</i>	T1/Value	\$0 HDHP
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	T1	\$0 HDHP

Drug Name	Drug Tier	Notes
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	T1/Value	\$0 HDHP
ENTRESTO	T2	QL
<i>epinephrine injection solution</i>	T1	
<i>epinephrine pf</i>	T1	
<i>eplerenone</i>	T3	
<i>ethacrynic acid</i>	T3	
<i>ezetimibe</i>	T1	
<i>ezetimibe-simvastatin</i>	T3	
<i>felodipine er</i>	T1	
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	T1	
<i>fenofibrate micronized oral capsule 200 mg, 43 mg</i>	T3	
<i>fenofibrate oral capsule 134 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 200 mg</i>	T3	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>fenofibric acid oral capsule delayed release</i>	T3	
<i>flecainide acetate</i>	T1	
<i>fluvastatin sodium</i>	T3	\$0 if age 40-75
<i>fosinopril sodium</i>	T1/Value	\$0 HDHP
<i>furosemide injection</i>	T1	
<i>furosemide oral solution 10 mg/ml</i>	T1/Value	
<i>furosemide oral solution 8 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1/Value	
<i>gemfibrozil oral</i>	T1/Value	
<i>guanfacine hcl</i>	T1/Value	
<i>hydralazine hcl oral</i>	T1/Value	
<i>hydrochlorothiazide oral</i>	T1/Value	
<i>indapamide</i>	T1/Value	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>	T1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>	T1/Value	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>ivabradine hcl</i>	T1	PA; QL
<i>labetalol hcl oral</i>	T1	\$0 HDHP
<i>lisinopril oral</i>	T1/Value	\$0 HDHP
<i>lisinopril-hydrochlorothiazide</i>	T1/Value	\$0 HDHP
<i>losartan potassium oral</i>	T1/Value	
<i>losartan potassium-hctz</i>	T1/Value	
<i>lovastatin oral</i>	T1 PV	\$0 HDHP; \$0 if age 40-75
<i>mannitol intravenous solution 20 %</i>	T3	
METHYLDOPA	T1	
<i>metolazone oral tablet 10 mg</i>	T1	
<i>metolazone oral tablet 2.5 mg, 5 mg</i>	T3	
<i>metoprolol succinate er</i>	T1	\$0 HDHP
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1/Value	\$0 HDHP
<i>metyrosine</i>	T1	PA; QL
<i>mexiletine hcl oral</i>	T3	
<i>midodrine hcl</i>	T1	
<i>minoxidil oral</i>	T1	
<i>nadolol oral tablet 40 mg</i>	T1	\$0 HDHP
<i>nebivolol hcl</i>	T3	
<i>niacin er (antihyperlipidemic)</i>	T3	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	T1	
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	T3	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	T1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	T3	
<i>nimodipine oral</i>	T3	
<i>nitroglycerin rectal</i>	T1	
<i>nitroglycerin sublingual</i>	T1	
<i>nitroglycerin transdermal</i>	T1	
<i>olmesartan medoxomil oral</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>omega-3-acid ethyl esters</i>	T3	
<i>pentoxifylline er</i>	T1	
<i>phenoxybenzamine hcl oral</i>	T3	PA
<i>pindolol</i>	T3	

Drug Name	Drug Tier	Notes
<i>pravastatin sodium</i>	T1 PV	\$0 HDHP; \$0 if age 40-75
<i>prazosin hcl oral</i>	T1/Value	
<i>prevalite</i>	T3	
<i>procainamide hcl injection solution 100 mg/ml</i>	T3	
<i>propafenone hcl</i>	T1	
<i>propranolol hcl er</i>	T3	
<i>propranolol hcl intravenous</i>	T1	
<i>propranolol hcl oral solution</i>	T1	\$0 HDHP
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T1/Value	\$0 HDHP
<i>propranolol hcl oral tablet 60 mg</i>	T1	\$0 HDHP
<i>quinapril hcl</i>	T1/Value	\$0 HDHP
<i>quinapril-hydrochlorothiazide</i>	T1	\$0 HDHP
<i>quinidine sulfate</i>	T1	
<i>ramipril</i>	T1/Value	\$0 HDHP
<i>ranolazine er</i>	T3	
RECTIV	T3	
REPATHA	T2	PA; SP-QTZ; QL
REPATHA PUSHTRONEX SYSTEM	T2	PA; SP-QTZ; QL
REPATHA SURECLICK	T2	PA; SP-QTZ; QL
<i>rosuvastatin calcium oral</i>	T1 PV	\$0 HDHP; \$0 if age 40-75
<i>simvastatin oral</i>	T1/Value PV	\$0 HDHP; \$0 if age 40-75
<i>sotalol hcl (af)</i>	T1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	T1	
<i>sotalol hcl oral tablet 80 mg</i>	T1/Value	
<i>spironolactone oral tablet</i>	T1/Value	
<i>spironolactone-hctz</i>	T1/Value	
<i>telmisartan</i>	T1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>toremide</i>	T1/Value	
<i>trandolapril</i>	T1/Value	\$0 HDHP
<i>triamterene-hctz</i>	T1/Value	
<i>valsartan oral tablet</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
<i>verapamil hcl er oral tablet extended release</i>	T1	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	T1/Value	
<i>verapamil hcl oral tablet 40 mg</i>	T1	
VYNDAMAX	T4	PA; SP-ORx; QL

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Drug Name	Drug Tier	Notes
<b>Central Nervous System Agents</b>		
SKYCLARYS	T4	PA; QL
<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
<i>amphetamine sulfate</i>	T3	QL
<i>amphetamine-dextroamphetamine</i>	T1	QL
<i>amphetamine-dextroamphetamine er</i>	T1	QL
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	T2	QL
<i>atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg</i>	T3	QL
<i>clonidine hcl er</i>	T1	
<i>dexmethylphenidate hcl</i>	T1	QL
<i>dexmethylphenidate hcl er</i>	T3	QL
<i>dextroamphetamine sulfate er</i>	T3	QL
<i>dextroamphetamine sulfate oral solution</i>	T3	QL
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	T1	QL
<i>guanfacine hcl er</i>	T3	
<i>lisdexamfetamine dimesylate</i>	T2	QL
<i>methamphetamine hcl</i>	T1	QL
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	T3	QL
<i>methylphenidate hcl er oral tablet extended release</i>	T3	QL
<i>methylphenidate hcl oral tablet</i>	T1	QL
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>		
AVONEX PEN	T4	PA; SP-QTZ; QL
AVONEX PREFILLED	T4	PA; SP-QTZ; QL
BETASERON	T4	PA; SP-QTZ; QL
<i>dalfampridine er</i>	T4	PA; QL
<i>dimethyl fumarate oral</i>	T2	PA; SP-QTZ; QL
<i>dimethyl fumarate starter pack</i>	T2	PA; SP-QTZ; QL
<i>fingolimod hcl</i>	T4	PA; SP-QTZ; QL
GILENYA ORAL CAPSULE 0.25 MG	T4	PA; SP-QTZ; QL
<i>glatiramer acetate</i>	T4	PA; SP-QTZ; QL
<i>glatopa</i>	T4	PA; SP-QTZ; QL
MAYZENT	T4	PA; SP-QTZ; QL
MAYZENT STARTER PACK	T4	PA; SP-QTZ; QL

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Drug Name	Drug Tier	Notes
<i>teriflunomide</i>	T4	PA; SP-QTZ; QL
TYSABRI	T4	PA; QL
<b>Central Nervous System Agents - Miscellaneous</b>		
AUSTEDO	T4	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	T4	
<i>pregabalin oral capsule</i>	T1	QL
<i>pregabalin oral solution</i>	T3	QL
<i>riluzole</i>	T3	
SAVELLA	T3	PA; ST; QL
SAVELLA TITRATION PACK	T3	PA; ST; QL
<i>tetrabenazine</i>	T4	PA
<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
<i>cevimeline hcl</i>	T3	
<i>chlorhexidine gluconate mouth/throat</i>	T1/Value	
EASYGEL	T1	
FLUORIDEX DAILY RENEWAL	T1	
KOURZEQ	T1	
<i>lidocaine viscous hcl</i>	T1/Value	
ORALONE	T1	
<i>periogard</i>	T1/Value	
<i>pilocarpine hcl oral tablet 5 mg</i>	T2	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	T3	
PREVIDENT MOUTH/THROAT	T3	
<i>sodium fluoride 5000 plus</i>	T1	
<i>sodium fluoride 5000 ppm dental cream</i>	T1	
<i>sodium fluoride 5000 ppm dental gel</i>	T1	
<i>sodium fluoride dental</i>	T1	
<i>sodium fluoride mouth/throat</i>	T1	
<i>triamcinolone acetonide mouth/throat</i>	T1	
<b>Dermatological Agents - Drugs for Skin Conditions</b>		
<i>acutane</i>	T3	
<i>acitretin</i>	T3	
<i>adapalene external cream</i>	T3	
<i>adapalene external gel 0.3 %</i>	T3	
<i>adapalene gel 0.1 % external (rx)</i>	T1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T3	
<i>ala-cort</i>	T1	
<i>alclometasone dipropionate</i>	T1	
AMELUZ	T3	
<i>ammonium lactate external</i>	T1	
<i>amnesteem</i>	T3	
<i>benzoyl peroxide-erythromycin</i>	T3	
<i>betamethasone dipropionate aug external cream</i>	T1	
<i>betamethasone dipropionate aug external lotion</i>	T3	
<i>betamethasone dipropionate aug external ointment</i>	T3	
<i>betamethasone dipropionate external cream</i>	T1	
<i>betamethasone dipropionate external lotion</i>	T1	
<i>betamethasone dipropionate external ointment</i>	T3	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external lotion</i>	T1	
<i>betamethasone valerate external ointment</i>	T1	
<i>calcipotriene external cream</i>	T2	
<i>calcipotriene external ointment</i>	T2	
<i>calcipotriene external solution</i>	T2	
<i>calcipotriene-betameth diprop external ointment</i>	T3	
<i>calcitriol external</i>	T3	
CIBINQO	T4	PA; QL
<i>claravis</i>	T3	
<i>clindacin etz external swab</i>	T1	
<i>clindacin-p</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</i>	T3	
<i>clindamycin phosphate external gel</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>clobetasol propionate external cream</i>	T3	
<i>clobetasol propionate external gel</i>	T3	
<i>clobetasol propionate external ointment</i>	T3	

Drug Name	Drug Tier	Notes
<i>clobetasol propionate external solution</i>	T3	
<i>clocortolone pivalate</i>	T3	
<i>coal tar external</i>	T1	
<i>desonide external cream</i>	T3	
<i>desonide external ointment</i>	T3	
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external liquid</i>	T3	
<i>desoximetasone external ointment 0.25 %</i>	T3	
<i>diclofenac sodium gel 3 % external</i>	T1	QL
<i>diflorasone diacetate external cream</i>	T3	
DUPIXENT	T4	PA; SP-QTZ; QL
<i>ery pad 2%</i>	T3	
<i>erythromycin external</i>	T1	
<i>fluocinolone acetonide body</i>	T1	
<i>fluocinolone acetonide external cream</i>	T3	
<i>fluocinolone acetonide external ointment</i>	T3	
<i>fluocinolone acetonide external solution</i>	T1	
<i>fluocinolone acetonide scalp</i>	T1	
<i>fluocinonide emulsified base</i>	T3	
<i>fluocinonide external</i>	T1	
<i>fluorouracil external cream</i>	T3	
<i>fluorouracil external solution</i>	T1	
<i>flurandrenolide external cream</i>	T3	
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external ointment</i>	T1	
<i>halcinonide</i>	T3	PA; ST
<i>halobetasol propionate external cream</i>	T3	
<i>halobetasol propionate external ointment</i>	T3	
<i>hydrocortisone butyrate external solution</i>	T1	
<i>hydrocortisone cream 1 % external (rx)</i>	T1	
<i>hydrocortisone external cream 2.5 %</i>	T1/Value	
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 2.5 %</i>	T1	
<i>hydrocortisone ointment 1 % external (rx)</i>	T1	
<i>hydrocortisone valerate external cream</i>	T3	
<i>imiquimod external cream 5 %</i>	T1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T3	

Drug Name	Drug Tier	Notes
<i>ivermectin external cream</i>	T3	
<i>lactic acid e</i>	T1	
<i>lactic acid external</i>	T1	
<i>methoxsalen rapid</i>	T3	
<i>metronidazole external cream</i>	T1	
<i>metronidazole external gel 0.75 %</i>	T1	
<i>mometasone furoate external</i>	T1	
NEO-SYNALAR	T3	
<i>neuac</i>	T1	
<i>pimecrolimus</i>	T3	PA; ST; QL
<i>podofilox external solution</i>	T1	
REGRANEX	T3	PA
SANTYL	T3	QL
<i>selenium sulfide external lotion</i>	T1	
<i>sulfacetamide sodium (acne)</i>	T3	
<i>tacrolimus external</i>	T3	QL
<i>tazarotene external cream 0.1 %</i>	T3	PA
<i>tretinoin external cream 0.025 %, 0.05 %</i>	T2	
<i>tretinoin external cream 0.1 %</i>	T3	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T3	
<i>triamcinolone acetonide external cream</i>	T1/Value	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.1 %</i>	T1/Value	
<i>triderm</i>	T1/Value	
<i>zenatane</i>	T3	
<b>Diabetes - Antidiabetic Agents</b>		
<i>acarbose oral</i>	T3	
BYDUREON BCISE AUTOINJECTOR	T2	PA; \$0 HDHP; Value; QL
BYETTA 10 MCG PEN	T2	PA; \$0 HDHP; Value; QL
BYETTA 5 MCG PEN	T2	PA; \$0 HDHP; Value; QL
FARXIGA	T2	\$0 HDHP; Value
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1/Value	\$0 HDHP
<i>glipizide er</i>	T1/Value	\$0 HDHP
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1/Value	\$0 HDHP
<i>glipizide xl</i>	T1/Value	\$0 HDHP
<i>glipizide-metformin hcl</i>	T3	

Drug Name	Drug Tier	Notes
<i>glyburide micronized</i>	T1/Value	\$0 HDHP
<i>glyburide oral</i>	T1/Value	\$0 HDHP
<i>glyburide-metformin</i>	T1	\$0 HDHP
GLYXAMBI	T2	\$0 HDHP; Value
JANUMET	T2	PA; ST; \$0 HDHP; Value
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	T2	PA; ST; \$0 HDHP; Value
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	T2	PA; ST
JANUVIA	T2	PA; ST; \$0 HDHP; Value
JARDIANCE	T2	\$0 HDHP; Value
JENTADUETO	T2	PA; ST; \$0 HDHP; Value
JENTADUETO XR	T2	PA; ST; \$0 HDHP; Value
LIRAGLUTIDE	T2	PA; \$0 HDHP; Value; QL
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	T1/Value	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	T1	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1/Value	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
MOUNJARO	T2	PA; QL
<i>nateglinide</i>	T3	
<i>pioglitazone hcl</i>	T1	\$0 HDHP
<i>repaglinide</i>	T3	
SOLIQUA	T2	
SYNJARDY	T2	\$0 HDHP; Value
SYNJARDY XR	T2	\$0 HDHP; Value
TRADJENTA	T2	PA; ST; \$0 HDHP; Value
TRULICITY	T2	PA; QL
XIGDUO XR	T2	\$0 HDHP; Value
XULTOPHY	T2	
<b>Diabetes - Glucose Monitoring</b>		
ACCU-CHEK FASTCLIX LANCET KIT	T2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	T2	
AUTOPEN	T3	
BD PEN	T3	
BD PEN MINI	T3	
CARESENS LANCETS 30G	T2	\$0 HDHP; Value
CEQUR SIMPLICITY 2U 10PK	T2	

Drug Name	Drug Tier	Notes
CHEMSTRIP 10 MD	T3	
CHEMSTRIP 10/SG	T3	
CHEMSTRIP 2 GP	T3	
CHEMSTRIP 5 OB	T3	
CHEMSTRIP 7	T3	
CHEMSTRIP 9	T3	
CHEMSTRIP K	T3	
CHEMSTRIP UGK	T3	
CHOSEN LANCETS 30G	T2	\$0 HDHP; Value
CHOSEN SAFETY LANCETS 28G	T2	\$0 HDHP; Value
CLEVER CHOICE COMFORT EZ	T2	\$0 HDHP; Value
COMFORT TOUCH TWIST LANCET 30G	T2	\$0 HDHP; Value
DEXCOM G6 RECEIVER	T2	PA
DEXCOM G6 SENSOR	T2	PA
DEXCOM G6 TRANSMITTER	T2	PA
DEXCOM G7 RECEIVER	T2	PA
DEXCOM G7 SENSOR	T2	PA
GUARDIAN 4 GLUCOSE SENSOR	T3	PA
GUARDIAN 4 TRANSMITTER	T3	PA
GUARDIAN CONNECT TRANSMITTER	T3	PA
GUARDIAN LINK 3 TRANSMITTER	T3	PA
GUARDIAN REAL-TIME CHARGER	T3	
GUARDIAN REAL-TIME REPLACE PED	T3	PA
GUARDIAN REAL-TIME TEST PLUG	T3	
GUARDIAN SENSOR (3)	T3	PA
GUARDIAN SENSOR 3	T3	PA
INPEN 100-BLUE-LILLY-HUMALOG	T3	
INPEN 100-BLUE-NOVOLOG-FIASP	T3	
INPEN 100-GREY-LILLY-HUMALOG	T3	
INPEN 100-GREY-NOVOLOG-FIASP	T3	
INPEN 100-PINK-LILLY-HUMALOG	T3	
INPEN 100-PINK-NOVOLOG-FIASP	T3	
KETO-DIASTIX	T3	
KETONE CARE	T3	
KETONE TEST	T3	
KETOSTIX	T3	
LANCETS	T2	\$0 HDHP; Value
LANCETS SUPER THIN	T2	\$0 HDHP; Value

Drug Name	Drug Tier	Notes
MINIMED 630G GUARDIAN PRESS	T3	PA
MULTISTIX 10 SG	T3	
NOVOPEN ECHO	T3	
ONETOUCH DELICA PLUS LANCING	T3	
ONETOUCH DELICA SAFETY LANCING	T2	\$0 HDHP; Value
ONETOUCH ULTRA 2 KIT W/DEVICE	\$0	
ONETOUCH ULTRA BLUE TEST	T2	\$0 HDHP; Value; QL
ONETOUCH ULTRA CONTROL	T2	\$0 HDHP; Value
ONETOUCH ULTRA IN VITRO LIQUID	T2	\$0 HDHP; Value
ONETOUCH ULTRA IN VITRO STRIP	T2	\$0 HDHP; Value; QL
ONETOUCH ULTRA TEST STRIPS	T2	\$0 HDHP; Value; QL
ONETOUCH VERIO FLEX SYSTEM	\$0	
ONETOUCH VERIO IN VITRO LIQUID	T2	\$0 HDHP; Value
ONETOUCH VERIO TEST STRIPS	T2	\$0 HDHP; Value; QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	\$0	
PERFECT POINT SAFETY LANCETS	T2	\$0 HDHP; Value
RELION KETONE TEST	T3	
TECHLITE LANCETS 26G	T2	\$0 HDHP; Value
UNISTIK NORMAL	T2	\$0 HDHP; Value
VERIFINE SAFE LANCET MINI 21G	T2	\$0 HDHP; Value
VERIFINE SAFE LANCET MINI 23G	T2	\$0 HDHP; Value
VERIFINE SAFE LANCET MINI 28G	T2	\$0 HDHP; Value
VERIFINE SAFE LANCET MINI 30G	T2	\$0 HDHP; Value
VIVAGUARD LANCETS 30G	T2	\$0 HDHP; Value
VIVAGUARD SAFETY LANCETS 28G	T2	\$0 HDHP; Value
<b>Diabetes - Glycemic Agents</b>		
BAQSIMI ONE PACK	T2	
BAQSIMI TWO PACK	T2	
<i>diazoxide oral</i>	T3	
<i>glucagon emergency kit</i>	T1	
GLUCAGON EMERGENCY KIT	T2	
<b>Diabetes - Insulins</b>		
AQ INSULIN SYRINGE	T2	\$0 HDHP; Value

Drug Name	Drug Tier	Notes
BD ULTRA-FINE INSULIN SYRINGES 27.5G X 5/8" 2 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML, U-100 1 ML	T2	\$0 HDHP; Value
DROPSAFE SAFETY SYRINGE/NEEDLE	T2	\$0 HDHP; Value
HUMALOG MIX 50/50 KWIKPEN	T2	\$0 HDHP; Value
HUMALOG MIX 50/50 VIAL	T2	\$0 HDHP; Value
HUMULIN R U-500 KWIKPEN	T2	\$0 HDHP; Value
HUMULIN R U-500 VIAL	T2	\$0 HDHP; Value
INSULIN DEGLUDEC	T3	PA; \$0 HDHP; Value
INSULIN DEGLUDEC FLEXTOUCH	T3	PA
INSULIN GLARGINE-YFGN	T2	\$0 HDHP; Value
INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML, U-100 0.3 ML, U-100 0.5 ML, U-100 1 ML	T2	\$0 HDHP; Value
LEVEMIR U-100 VIAL	T3	PA
NOVOLIN 70/30 FLEXPEN	T2	\$0 HDHP; Value
NOVOLIN 70/30 FLEXPEN RELION	T2	\$0 HDHP; Value
NOVOLIN 70/30 RELION	T2	\$0 HDHP; Value
NOVOLIN 70/30 VIAL	T2	\$0 HDHP; Value
NOVOLIN N FLEXPEN	T2	\$0 HDHP; Value
NOVOLIN N FLEXPEN RELION	T2	\$0 HDHP; Value
NOVOLIN N RELION	T2	\$0 HDHP; Value
NOVOLIN N VIAL	T2	\$0 HDHP; Value
NOVOLIN R FLEXPEN	T2	\$0 HDHP; Value

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Drug Name	Drug Tier	Notes
NOVOLIN R FLEXPEN RELION	T2	\$0 HDHP; Value
NOVOLIN R RELION	T2	\$0 HDHP; Value
NOVOLIN R VIAL	T2	\$0 HDHP; Value
NOVOLOG 70/30 FLEXPEN RELION	T2	\$0 HDHP; Value
NOVOLOG FLEXPEN	T2	\$0 HDHP; Value
NOVOLOG FLEXPEN RELION	T2	\$0 HDHP; Value
NOVOLOG MIX 70/30 FLEXPEN	T2	\$0 HDHP; Value
NOVOLOG MIX 70/30 RELION	T2	\$0 HDHP; Value
NOVOLOG MIX 70/30 VIAL	T2	\$0 HDHP; Value
NOVOLOG PENFILL	T2	\$0 HDHP; Value
NOVOLOG RELION	T2	\$0 HDHP; Value
NOVOLOG U-100 VIAL	T2	\$0 HDHP; Value
ULTICARE INSULIN SYR 1/2 UNIT	T2	\$0 HDHP; Value
ULTIGUARD SAFEPACK SYR/NEEDLE	T2	\$0 HDHP; Value
VERIFINE INSULIN SYRINGE	T2	\$0 HDHP; Value
<b>Electrolytes / Minerals / Metals / Vitamins</b>		
AIRAVITE	T1	
ATABEX	T3 PV	
BIOCEL	T1	
<i>bp vit 3</i>	T1	
<i>b-plex</i>	T1	
<i>b-plex plus</i>	T1	
CADEAU DHA	T3 PV	
<i>carglumic acid</i>	T4	PA; SP-ORx
CENTRUM SPECIALIST PRENATAL	T3 PV	
CHEMET	T3	
<i>classic prenatal</i>	T1 PV	
<i>corvita 150</i>	T1	
<i>cvs folic acid</i>	T1 PV	
<i>cvs prenatal</i>	T1 PV	
<i>cvs prenatal gummy oral tablet chewable 0.4 mg, 0.4-113.5 mg</i>	T1 PV	
<i>cvs prenatal multi+dha</i>	T1 PV	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
<i>cyanocobalamin nasal</i>	T1	
<i>deferasirox oral tablet soluble</i>	T3	PA
<i>deferiprone</i>	T3	PA
ENFAMIL EXPECTA	T3 PV	



Drug Name	Drug Tier	Notes
<i>eql prenatal formula</i>	T1 PV	
<i>ergocalciferol oral capsule</i>	T1	
<i>fa-8</i>	T1 PV	
<i>fa-vitamin b-6-vitamin b-12</i>	T1	
<i>ferottrinsic</i>	T1	
<i>folate</i>	T1 PV	
FOLBEE	T1	
<i>folbee plus</i>	T1	
<i>folic acid oral capsule 0.8 mg</i>	T1 PV	
<i>folic acid oral tablet 1 mg</i>	T1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T1 PV	
<i>folplex 2.2</i>	T1	
<i>foltrin</i>	T1	
<i>ft folic acid</i>	T1 PV	
<i>gnp folic acid</i>	T1 PV	
<i>gnp prenatal</i>	T1 PV	
HEALTHY MAMA BE WELL ROUNDED	T3 PV	
<i>hydroxocobalamin acetate</i>	T1	
<i>iodine strong oral</i>	T1	
<i>klor-con 10</i>	T1	
<i>klor-con m10</i>	T1	
<i>klor-con m15</i>	T1	
<i>klor-con m20</i>	T1	
<i>klor-con oral packet</i>	T3	
<i>klor-con oral tablet extended release</i>	T1	
<i>kp folic acid oral tablet 800 mcg</i>	T1 PV	
<i>kp prenatal multivitamins</i>	T1 PV	
K-PHOS	T3	
<i>k-tan plus</i>	T1	
<i>levocarnitine oral solution</i>	T2	
<i>levocarnitine oral tablet</i>	T2	
<i>levocarnitine sf</i>	T2	
LYSIPLEX PLUS ORAL TABLET	T1	
MASONATAL	T3 PV	
<i>multi prenatal</i>	T1 PV	
<i>multivitamin w/fluoride</i>	T1	
<i>multi-vitamin/fluoride</i>	T1	
<i>multivitamin/fluoride oral tablet chewable</i>	T1	

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Drug Name	Drug Tier	Notes
<i>multi-vitamin/fluoride/iron</i>	T1	
<i>na ferric gluc cplx in sucrose</i>	T1	
NASCOBAL	T3	
NEONATAL PRENATAL	T3 PV	
NEONATAL VITAMIN	T3 PV	
<i>nephronex oral tablet</i>	T1	
NUFOL	T1	
NUTRIFAC ZX	T1	
ONE VITE WOMENS	T3 PV	
ONE-A-DAY WOMENS PRENATAL	T3 PV	
ONE-A-DAY WOMENS PRENATAL 1	T3 PV	
PHOSPHO-TRIN K500	T3	
<i>phytonadione injection solution 1 mg/0.5ml</i>	T1	
<i>phytonadione injection solution 10 mg/ml</i>	T3	
<i>phytonadione oral</i>	T3	
<i>pnv-dha</i>	T1	
<i>pnv-dha+docusate</i>	T1	
<i>pnv-omega</i>	T1	
<i>pnv-select</i>	T1	
<i>polysaccharide iron forte</i>	T1	
<i>potassium chloride crys er</i>	T1	
<i>potassium chloride er</i>	T1	
<i>potassium chloride intravenous solution 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	T1	
<i>potassium chloride oral packet</i>	T3	
<i>potassium chloride oral solution</i>	T1	
<i>potassium citrate er</i>	T2	
<i>prenatal (w/iron &amp; fa)</i>	T1 PV	
<i>prenatal 19 oral tablet 29-1 mg</i>	T1	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T1	
<i>prenatal complete oral tablet</i>	T1 PV	
<i>prenatal formula</i>	T1 PV	
<i>prenatal forte</i>	T1 PV	
<i>prenatal gummies/dha &amp; fa</i>	T1 PV	
<i>prenatal multi +dha</i>	T1 PV	
PRENATAL MULTIVITAMIN + DHA	T3 PV	
<i>prenatal multivitamin plus dha</i>	T1 PV	
<i>prenatal one daily</i>	T1 PV	

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Drug Name	Drug Tier	Notes
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1 PV	
<i>prenatal oral tablet 27-1 mg</i>	T1/Value	
<i>prenatal plus</i>	T1/Value	
<i>prenatal plus vitamin/mineral</i>	T1/Value	
<i>prenatal vitamin and mineral</i>	T1 PV	
<i>prenatal vitamins</i>	T1 PV	
<i>prenatal/folic acid+dha</i>	T1 PV	
<i>prenatal/iron</i>	T1 PV	
<i>purevit dualfe plus</i>	T1	
<i>pyridoxine hcl injection</i>	T1	
<i>qc folic acid</i>	T1 PV	
<i>qc prenatal</i>	T1 PV	
<i>ra folic acid</i>	T1 PV	
<i>ra prenatal</i>	T1 PV	
<i>ra prenatal formula</i>	T1 PV	
<i>se-tan plus</i>	T1	
SIMILAC PRENATAL EARLY SHIELD	T3 PV	
<i>sm folic acid</i>	T1 PV	
<i>sm one daily prenatal</i>	T1 PV	
<i>sm prenatal vitamins</i>	T1 PV	
<i>sod citrate-citric acid</i>	T1	
<i>sodium acetate intravenous solution 2 meq/ml</i>	T3	
<i>sodium fluoride oral</i>	T1 PV	
<i>sodium polystyrene sulfonate</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
STUART ONE	T3 PV	
<i>thiamine hcl injection</i>	T1	
<i>trientine hcl oral capsule 250 mg</i>	T4	PA
<i>trigels-f forte</i>	T1	
<i>triphrocaps</i>	T1	
<i>tri-vit/fluoride</i>	T1	
TRUE FOLIC ACID ORAL TABLET 400 MCG	T3 PV	
<i>v-c forte</i>	T1	
VITA S FORTE	T1	
VITACEL	T1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	T1	
<i>vitamin k1 injection solution 1 mg/0.5ml</i>	T1	

Drug Name	Drug Tier	Notes
<i>vitamin k1 injection solution 10 mg/ml</i>	T3	
<i>wescaps</i>	T1	
WESTAB ONE	T1	
<i>yl folic acid</i>	T1 PV	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
<i>cimetidine hcl</i>	T1	
<i>cimetidine oral</i>	T1	
<i>esomeprazole magnesium oral capsule delayed release</i>	T1	
<i>famotidine (pf)</i>	T1	
<i>famotidine oral suspension reconstituted</i>	T3	
<i>famotidine oral tablet 40 mg</i>	T1	
<i>famotidine tablet 20 mg oral (rx)</i>	T1/Value	
<i>lansoprazole oral capsule delayed release</i>	T1	QL
<i>misoprostol oral</i>	T1	
<i>nizatidine</i>	T1	
<i>omeprazole oral capsule delayed release</i>	T1/Value	QL
<i>pantoprazole sodium intravenous</i>	T1	QL
<i>pantoprazole sodium oral tablet delayed release</i>	T1/Value	QL
<i>rabeprazole sodium oral tablet delayed release</i>	T2	QL
<i>sucralfate oral tablet</i>	T1/Value	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
<i>alosetron hcl</i>	T3	PA
<i>alvimopan</i>	T1	
<i>amoxicill-clarithro-lansopraz</i>	T3	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1	
<i>bis subcit-metronid-tetracyc</i>	T3	
<i>bisacodyl ec</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>bisacodyl oral</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>bismuth/metronidaz/tetracyclin</i>	T3	
<i>citrate of magnesia</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>citroma</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL

Drug Name	Drug Tier	Notes
<i>clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>constulose</i>	T1/Value	
<i>cromolyn sodium oral</i>	T3	
<i>cvs c-lax laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>cvs gentle laxative oral</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>cvs gentle laxative womens</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>cvs magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>cvs purelax oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>dicyclomine hcl oral capsule</i>	T1/Value	
<i>dicyclomine hcl oral solution</i>	T1	
<i>dicyclomine hcl oral tablet</i>	T1/Value	
<i>diphenoxylate-atropine oral tablet</i>	T1	
<i>enulose</i>	T1	
<i>eq clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>eq gentle laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>eq magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>eql clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>eql gentle laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>eql laxative oral tablet delayed release</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>eql magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ft clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ft laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ft magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
GATTEX	T4	PA
<i>gavilax oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>gavilyte-c</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>gavilyte-g</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>gavilyte-n with flavor pack</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>generlac</i>	T1	
<i>gentle laxative oral tablet delayed release</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>gentlelax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>glycolax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T1	
<i>glycopyrrolate oral solution</i>	T1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	QL
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml</i>	T1	
<i>gnp clearlax oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>gnp gentle laxative oral</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>gnp magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>gnp womens gentle laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>gnp womens laxative oral tablet delayed release 5 mg</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>goodsense bisacodyl ec</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>goodsense bisacodyl laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>goodsense clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>goodsense magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>hm clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>hyoscyamine sulfate oral</i>	T1	
<i>hyoscyamine sulfate sublingual</i>	T1	
<i>kls laxaclear</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL

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Drug Name	Drug Tier	Notes
<i>kp bisacodyl</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>lactulose encephalopathy</i>	T1	
<i>lactulose oral solution</i>	T1/Value	
<i>laxative oral</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
LINZESS	T2	PA; ST; QL
<i>loperamide hcl oral capsule</i>	T1	
<i>lubiprostone</i>	T3	QL
<i>magnesium citrate oral solution</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>methscopolamine bromide oral</i>	T3	
<i>mineral oil heavy oral</i>	T1	
<i>mm clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
MOTEGRITY	T3	PA; ST; QL
MOTOFEN	T3	PA
<i>na sulfate-k sulfate-mg sulf</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
OMECLAMOX-PAK	T2	
<i>peg 3350 oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>peg 3350-kcl-na bicarb-nacl</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>peg-3350/electrolytes</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>peg-3350/electrolytes/ascorbat</i>	T1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1	
PLENVU	T3	PA; ST
<i>polyethylene glycol 3350 oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>polyethylene glycol 3350-grx oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>qc gentle laxative oral</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>qc gentle laxative womens</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>qc laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>qc magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL

Drug Name	Drug Tier	Notes
<i>qc natura-lax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ra laxative oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ra laxative oral tablet delayed release</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ra magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ra womens laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
REBYOTA	T4	PA
<i>sb bisacodyl laxative ec</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>sb gentle lax-women</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>sb magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>sb polyethylene glycol 3350</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>sm clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>sm gentle laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>smooth lax oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
SYMPROIC	T2	PA; ST; QL
<i>true laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>ursodiol oral capsule 300 mg</i>	T3	
<i>ursodiol oral tablet</i>	T3	
<i>womans laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<i>womens laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL
<b>Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment</b>		
<i>betaine</i>	T4	
CERDELGA	T4	PA; SP-ORx
CHOLBAM	T4	PA
CREON	T2	
CYSTAGON	T4	
EVRYSDI	T4	PA; QL



Drug Name	Drug Tier	Notes
GALAFOLD	T4	PA; QL
<i>miglustat</i>	T4	PA
MYALEPT	T4	PA
<i>nitisinone</i>	T4	PA
OCALIVA	T4	
ORFADIN ORAL SUSPENSION	T4	PA
REVCOVI	T4	PA
<i>sapropterin dihydrochloride</i>	T4	PA
<i>sod benz-sod phenylacet</i>	T1	
<i>sodium phenylbutyrate oral</i>	T4	PA
SUCRAID	T4	PA
<i>yargesa</i>	T4	PA
ZENPEP	T2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
<i>acetic acid irrigation</i>	T1	
<i>bethanechol chloride oral</i>	T1	
<i>calcium acetate (phos binder)</i>	T1	
<i>calcium acetate oral tablet 667 mg</i>	T1	
<i>darifenacin hydrobromide er</i>	T3	
ELMIRON	T3	PA
<i>fesoterodine fumarate er</i>	T3	
<i>flavoxate hcl</i>	T1	
FOSRENOL ORAL PACKET	T3	
<i>glycine irrigation</i>	T1	
<i>glycine urologic</i>	T1	
INTRAROSA	T3	PA; ST
<i>lanthanum carbonate</i>	T3	
<i>mirabegron er</i>	T2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	
<i>oxybutynin chloride er</i>	T1	
<i>oxybutynin chloride oral solution</i>	T1	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	
<i>penicillamine oral tablet</i>	T4	
<i>phenazo oral tablet 200 mg</i>	T1/Value	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1/Value	
RENACIDIN	T3	
<i>sevelamer carbonate oral tablet</i>	T3	

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Drug Name	Drug Tier	Notes
<i>solifenacin succinate</i>	T1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T1	PA; QL
<i>tiopronin oral tablet</i>	T4	
<i>tolterodine tartrate</i>	T2	
<i>tolterodine tartrate er</i>	T2	
<i>tropium chloride</i>	T1	
VELPHORO	T3	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>		
<i>alfuzosin hcl er</i>	T1	
<i>dutasteride oral</i>	T1	
<i>finasteride oral tablet 5 mg</i>	T1/Value	
<i>silodosin</i>	T2	
<i>tamsulosin hcl</i>	T1/Value	
<i>terazosin hcl</i>	T1/Value	
<b>Hormonal Agents - Adrenal</b>		
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	T3	
<i>dexamethasone intensol</i>	T1/Value	
<i>dexamethasone oral elixir</i>	T3	
<i>dexamethasone oral solution</i>	T1/Value	
<i>dexamethasone oral tablet</i>	T1/Value	
<i>dexamethasone sod phos +rfid</i>	T1	
<i>dexamethasone sod phosphate pf</i>	T1	
<i>dexamethasone sodium phosphate injection</i>	T1	
<i>fludrocortisone acetate oral</i>	T1	
<i>hydrocortisone oral</i>	T1/Value	
KENALOG-10	T3	
KENALOG-80	T3	
<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	T1	
<i>methylprednisolone acetate suspension 80 mg/ml injection</i>	T1	
<i>methylprednisolone oral</i>	T1/Value	
<i>prednisolone oral solution</i>	T1/Value	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>	T1/Value	QL
<i>prednisone oral tablet</i>	T1/Value	
<i>prednisone oral tablet therapy pack</i>	T1/Value	

Drug Name	Drug Tier	Notes
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	T3	
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 80 MG/ML	T3	
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	T1	
<b>Hormonal Agents - Men's Health</b>		
<i>danazol oral</i>	T3	
<i>testosterone cypionate intramuscular</i>	T1	PA
<i>testosterone enanthate intramuscular</i>	T1	PA
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 40.5 mg/2.5gm (1.62%)</i>	T3	PA
<i>testosterone transdermal solution</i>	T3	PA
<b>Hormonal Agents - Pituitary</b>		
<i>cabergoline</i>	T1	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	T4	PA
<i>desmopressin ace spray refrig</i>	T3	
<i>desmopressin acetate oral</i>	T3	
<i>desmopressin acetate spray</i>	T3	
INCRELEX	T4	PA; SP-ORx
<i>leuprolide acetate injection</i>	T4	PA
LUPRON DEPOT (1-MONTH)	T4	PA
LUPRON DEPOT (3-MONTH)	T4	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	T4	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	T4	PA
LUPRON DEPOT-PED (1-MONTH)	T4	PA
LUPRON DEPOT-PED (3-MONTH)	T4	PA
LUPRON DEPOT-PED (6-MONTH)	T4	PA
NORDITROPIN FLEXPPO	T4	PA; SP-QTZ
NUTROPIN AQ NUSPIN 10	T4	PA; SP-QTZ
NUTROPIN AQ NUSPIN 20	T4	PA; SP-QTZ
NUTROPIN AQ NUSPIN 5	T4	PA; SP-QTZ
<i>octreotide acetate injection</i>	T4	PA
<i>octreotide acetate subcutaneous</i>	T4	PA
OMNITROPE	T4	PA; SP-QTZ
<i>oxytocin injection</i>	T1	

Drug Name	Drug Tier	Notes
PREGNYL	T4	PA
SIGNIFOR	T4	PA; QL
SOMAVERT	T4	PA; SP-ORx
SYNAREL	T2	
<i>vasopressin</i>	T1	
<i>vasopressin +rfid</i>	T1	
<b>Hormonal Agents - Prostaglandins</b>		
<i>mifepristone oral tablet 200 mg</i>	T1	
<b>Hormonal Agents - Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA	T3	
<i>raloxifene hcl</i>	T1	\$0 for breast cancer PX
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
<i>afirmelle</i>	T1 PV	
<i>aftera</i>	T1 PV	
<i>altavera</i>	T1 PV	
<i>alyacen 1/35</i>	T1 PV	
<i>alyacen 7/7/7</i>	T1 PV	
<i>amethyst</i>	T1 PV	
ANNOVERA	T3 PV	QL
<i>apri</i>	T1 PV	
<i>aranelle</i>	T1 PV	
<i>ashlyna</i>	T1 PV	QL
<i>aubra eq</i>	T1 PV	
<i>aurovela 1.5/30</i>	T1 PV	
<i>aurovela 1/20</i>	T1 PV	
<i>aurovela 24 fe</i>	T1 PV	
<i>aurovela fe 1.5/30</i>	T1 PV	
<i>aurovela fe 1/20</i>	T1 PV	
<i>aviane</i>	T1 PV	
<i>ayuna</i>	T1 PV	
<i>azurette</i>	T1 PV	
<i>balziva</i>	T1 PV	
<i>blisovi 24 fe</i>	T1 PV	
<i>blisovi fe 1.5/30</i>	T1 PV	
<i>blisovi fe 1/20</i>	T1 PV	
<i>briellyn</i>	T1 PV	
<i>camila</i>	T1 PV	

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Drug Name	Drug Tier	Notes
<i>camrese</i>	T1 PV	QL
<i>camrese lo</i>	T1 PV	QL
<i>charlotte 24 fe</i>	T1 PV	
<i>chateal eq</i>	T1 PV	
COMBIPATCH	T3	
<i>cryselle-28</i>	T1 PV	
<i>curae</i>	T1 PV	
<i>cyred eq</i>	T1 PV	
<i>dasetta 1/35</i>	T1 PV	
<i>dasetta 7/7/7</i>	T1 PV	
<i>daysee</i>	T1 PV	QL
<i>deblitane</i>	T1 PV	
<i>delyla</i>	T1 PV	
DEPO-SUBQ PROVERA 104	T3	\$0 for MN plans; QL
<i>desogestrel-ethinyl estradiol</i>	T1 PV	
<i>dolishale</i>	T1 PV	
<i>dotti</i>	T3	
<i>drospiren-eth estrad-levomefol</i>	T1 PV	
<i>drospirenone-ethinyl estradiol</i>	T1 PV	
DUAVEE	T2	
<i>econtra one-step</i>	T1 PV	
<i>elinest</i>	T1 PV	
ELLA	T3 PV	
<i>eluryng</i>	T1 PV	
<i>emzahh</i>	T1 PV	
<i>enilloring</i>	T1 PV	
<i>enpresse-28</i>	T1 PV	
<i>enskyce</i>	T1 PV	
<i>errin</i>	T1 PV	
<i>estarylla</i>	T1 PV	
<i>estradiol oral</i>	T1/Value	
<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>	T1	
<i>estradiol transdermal patch twice weekly</i>	T3	
<i>estradiol transdermal patch weekly</i>	T1	
<i>estradiol vaginal cream</i>	T1	
<i>estradiol vaginal tablet</i>	T3	
<i>estradiol-norethindrone acet</i>	T1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Notes</b>
<i>ethynodiol diac-eth estradiol</i>	T1 PV	
<i>etonogestrel-ethinyl estradiol</i>	T1 PV	
<i>falmina</i>	T1 PV	
<i>finzala</i>	T1 PV	
<i>fyavolv</i>	T2	
<i>gallifrey</i>	T1	
<i>gemmily</i>	T1 PV	
<i>hailey 1.5/30</i>	T1 PV	
<i>hailey 24 fe</i>	T1 PV	
<i>hailey fe 1.5/30</i>	T1 PV	
<i>hailey fe 1/20</i>	T1 PV	
<i>haloette</i>	T1 PV	
<i>heather</i>	T1 PV	
<i>her style</i>	T1 PV	
<i>iclevia</i>	T1 PV	QL
<i>incassia</i>	T1 PV	
<i>introvale</i>	T1 PV	QL
<i>isibloom</i>	T1 PV	
<i>jaimiess</i>	T1 PV	QL
<i>jasmiel</i>	T1 PV	
<i>jencycla</i>	T1 PV	
<i>jinteli</i>	T2	
<i>jolessa</i>	T1 PV	QL
<i>joyeaux</i>	T1 PV	
<i>juleber</i>	T1 PV	
<i>junel 1.5/30</i>	T1 PV	
<i>junel 1/20</i>	T1 PV	
<i>junel fe 1.5/30</i>	T1 PV	
<i>junel fe 1/20</i>	T1 PV	
<i>junel fe 24</i>	T1 PV	
<i>kaitlib fe</i>	T1 PV	
<i>kalliga</i>	T1 PV	
<i>kariva</i>	T1 PV	
<i>kelnor 1/35</i>	T1 PV	
<i>kelnor 1/50</i>	T1 PV	
<i>kurvelo</i>	T1 PV	
<b>KYLEENA</b>	T3 PV	
<i>larin 1.5/30</i>	T1 PV	

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Drug Name	Drug Tier	Notes
<i>larin 1/20</i>	T1 PV	
<i>larin 24 fe</i>	T1 PV	
<i>larin fe 1.5/30</i>	T1 PV	
<i>larin fe 1/20</i>	T1 PV	
<i>layolis fe</i>	T1 PV	
<i>leena</i>	T1 PV	
<i>lessina</i>	T1 PV	
<i>levonest</i>	T1 PV	
<i>levonorgest-eth est &amp; eth est</i>	T1 PV	QL
<i>levonorgest-eth estrad 91-day</i>	T1 PV	QL
<i>levonorgest-eth estradiol-iron</i>	T1 PV	
<i>levonorgestrel</i>	T1 PV	
<i>levonorgestrel-ethinyl estrad</i>	T1 PV	
<i>levonorg-eth estrad triphasic</i>	T1 PV	
<i>levora 0.15/30 (28)</i>	T1 PV	
LILETTA (52 MG)	T3 PV	
<i>lojaimiess</i>	T1 PV	QL
<i>loryna</i>	T1 PV	
<i>low-ogestrel</i>	T1 PV	
<i>lo-zumandimine</i>	T1 PV	
<i>lutera</i>	T1 PV	
<i>lyleq</i>	T1 PV	
<i>lyllana</i>	T3	
<i>lyza</i>	T1 PV	
<i>marlissa</i>	T1 PV	
<i>medroxyprogesterone acetate intramuscular</i>	T1 PV	QL
<i>medroxyprogesterone acetate oral</i>	T1/Value	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	T1	
<i>megestrol acetate oral tablet 20 mg</i>	T1/Value	
<i>megestrol acetate oral tablet 40 mg</i>	T1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2	
<i>merzee</i>	T1 PV	
<i>mibelas 24 fe</i>	T1 PV	
<i>microgestin 1.5/30</i>	T1 PV	
<i>microgestin 1/20</i>	T1 PV	
<i>microgestin fe 1.5/30</i>	T1 PV	
<i>microgestin fe 1/20</i>	T1 PV	

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Drug Name	Drug Tier	Notes
<i>mili</i>	T1 PV	
<i>mimvey</i>	T1	
MIRENA (52 MG)	T3 PV	
<i>mono-lyyah</i>	T1 PV	
<i>my choice</i>	T1 PV	
<i>my way</i>	T1 PV	
NATAZIA	T2 PV	
<i>necon 0.5/35 (28)</i>	T1 PV	
<i>new day</i>	T1 PV	
NEXPLANON	T3 PV	
<i>nikki</i>	T1 PV	
<i>nora-be</i>	T1 PV	
<i>norelgestromin-eth estradiol</i>	T1 PV	
<i>norethin ace-eth estrad-fe</i>	T1 PV	
<i>norethindrone acetate oral</i>	T1	
<i>norethindrone acet-ethinyl est</i>	T1 PV	
<i>norethindrone oral</i>	T1 PV	
<i>norethindrone-eth estradiol</i>	T2	
<i>norethindron-ethinyl estrad-fe</i>	T1 PV	
<i>norethin-eth estradiol-fe</i>	T1 PV	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	T1 PV	
<i>norgestimate-ethinyl estradiol triphasic</i>	T1 PV	
<i>norlyroc</i>	T1 PV	
<i>nortrel 0.5/35 (28)</i>	T1 PV	
<i>nortrel 1/35 (21)</i>	T1 PV	
<i>nortrel 1/35 (28)</i>	T1 PV	
<i>nortrel 7/7/7</i>	T1 PV	
<i>nylia 1/35</i>	T1 PV	
<i>nylia 7/7/7</i>	T1 PV	
<i>ocella</i>	T1 PV	
<i>opcicon one-step</i>	T1 PV	
OPILL	T3 PV	
<i>option 2</i>	T1 PV	
PARAGARD INTRAUTERINE COPPER	T3 PV	
<i>philith</i>	T1 PV	
<i>pimtrea</i>	T1 PV	
<i>portia-28</i>	T1 PV	



Drug Name	Drug Tier	Notes
PREMARIN ORAL	T2	
PREMARIN VAGINAL	T2	
PREMPHASE	T2	
PREMPRO	T2	
<i>progesterone intramuscular</i>	T1	
<i>progesterone oral</i>	T1	
<i>react</i>	T1 PV	
<i>reclipsen</i>	T1 PV	
<i>rivelsa</i>	T1 PV	QL
<i>setlakin</i>	T1 PV	QL
<i>sharobel</i>	T1 PV	
<i>simliya</i>	T1 PV	
<i>simpesse</i>	T1 PV	QL
SKYLA	T3 PV	
<i>sprintec 28</i>	T1 PV	
<i>sronyx</i>	T1 PV	
<i>syeda</i>	T1 PV	
<i>take action</i>	T1 PV	
<i>tarina 24 fe</i>	T1 PV	
<i>tarina fe 1/20 eq</i>	T1 PV	
<i>taysofy</i>	T1 PV	
<i>tilia fe</i>	T1 PV	
<i>tri-estarylla</i>	T1 PV	
<i>tri-legest fe</i>	T1 PV	
<i>tri-lynyah</i>	T1 PV	
<i>tri-lo-estarylla</i>	T1 PV	
<i>tri-lo-marzia</i>	T1 PV	
<i>tri-lo-mili</i>	T1 PV	
<i>tri-lo-sprintec</i>	T1 PV	
<i>tri-mili</i>	T1 PV	
<i>tri-sprintec</i>	T1 PV	
<i>trivora (28)</i>	T1 PV	
<i>tri-vylibra</i>	T1 PV	
<i>tri-vylibra lo</i>	T1 PV	
<i>turqoz</i>	T1 PV	
<i>tydemy</i>	T1 PV	
<i>velivet</i>	T1 PV	
<i>vestura</i>	T1 PV	

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Drug Name	Drug Tier	Notes
<i>vienva</i>	T1 PV	
<i>viorele</i>	T1 PV	
<i>volnea</i>	T1 PV	
<i>vyfemla</i>	T1 PV	
<i>vylibra</i>	T1 PV	
<i>wera</i>	T1 PV	
<i>wymzya fe</i>	T1 PV	
<i>xulane</i>	T1 PV	
<i>yuvafem</i>	T3	
<i>zafemy</i>	T1 PV	
<i>zovia 1/35 (28)</i>	T1 PV	
<i>zumandimine</i>	T1 PV	
<b>Hormonal Agents - Thyroid</b>		
<i>euthyrox</i>	T1/Value	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1/Value	
<i>levo-t oral tablet 300 mcg</i>	T1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1/Value	
<i>levothyroxine sodium oral tablet 300 mcg</i>	T1	
<i>levoxyl</i>	T1/Value	
<i>liothyronine sodium intravenous</i>	T1	
<i>liothyronine sodium oral</i>	T1	
<i>methimazole oral</i>	T1	
<i>np thyroid</i>	T1	
<i>propylthiouracil oral</i>	T2	
<i>thyroid oral</i>	T1	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1/Value	
<i>unithroid oral tablet 300 mcg</i>	T1	
<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
ACTEMRA ACTPEN	T4	PA; SP-QTZ; QL
ACTEMRA SUBCUTANEOUS	T4	PA; SP-QTZ; QL
ACTIMMUNE	T4	PA; SP-ORx
ADALIMUMAB-ADAZ	T4	PA; SP-QTZ; QL
ADALIMUMAB-FKJP (2 PEN)	T4	PA; SP-QTZ; QL

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Drug Name	Drug Tier	Notes
ADALIMUMAB-FKJP (2 SYRINGE)	T4	PA; SP-QTZ; QL
AVSOLA	T4	PA
<i>azathioprine oral tablet 100 mg</i>	T3	
<i>azathioprine oral tablet 50 mg</i>	T1	
BENLYSTA SUBCUTANEOUS	T4	PA; SP-QTZ
BERINERT	T4	PA; SP-ORx; QL
BEYFORTUS	T2 PV	QL
CIMZIA	T4	PA; SP-QTZ; QL
CIMZIA (2 SYRINGE)	T4	PA; SP-QTZ; QL
CIMZIA-STARTER	T4	PA; SP-QTZ; QL
CINRYZE	T4	PA; SP-ORx
COSENTYX (300 MG DOSE)	T4	PA; SP-QTZ; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL
COSENTYX SENSOREADY (300 MG)	T4	PA; SP-QTZ; QL
COSENTYX SENSOREADY PEN	T4	PA; SP-QTZ; QL
COSENTYX UNOREADY	T4	PA; SP-QTZ; QL
<i>cyclosporine modified</i>	T2	
<i>cyclosporine oral capsule 100 mg</i>	T3	
<i>cyclosporine oral capsule 25 mg</i>	T2	
ENBREL	T4	PA; SP-QTZ; QL
ENBREL MINI	T4	PA; SP-QTZ; QL
ENBREL SURECLICK	T4	PA; SP-QTZ; QL
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T3	
GAMIFANT	T4	PA
<i>gengraf</i>	T2	
HADLIMA	T4	PA; SP-QTZ; QL
HADLIMA PUSH TOUCH	T4	PA; SP-QTZ; QL
HEPAGAM B	T4	
HIZENTRA	T4	PA
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T4	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	T4	
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL

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Drug Name	Drug Tier	Notes
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML	T4	PA; SP-QTZ; QL
HYRIMOZ-CROHNS/UC STARTER	T4	PA; SP-QTZ; QL
HYRIMOZ-PED<40KG CROHN STARTER	T4	PA; SP-QTZ; QL
HYRIMOZ-PED>=40KG CROHN START	T4	PA; SP-QTZ; QL
HYRIMOZ-PLAQ PSOR/UEVIT START	T4	PA; SP-QTZ; QL
<i>icatibant acetate</i>	T4	PA; QL
ILARIS	T4	PA; QL
INFLECTRA	T4	PA
KINERET	T4	PA
<i>leflunomide oral</i>	T1	
<i>methotrexate sodium</i>	T1	
<i>methotrexate sodium (pf)</i>	T1	
MICRHOGAM ULTRA-FILTERED PLUS	T4	
<i>mycophenolate mofetil hcl</i>	T3	
<i>mycophenolate mofetil intravenous</i>	T3	
<i>mycophenolate mofetil oral capsule</i>	T2	
<i>mycophenolate mofetil oral suspension reconstituted</i>	T3	
<i>mycophenolate mofetil oral tablet</i>	T2	
<i>mycophenolate sodium</i>	T2	
<i>mycophenolic acid</i>	T2	
NABI-HB	T4	
ORENCIA CLICKJECT	T4	PA; SP-QTZ; QL
ORENCIA SUBCUTANEOUS	T4	PA; SP-QTZ; QL
OTEZLA ORAL TABLET 30 MG	T4	PA; SP-QTZ; QL
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T4	PA; SP-QTZ; QL
RHOPHYLAC	T4	
RINVOQ	T4	PA; SP-QTZ; QL
SAJAZIR	T4	PA; SP-ORx; QL
SIMPONI	T4	PA; SP-QTZ; QL
SIMPONI ARIA	T4	PA
<i>sirolimus oral</i>	T3	
SKYRIZI INTRAVENOUS	T4	PA
SKYRIZI PEN	T4	PA; SP-QTZ; QL
SKYRIZI SUBCUTANEOUS	T4	PA; SP-QTZ; QL

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Drug Name	Drug Tier	Notes
SPEVIGO SUBCUTANEOUS	T4	PA; QL
STELARA INTRAVENOUS	T4	PA
STELARA SUBCUTANEOUS	T4	PA; SP-QTZ; QL
SYNAGIS	T4	PA
<i>tacrolimus oral</i>	T2	
<i>temsirolimus</i>	T4	
TREMFYA SUBCUTANEOUS	T4	PA; SP-QTZ; QL
VEOPOZ	T4	PA
XELJANZ	T4	PA; SP-QTZ; QL
XELJANZ XR	T4	PA; SP-QTZ; QL
<b>Immunological Agents - Drugs for Vaccination</b>		
ABRYSVO	T3	QL
ACTHIB	T2 PV	
ADACEL	T2 PV	
AFLURIA	T2 PV	
AFLURIA PRESERVATIVE FREE	T2 PV	
AREXVY	T3	QL
BEXSERO	T2 PV	
BOOSTRIX	T2 PV	
COMIRNATY	T2 PV	
DAPTACEL	T2 PV	
DENGVAXIA	T2 PV	
ENGERIX-B	T2 PV	
FLUAD	T2 PV	
FLUARIX	T2 PV	
FLUBLOK	T2 PV	
FLUCELVAX	T2 PV	
FLULAVAL	T2 PV	
FLUMIST	T2 PV	
FLUZONE	T2 PV	
FLUZONE HIGH-DOSE	T2 PV	
GARDASIL 9	T2 PV	
HAVRIX	T2 PV	
HEPLISAV-B	T2 PV	
HIBERIX	T2 PV	
INFANRIX	T2 PV	
IPOL	T2 PV	

Drug Name	Drug Tier	Notes
KINRIX	T2 PV	
MENQUADFI	T2 PV	
MENVEO	T2 PV	
M-M-R II	T2 PV	
MODERNA COVID-19 VAC 6M-11Y	T2 PV	
NOVAVAX COVID-19 VACCINE	T2 PV	
PEDIARIX	T2 PV	
PEDVAX HIB	T2 PV	
PENBRAYA	T2 PV	
PENTACEL	T2 PV	
PFIZER COVID-19 VAC-TRIS 5-11Y	T2 PV	
PFIZER COVID-19 VAC-TRIS 6M-4Y	T2 PV	
PNEUMOVAX 23	T2 PV	
PREHEVBRIO	T2 PV	
PREVNAR 20	T2 PV	
PRIORIX	T2 PV	
PROQUAD	T2 PV	
QUADRACEL	T2 PV	
RECOMBIVAX HB	T2 PV	
ROTARIX	T2 PV	
ROTATEQ	T2 PV	
SHINGRIX	T2 PV	
SPIKEVAX	T2 PV	
TDVAX	T2 PV	
TENIVAC	T2 PV	
TETANUS-DIPHTHERIA TOXOIDS TD	T2 PV	
TRUMENBA	T2 PV	
TWINRIX	T2 PV	
VAQTA	T2 PV	
VARIVAX	T2 PV	
VAXELIS	T2 PV	
VAXNEUVANCE	T2 PV	
<b>Inflammatory Bowel Disease Agents</b>		
<i>balsalazide disodium</i>	T3	
<i>budesonide er</i>	T3	
<i>budesonide oral</i>	T3	
CORTIFOAM	T3	
DIPENTUM	T3	

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Drug Name	Drug Tier	Notes
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	T1	
<i>hydrocortisone rectal</i>	T3	
<i>mesalamine er oral capsule 0.375 gm</i>	T3	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T3	
<i>mesalamine rectal</i>	T3	
<i>procto-med hc</i>	T1	
PROCTOSOL HC	T1	
SFROWASA	T3	
<i>sulfasalazine oral</i>	T1	
<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	T1	\$0 HDHP
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	T1/Value	\$0 HDHP; QL
<i>calcitonin (salmon) injection</i>	T1	\$0 HDHP
<i>calcitonin (salmon) nasal</i>	T1	\$0 HDHP; QL
<i>ibandronate sodium intravenous</i>	T1	QL
<i>ibandronate sodium oral</i>	T1	\$0 HDHP; QL
<i>pamidronate disodium</i>	T4	
PROLIA	T4	PA; QL
<i>risedronate sodium oral tablet 150 mg</i>	T3	QL
<i>risedronate sodium oral tablet 30 mg</i>	T3	
<i>risedronate sodium oral tablet 35 mg</i>	T1	\$0 HDHP; QL
<i>risedronate sodium oral tablet 5 mg</i>	T1	\$0 HDHP
<i>risedronate sodium oral tablet delayed release</i>	T3	QL
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	T4	PA
XGEVA	T4	PA
<i>zoledronic acid</i>	T4	
<b>Metabolic Bone Disease Agents - Other</b>		
<i>calcitriol intravenous</i>	T1	
<i>calcitriol oral</i>	T1	
<i>cinacalcet hcl</i>	T3	PA
<i>doxercalciferol intravenous</i>	T1	
<i>paricalcitol</i>	T1	
<b>Miscellaneous Therapeutic Agents</b>		
ADVOCATE INSULIN PEN NEEDLE	T2	\$0 HDHP; Value
AEROCHAMBER HOLDING CHAMBER	T2	\$0 HDHP; Value

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Drug Name	Drug Tier	Notes
AEROCHAMBER MINI CHAMBER	T2	\$0 HDHP; Value
AEROCHAMBER MV	T2	\$0 HDHP; Value
AEROCHAMBER PLS FLOVU MTHPIECE	T2	\$0 HDHP; Value
AEROCHAMBER PLUS FLO-VU INTERM	T2	\$0 HDHP; Value
AEROCHAMBER PLUS FLO-VU LARGE	T2	\$0 HDHP; Value
AEROCHAMBER PLUS FLO-VU MEDIUM	T2	\$0 HDHP; Value
AEROCHAMBER PLUS FLO-VU SMALL	T2	\$0 HDHP; Value
AEROCHAMBER PLUS FLOW VU	T2	\$0 HDHP; Value
AEROCHAMBER W/FLOWSIGNAL	T2	\$0 HDHP; Value
AEROCHAMBER Z-STAT PLUS	T2	\$0 HDHP; Value
AEROCHAMBER Z-STAT PLUS CHAMBR	T2	\$0 HDHP; Value
AEROCHAMBER Z-STAT PLUS/LARGE	T2	\$0 HDHP; Value
AEROCHAMBER Z-STAT PLUS/MEDIUM	T2	\$0 HDHP; Value
AEROCHAMBER Z-STAT PLUS/SMALL	T2	\$0 HDHP; Value
AEROVENT PLUS	T2	\$0 HDHP; Value
AIMSCO LUBRICATED	T3 PV	
ALCOHOL PREP PADS PAD , 70 %	T3	
AQINJECT PEN NEEDLE	T2	\$0 HDHP; Value
ASSURE ID DUO PRO PEN NEEDLES	T2	\$0 HDHP; Value
ASSURE ID PRO PEN NEEDLES	T2	\$0 HDHP; Value
AUM ALCOHOL PREP PADS	T3	
AUM INSULIN SAFETY PEN NEEDLE	T2	\$0 HDHP; Value
AUM MINI INSULIN PEN NEEDLE	T2	\$0 HDHP; Value
AUM PEN NEEDLE	T2	\$0 HDHP; Value
AUM READYGARD DUO PEN NEEDLE	T2	\$0 HDHP; Value
AUM SAFETY PEN NEEDLE	T2	\$0 HDHP; Value
BD AUTOSHIELD DUO PEN NEEDLES	T2	\$0 HDHP; Value
BD ULTRA-FINE PEN NEEDLES	T2	\$0 HDHP; Value
BOTOX	T3	PA
BREATHE COMFORT CHAMBER/ADULT	T2	\$0 HDHP; Value
BREATHE COMFORT CHAMBER/CHILD	T2	\$0 HDHP; Value
BREATHE EASE LARGE	T2	\$0 HDHP; Value
BREATHE EASE MEDIUM	T2	\$0 HDHP; Value
BREATHE EASE SMALL	T2	\$0 HDHP; Value
BREATHERITE VALVED MDI CHAMBER	T2	\$0 HDHP; Value
BYLVAY	T4	PA
BYLVAY (PELLETS)	T4	PA
CAYA	T3 PV	

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Drug Name	Drug Tier	Notes
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	T2	\$0 HDHP; Value
CLEVER CHOICE HOLDING CHAMBER	T2	\$0 HDHP; Value
COMFORT EZ PRO PEN NEEDLES	T2	\$0 HDHP; Value
COMPACT SPACE CHAMBER	T2	\$0 HDHP; Value
COMPACT SPACE CHAMBER/LG MASK	T2	\$0 HDHP; Value
COMPACT SPACE CHAMBER/MED MASK	T2	\$0 HDHP; Value
COMPACT SPACE CHAMBER/SM MASK	T2	\$0 HDHP; Value
CONDOMS	T3 PV	
<i>deferoxamine mesylate</i>	T1	
DIASCREEN 10	T3	
DIASCREEN 1B	T3	
DIASCREEN 1G	T3	
DIASCREEN 1K	T3	
DIASCREEN 2GK	T3	
DIASCREEN 2GP	T3	
DIASCREEN 3	T3	
DIASCREEN 4NL	T3	
DIASCREEN 4OBL	T3	
DIASCREEN 4PH	T3	
DIASCREEN 5	T3	
DIASCREEN 6	T3	
DIASCREEN 7	T3	
DIASCREEN 8	T3	
DIASCREEN 9	T3	
DIASCREEN LIQUID URINE CONTROL	T3	
DROPLET MICRON	T2	\$0 HDHP; Value
DROPSAFE ALCOHOL PREP	T3	
DUREX EXTRA SENSITIVE THIN	T3 PV	
DUREX REALFEEL	T3 PV	
DUREX TROPICAL	T3 PV	
EASIVENT	T2	\$0 HDHP; Value
EASIVENT MASK LARGE	T2	\$0 HDHP; Value
EASIVENT MASK MEDIUM	T2	\$0 HDHP; Value
EASIVENT MASK SMALL	T2	\$0 HDHP; Value
EMBRACE PEN NEEDLES	T2	\$0 HDHP; Value
ENCARE	T3 PV	
ENDARI	T3	

Drug Name	Drug Tier	Notes
EQ SPACE CHAMBER ANTI-STATIC	T2	\$0 HDHP; Value
EQ SPACE CHAMBER ANTI-STATIC L	T2	\$0 HDHP; Value
EQ SPACE CHAMBER ANTI-STATIC M	T2	\$0 HDHP; Value
EQ SPACE CHAMBER ANTI-STATIC S	T2	\$0 HDHP; Value
<i>ergoloid mesylates oral</i>	T3	
FANTASY LUBRICATED	T3 PV	
FANTASY LUBRICATED/SPERMICIDE	T3 PV	
FC2 FEMALE CONDOM	T3 PV	
FEMCAP	T3 PV	
FLEXICHAMBER	T2	\$0 HDHP; Value
FLEXICHAMBER ADULT MASK/SMALL	T2	\$0 HDHP; Value
FLEXICHAMBER CHILD MASK/LARGE	T2	\$0 HDHP; Value
FLEXICHAMBER CHILD MASK/SMALL	T2	\$0 HDHP; Value
GNP ULTIGUARD SAFEPACK NEEDLE	T2	\$0 HDHP; Value
INCONTROL ULTICARE PEN NEEDLES	T2	\$0 HDHP; Value
INSPIREASE	T2	\$0 HDHP; Value
INSPIREASE RESERVOIR BAGS	T2	\$0 HDHP; Value
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	T2	\$0 HDHP; Value
J-TIP KIT W/VIAL ADAPTERS	T3	
KAMELEON LUBRICATED	T3 PV	
KIMONO	T3 PV	
KIMONO COLORS	T3 PV	
KIMONO MAXX-LARGE FLARE	T3 PV	
KIMONO MICRO THIN	T3 PV	
KIMONO MICRO THIN PLUS	T3 PV	
KIMONO PLUS	T3 PV	
KIMONO PS	T3 PV	
KIMONO PS PLUS	T3 PV	
KIMONO SENSATION	T3 PV	
KIMONO SENSATION PLUS	T3 PV	
KIMONO SPECIAL	T3 PV	
<i>l-glutamine oral packet</i>	T1	
MASK VORTEX	T2	\$0 HDHP; Value
MASK VORTEX/CHILD/FROG	T2	\$0 HDHP; Value

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Drug Name	Drug Tier	Notes
MASK VORTEX/TODDLER/LADYBUG	T2	\$0 HDHP; Value
MAXX	T3 PV	
MAXX PLUS	T3 PV	
METHERGINE	T3	QL
<i>methylergonovine maleate oral</i>	T3	QL
MICROCHAMBER	T2	\$0 HDHP; Value
MICROSPACER	T2	\$0 HDHP; Value
NOVOFINE PEN NEEDLE	T2	\$0 HDHP; Value
NOVOFINE PLUS PEN NEEDLE	T2	\$0 HDHP; Value
OMNIFLEX DIAPHRAGM	T3 PV	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	T2	
OMNIPOD 5 LIBRE2 PLUS G6	T2	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T2	
OMNIPOD CLASSIC PODS (GEN 3)	T2	
OMNIPOD DASH INTRO (GEN 4)	T2	
OMNIPOD DASH PDM (GEN 4)	T2	
OMNIPOD DASH PODS (GEN 4)	T2	
OPTICHAMBER DIAMOND	T2	\$0 HDHP; Value
OPTICHAMBER DIAMOND-LG MASK	T2	\$0 HDHP; Value
OPTICHAMBER DIAMOND-MD MASK	T2	\$0 HDHP; Value
OPTICHAMBER DIAMOND-SM MASK	T2	\$0 HDHP; Value
OPTIONS GYNOL II CONTRACEPTIVE	T3 PV	
PANDA MASK LARGE	T2	\$0 HDHP; Value
PANDA MASK MEDIUM	T2	\$0 HDHP; Value
PANDA MASK SMALL	T2	\$0 HDHP; Value
PARI VORTEX ADULT MASK	T2	\$0 HDHP; Value
PEDIATRIC PANDA MASK	T2	\$0 HDHP; Value
PEN NEEDLE/5-BEVEL TIP	T2	\$0 HDHP; Value
PENTIPS GENERIC PEN NEEDLES	T2	\$0 HDHP; Value
PIP PEN NEEDLES 31G X 5MM	T2	\$0 HDHP; Value
PIP PEN NEEDLES 32G X 4MM	T2	\$0 HDHP; Value
POCKET CHAMBER	T2	\$0 HDHP; Value
POCKET SPACER	T2	\$0 HDHP; Value
PRO COMFORT SPACER ADULT	T2	\$0 HDHP; Value
PRO COMFORT SPACER CHILD	T2	\$0 HDHP; Value
PRO COMFORT SPACER INFANT	T2	\$0 HDHP; Value
PROCARE SPACER/ADULT MASK	T2	\$0 HDHP; Value

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Drug Name	Drug Tier	Notes
PROCARE SPACER/CHILD MASK	T2	\$0 HDHP; Value
PROCHAMBER VHC	T2	\$0 HDHP; Value
PURE COMFORT SAFETY PEN NEEDLE	T2	\$0 HDHP; Value
PURE COMFORT SPACER CHAMBER	T2	\$0 HDHP; Value
RAYA SURE PEN NEEDLE	T2	\$0 HDHP; Value
REALITY LATEX CONDOMS	T3 PV	
REALITY LATEX/ULTRA TEXTURED	T3 PV	
REALITY LATEX/ULTRA THIN	T3 PV	
RITEFLO	T2	\$0 HDHP; Value
SAFETY PEN NEEDLES	T2	\$0 HDHP; Value
<i>sorbitol-mannitol</i>	T1	
TECHLITE PLUS PEN NEEDLES	T2	\$0 HDHP; Value
TODAY SPONGE	T3 PV	
TROJAN MAGNUM	T3 PV	
TROJAN ULTRA THIN	T3 PV	
TROJAN ULTRA THIN/SPERMICIDAL	T3 PV	
TROJAN-ENZ LUBRICATED	T3 PV	
TROJAN-ENZ/SPERMICIDAL	T3 PV	
TRUE COVER	T3 PV	
TRUSTEX COLOR CONDOMS + LUBE	T3 PV	
TRUSTEX LUB/RIBBED/STUDDDED	T3 PV	
TRUSTEX LUB/SPERMICIDE EX ST	T3 PV	
TRUSTEX LUB/SPERMICIDE XL	T3 PV	
TRUSTEX LUBRICATED	T3 PV	
TRUSTEX LUBRICATED EX LARGE	T3 PV	
TRUSTEX LUBRICATED EXTRA ST	T3 PV	
TRUSTEX LUBRICATED/SPERMICIDE	T3 PV	
TRUSTEX NATURAL CONDOMS + LUBE	T3 PV	
TRUSTEX NON-LUBRICATED	T3 PV	
TRUSTEX RIA LUB/SPERMICIDE	T3 PV	
TRUSTEX RIA LUBRICATED	T3 PV	
TRUSTEX RIA NON-LUBRICATED	T3 PV	
TRUSTEX-NONOXYNOL-9/RIB/STUD	T3 PV	
UNIFINE PROTECT PEN NEEDLE	T2	\$0 HDHP; Value
VCF VAGINAL CONTRACEPTIVE	T3 PV	
VERIFINE INSULIN PEN NEEDLE	T2	\$0 HDHP; Value
VERIFINE PLUS PEN NEEDLE	T2	\$0 HDHP; Value
VISTOGARD	T3	

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Drug Name	Drug Tier	Notes
VORTEX HOLD CHMBR/MASK/CHILD	T2	\$0 HDHP; Value
VORTEX HOLD CHMBR/MASK/TODDLER	T2	\$0 HDHP; Value
VORTEX VALVED HOLDING CHAMBER	T2	\$0 HDHP; Value
WIDE-SEAL DIAPHRAGM 60	T3 PV	
WIDE-SEAL DIAPHRAGM 65	T3 PV	
WIDE-SEAL DIAPHRAGM 70	T3 PV	
WIDE-SEAL DIAPHRAGM 75	T3 PV	
WIDE-SEAL DIAPHRAGM 80	T3 PV	
WIDE-SEAL DIAPHRAGM 85	T3 PV	
WIDE-SEAL DIAPHRAGM 90	T3 PV	
WIDE-SEAL DIAPHRAGM 95	T3 PV	
XIAFLEX	T4	PA
ZOKINVY	T4	PA; QL
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
ALOCRIL	T3	PA
ALOMIDE	T3	
AZASITE	T3	
<i>azelastine hcl ophthalmic</i>	T1	
<i>bacitracin ophthalmic</i>	T3	
<i>bromfenac sodium (once-daily)</i>	T3	QL
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	T1	QL
<i>ciprofloxacin hcl ophthalmic</i>	T1	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
<i>diclofenac sodium ophthalmic</i>	T1	
<i>difluprednate</i>	T3	
<i>epinastine hcl</i>	T3	
<i>erythromycin ophthalmic</i>	T1	
FLAREX	T3	
<i>fluorometholone</i>	T1	
<i>flurbiprofen sodium</i>	T1	
<i>gatifloxacin ophthalmic</i>	T1	
<i>gentamicin sulfate ophthalmic</i>	T1	
<i>ketorolac tromethamine ophthalmic</i>	T1	
<i>moxifloxacin hcl (2x day)</i>	T3	
<i>moxifloxacin hcl ophthalmic</i>	T1	
NATACYN	T2	

Drug Name	Drug Tier	Notes
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1/Value	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1/Value	
<i>neomycin-polymyxin-hc ophthalmic</i>	T1	
<i>ofloxacin ophthalmic</i>	T1	
<i>olopatadine hcl solution 0.2 % ophthalmic (rx)</i>	T1	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>sulfacetamide sodium ophthalmic</i>	T1	
TOBRADEX	T3	
TOBRADEX ST	T3	
<i>tobramycin ophthalmic</i>	T1/Value	
<i>tobramycin-dexamethasone</i>	T1	
TOBREX	T3	
<i>trifluridine</i>	T3	
ZERVIAE	T3	PA; ST
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
<i>acetazolamide er</i>	T3	
<i>acetazolamide oral</i>	T3	
<i>apraclonidine hcl</i>	T1	
<i>betaxolol hcl ophthalmic</i>	T1	
<i>bimatoprost ophthalmic</i>	T3	QL
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	T2	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1	
<i>brimonidine tartrate-timolol</i>	T2	
<i>carteolol hcl</i>	T1	
<i>dorzolamide hcl ophthalmic</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
<i>latanoprost ophthalmic</i>	T1	
<i>levobunolol hcl</i>	T1	
LUMIGAN	T2	QL
PHOSPHOLINE IODIDE	T3	
<i>pilocarpine hcl ophthalmic</i>	T1	
RHOPRESSA	T3	QL
SIMBRINZA	T2	
<i>tafluprost (pf)</i>	T2	QL
<i>timolol maleate ophthalmic solution</i>	T1/Value	
<i>travoprost (bak free)</i>	T3	QL

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Drug Name	Drug Tier	Notes
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
<i>altafrin</i>	T1	
<i>atropine sulfate ophthalmic ointment</i>	T1	
<i>atropine sulfate ophthalmic solution 1 %</i>	T1/Value	
<i>bacitracin-polymyxin b</i>	T1	
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
<i>cyclopentolate hcl ophthalmic</i>	T1	
<i>cyclosporine ophthalmic</i>	T3	PA
CYSTADROPS	T4	QL
CYSTARAN	T4	QL
<i>neomycin-bacitracin zn-polymyx</i>	T1	
<i>neomycin-polymyxin-gramicidin</i>	T1	
NEO-POLYCIN	T1	
NEO-POLYCIN HC	T1	
<i>phenylephrine hcl ophthalmic</i>	T1	
POLYCIN	T1	
<i>polymyxin b-trimethoprim</i>	T1/Value	
<i>sulfacetamide-prednisolone</i>	T1	
SYFOVRE	T4	PA
ZYLET	T3	
<b>Otic Agents - Drugs for Ear Conditions</b>		
<i>acetic acid otic</i>	T1	
CIPRO HC	T3	
<i>ciprofloxacin hcl otic</i>	T3	
<i>ciprofloxacin-dexamethasone</i>	T3	
CORTISPORIN-TC	T3	
<i>flac</i>	T1	
<i>fluocinolone acetonide otic</i>	T1	
<i>hydrocortisone-acetic acid</i>	T3	
<i>neomycin-polymyxin-hc otic</i>	T2	
<i>ofloxacin otic</i>	T1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	T1	QL
<i>azelastine-fluticasone</i>	T3	QL
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1/Value	
<i>benzonatate oral capsule 150 mg</i>	T1	

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Drug Name	Drug Tier	Notes
<i>carbinoxamine maleate oral solution</i>	T1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>cetirizine hcl oral solution</i>	T1	
<i>clemastine fumarate oral tablet</i>	T1	
<i>cyproheptadine hcl oral</i>	T1	
<i>desloratadine oral tablet</i>	T3	
<i>diphenhydramine hcl injection</i>	T1	
<i>flunisolide nasal</i>	T2	QL
<i>fluticasone propionate nasal</i>	T1	
<i>hydrocodone bit-homatrop mbr</i>	T1	PA; QL
<i>hydromet</i>	T1	PA; QL
<i>ipratropium bromide nasal</i>	T1/Value	
<i>levocetirizine dihydrochloride oral tablet</i>	T1	
<i>mometasone furoate nasal</i>	T3	QL
<i>olopatadine hcl nasal</i>	T3	QL
<i>sodium chloride inhalation</i>	T1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
<i>acetylcysteine inhalation</i>	T3	
ADVAIR HFA	T2	\$0 HDHP; Value; QL
<i>albuterol sulfate hfa</i>	T1	QL
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	QL
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	T1/Value	QL
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	T1/Value	QL
ANORO ELLIPTA	T2	QL
<i>arformoterol tartrate</i>	T3	QL
ARNUITY ELLIPTA	T2	\$0 HDHP; Value; QL
ASMANEX (120 METERED DOSES)	T2	PA; ST; \$0 HDHP; Value; QL
ASMANEX (14 METERED DOSES)	T2	PA; ST; \$0 HDHP; Value; QL
ASMANEX (30 METERED DOSES)	T2	PA; ST; \$0 HDHP; Value; QL
ASMANEX (60 METERED DOSES)	T2	PA; ST; \$0 HDHP; Value; QL
ASMANEX HFA	T2	PA; ST; \$0 HDHP; Value; QL
ATROVENT HFA	T3	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 50-25 MCG/INH	T2	\$0 HDHP; Value; QL

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Drug Name	Drug Tier	Notes
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT	T2	\$0 HDHP; QL
<i>breyana</i>	T2	\$0 HDHP; Value; QL
BREZTRI AEROSPHERE	T2	QL
<i>budesonide inhalation</i>	T3	\$0 HDHP; Value; QL
<i>budesonide-formoterol fumarate</i>	T2	\$0 HDHP; Value; QL
COMBIVENT RESPIMAT	T2	QL
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	T1	
<i>epinephrine injection solution auto-injector</i>	T1	
FLUTICASONE PROPIONATE DISKUS	T2	QL
FLUTICASONE PROPIONATE HFA	T2	QL
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T2	\$0 HDHP; Value; QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	T3	QL
<i>formoterol fumarate inhalation</i>	T3	QL
<i>ipratropium bromide inhalation</i>	T1/Value	QL
<i>ipratropium-albuterol</i>	T1	QL
<i>levalbuterol hcl inhalation</i>	T3	QL
<i>montelukast sodium oral tablet</i>	T1/Value	
<i>montelukast sodium oral tablet chewable</i>	T1/Value	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP-QTZ; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP-QTZ; QL
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; QL
OFEV	T4	PA; SP-QTZ
<i>pirfenidone</i>	T4	PA; SP-QTZ
PROLASTIN-C	T4	PA
QVAR REDHALER	T2	\$0 HDHP; Value; QL
<i>roflumilast</i>	T1	PA
SEREVENT DISKUS	T2	QL
SPIRIVA HANDIHALER	T2	QL
SPIRIVA RESPIMAT	T2	QL
STIOLTO RESPIMAT	T2	QL

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Drug Name	Drug Tier	Notes
STRIVERDI RESPIMAT	T2	QL
SYMBICORT	T2	\$0 HDHP; Value; QL
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T3	
<i>theophylline er oral tablet extended release 24 hour</i>	T3	
<i>tiotropium bromide monohydrate</i>	T2	QL
TRELEGY ELLIPTA	T2	QL
<i>wixela inhub</i>	T2	\$0 HDHP; Value; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP-QTZ; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP-QTZ; QL
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA
<i>zafirlukast</i>	T3	
<i>zileuton er</i>	T3	PA; ST
<b>Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis</b>		
KALYDECO ORAL TABLET	T4	PA; SP-ORx
ORKAMBI ORAL PACKET 75-94 MG	T4	PA; SP-ORx; QL
ORKAMBI ORAL TABLET	T4	PA; SP-ORx; QL
PULMOZYME	T4	PA
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	T4	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
ADEMPAS	T4	PA; QL
<i>alyq</i>	T4	PA; QL
<i>ambrisentan</i>	T4	PA; QL
<i>bosentan</i>	T4	PA; QL
OPSUMIT	T4	PA; QL
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; QL
<i>sildenafil citrate oral tablet 20 mg</i>	T4	PA; QL
<i>tadalafil (pah)</i>	T4	PA; QL
TRACLEER 32 MG	T4	PA; SP-ORx; QL
<i>treprostinil</i>	T4	PA
TYVASO	T4	PA; QL

Drug Name	Drug Tier	Notes
TYVASO DPI INSTITUTIONAL KIT	T4	PA; QL
TYVASO DPI MAINTENANCE KIT	T4	PA; QL
TYVASO DPI TITRATION KIT	T4	PA; QL
TYVASO REFILL KIT	T4	PA; QL
TYVASO STARTER KIT	T4	PA; QL
UPTRAVI ORAL	T4	PA
UPTRAVI TITRATION	T4	PA
VENTAVIS	T4	PA; QL

### Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm

<i>baclofen oral tablet 10 mg</i>	T1/Value	
<i>baclofen oral tablet 20 mg</i>	T1	
<i>carisoprodol oral tablet 350 mg</i>	T1	
<i>chlorzoxazone oral tablet 500 mg</i>	T1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1/Value	
<i>metaxalone oral tablet 800 mg</i>	T3	
<i>methocarbamol injection</i>	T1	
<i>methocarbamol oral tablet 500 mg</i>	T1/Value	
<i>methocarbamol tablet 750 mg oral</i>	T1/Value	
<i>orphenadrine citrate er</i>	T1	QL
<i>orphenadrine-aspirin-caffeine</i>	T3	QL
<i>tizanidine hcl oral capsule 2 mg, 4 mg</i>	T1	
<i>tizanidine hcl oral tablet</i>	T1	

### Sleep Disorder Agents

<i>armodafinil</i>	T2	PA; QL
BELSOMRA	T3	PA; ST; QL
DAYVIGO	T3	
<i>doxepin hcl oral tablet</i>	T3	QL
<i>eszopiclone</i>	T1	QL
<i>flurazepam hcl oral capsule 15 mg</i>	T3	PA; QL
<i>modafinil oral</i>	T1	PA; QL
<i>ramelteon</i>	T3	QL
SUNOSI	T3	PA; QL
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	QL
<i>zaleplon</i>	T1	QL
<i>zolpidem tartrate er</i>	T1	QL
<i>zolpidem tartrate oral tablet</i>	T1	QL

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