



2025 Individual and Family Standard 4-Tier Drug Formulary (Illinois)

QuartzBenefits.com

This formulary applies to individual and family plans sold in the state of Illinois. People with Quartz drug coverage based in another state should see the non-Illinois formulary documents found at <https://quartzbenefits.com/members/pharmacy-program/covered-drugs/>

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2025 Quartz Individual and Family Standard 4-Tier Drug Formulary (Illinois)

Information

This Formulary serves members with an individual or family health plan purchased directly from Quartz or selected from the government's HealthCare.gov website based in Illinois.

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

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

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

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

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

For information about drug coverage on the medical benefit, please go to the [Medication Prior Authorization – clinically administered prior authorization list](#) page on the Quartz website.

Using the Formulary Document

To search the document press "CTRL-F" to open the "Find" box at the top of the document and enter the drug name. The name may be listed multiple times in the document. Press "Enter" to tab through each entry.

Each page of the formulary has three columns: **Drug Name**, **Drug Tier**, and **Notes**. Drugs are grouped by therapeutic category and class and listed alphabetically within the class. Brand names are listed in all capital letters. Generic drug names are included in lowercase font. Drugs that do not have Food and Drug Administration (FDA)-approved generic formulations are only listed by brand name. Biosimilars, newer formulations of biologic drugs (Fulphila, Hadlima, etc.), are also listed in capitalized text.

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

Individual and Family Standard 4-Tier Formulary Tier Key: how formulary tiers match up to Standard plan cost shares.*

Tier Abbreviation	Tier Description
\$0	Zero-dollar cost share – covered at \$0
T1 (PG)	Preferred Generic drugs – covered at the tier 1 cost share
T2 (PB)	Preferred Brand drugs – covered at the tier 2 cost share
T3 (NP)	Non-Preferred drugs – includes generic and brand formulations– covered at the tier 3 cost share
T4 (SP)	Specialty drugs – covered at the tier 4 cost share
T1 PV	Preventative Preferred Generic drugs – covered at \$0 cost share as listed in the formulary Notes (if not specified = \$0 for all populations)
T2 PV	Preventative Preferred Brand drugs – covered at \$0 cost share as listed in the formulary Notes (if not specified = \$0 for all populations)
T3 PV	Preventative Non-preferred drugs – covered at \$0 cost share as listed in the formulary Notes (if not specified = \$0 for all populations)

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

General Drug Coverage Concepts

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

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

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

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

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

Formulary Notes – Coverage Indicators

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

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

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

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

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

Specialty drugs listed with an SP-QTZ or SP-ORX in the formulary **Notes** column are required to be obtained from a specific specialty pharmacy participating in the Quartz Specialty Pharmaceuticals network for coverage. The UW Health specialty pharmacies, Gundersen Health System pharmacies, and Aurora

specialty pharmacy are currently participating in the Quartz Specialty Pharmaceuticals network for drugs marked as SP-QTZ. For information about these pharmacies, see the [Specialty Pharmaceuticals Program](#) section on the Quartz website. Drugs marked with SP-ORX must be filled at the Optum specialty pharmacy. For additional information on Optum’s specialty pharmacy visit the [Optum website](#).

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

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

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

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

Where to find additional information when you have questions:

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

Preventive care medications for Individual/Family and Small Group

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

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

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

Please keep in mind:

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

USPSTF A & B recommended drugs and supplements

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

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

Tobacco cessation drugs

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

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

Human Immunodeficiency Virus (HIV) preventive drugs

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

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

Breast cancer prevention drugs

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

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

Statin preventive drugs

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

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

Birth control products

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

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

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

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

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

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

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

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

Vaccinations

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

Disease (vaccine name)	Coverage limits (if applicable)
COVID-19 (Comirnaty, Moderna COVID-19 6M-11Y, Pfizer COVID-19 6M-4Y and 5Y-11Y, Spikevax)	
Dengue Fever (Dengvaxia)	For persons aged 9-16 years
Flu/Influenza (Afluria, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, FluMist, Fluzone High-Dose, Fluzone)	<ul style="list-style-type: none"> FluMist is covered for persons aged 2-49 years Fluad and Fluzone HD are covered for persons aged 65 years and older
Haemophilus influenzae type b (Acthib, Hiberix, PedavaxHB)	Covered for persons aged 6 years and younger
Hepatitis A (Havrix, Vaqta)	
Hepatitis B (Engerix-B, Hepelisav-B, PreHevbrio, Recombivax-HB)	Hepelisav-B and Prehevbrio are covered for persons aged 18 years and older

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

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

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

Frequently asked questions – Preventive care drug coverage

What happens if a generic drug becomes available?

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

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

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

Is my plan required to cover contraceptives?

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

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

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

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

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

Will this drug list change?

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

2025 Standard 4-Tier Formulary - IL

Table of Contents

Analgesics - Drugs for Pain.....	3
Analgesics - Drugs for Pain and Inflammation.....	5
Anesthetics.....	8
Anti-Addiction / Substance Abuse Treatment Agents.....	8
Antibacterials.....	9
Anticoagulants.....	13
Anticonvulsants - Drugs for Seizures.....	13
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia.....	15
Antidepressants.....	15
Antiemetics - Drugs for Nausea and Vomiting.....	17
Antifungals.....	18
Antigout Agents.....	19
Antimigraine Agents.....	19
Antimyasthenic Agents.....	20
Antimycobacterials.....	20
Antineoplastics - Drugs for Cancer.....	20
Antiparasitics.....	24
Antiparkinson Agents.....	24
Antiplatelets.....	25
Antipsychotics - Drugs for Mood Disorders.....	25
Antivirals.....	26
Anxiolytics - Drugs for Anxiety.....	29
Bipolar Agents - Drugs for Mood Disorders.....	30
Blood Products and Modifiers - Drugs for Blood Disorders.....	30
Cardiovascular Agents - Drugs for Heart and Circulation Conditions.....	31
Central Nervous System Agents.....	35
Central Nervous System Agents - Drugs for Attention Deficit Disorder.....	35
Central Nervous System Agents - Drugs for Multiple Sclerosis.....	36
Central Nervous System Agents - Miscellaneous.....	37
Dental and Oral Agents - Drugs for Mouth and Throat Conditions.....	37
Dermatological Agents - Drugs for Skin Conditions.....	38
Diabetes - Antidiabetic Agents.....	41
Diabetes - Glucose Monitoring.....	42
Diabetes - Glycemic Agents.....	44
Diabetes - Insulins.....	44
Electrolytes / Minerals / Metals / Vitamins.....	46
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer.....	50
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions.....	50
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment.....	55
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions.....	55
Genitourinary Agents - Drugs for Prostate Conditions.....	56
Hormonal Agents - Adrenal.....	56
Hormonal Agents - Men's Health.....	57
Hormonal Agents - Pituitary.....	57
Hormonal Agents - Prostaglandins.....	58
Hormonal Agents - Selective Estrogen Receptor Modifying Agents.....	58
Hormonal Agents - Sex Hormones and Birth Control.....	59
Hormonal Agents - Thyroid.....	65
Immunological Agents - Drugs for Immune System Stimulation or Suppression.....	66
Immunological Agents - Drugs for Vaccination.....	70

Inflammatory Bowel Disease Agents	71
Metabolic Bone Disease Agents - Drugs for Osteoporosis	72
Metabolic Bone Disease Agents - Other	72
Miscellaneous Therapeutic Agents	73
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation	78
Ophthalmic Agents - Drugs for Glaucoma	79
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions	80
Otic Agents - Drugs for Ear Conditions	80
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold	81
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions	81
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis	84
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension	84
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	85
Sleep Disorder Agents	85

Drug Name	Drug Tier	Coverage Requirements & Limits
Analgesics - Drugs for Pain		
<i>acetaminophen-codeine oral solution</i>	T1 (PG)	QL (166.5 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	T1 (PG)	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	T1 (PG)	QL (10 EA per 1 day)
<i>apap-caff-dihydrocodeine</i>	T3 (NP)	PA; QL (10 EA per 1 day)
<i>ascomp-codeine</i>	T3 (NP)	
<i>bac oral tablet 50-325-40 mg</i>	T1 (PG)	
<i>buprenorphine</i>	T3 (NP)	PA; QL (0.15 EA per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1 (PG)	
<i>butalbital-apap-caff-cod</i>	T3 (NP)	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T1 (PG)	
<i>butalbital-apap-caffeine oral tablet</i>	T1 (PG)	
<i>butalbital-asa-caff-codeine</i>	T3 (NP)	
<i>butalbital-aspirin-caffeine</i>	T1 (PG)	
<i>butorphanol tartrate injection</i>	T1 (PG)	
<i>butorphanol tartrate nasal</i>	T3 (NP)	QL (2.5 ML per 1 fill)
<i>codeine sulfate oral tablet 15 mg</i>	T1 (PG)	QL (40 EA per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	T1 (PG)	QL (20 EA per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	T1 (PG)	QL (10 EA per 1 day)
<i>endocet oral tablet 10-325 mg</i>	T1 (PG)	QL (6 EA per 1 day)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	T1 (PG)	QL (12 EA per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	T1 (PG)	QL (8 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	T3 (NP)	PA; QL (1 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	T3 (NP)	PA; QL (0.5 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr</i>	T1 (PG)	PA; QL (0.5 EA per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T3 (NP)	PA; QL (1 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1 (PG)	QL (180 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	T1 (PG)	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	T1 (PG)	QL (13 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	T1 (PG)	QL (12 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	T3 (NP)	QL (9 EA per 1 day)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	T1 (PG)	QL (16 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	T1 (PG)	QL (12 EA per 1 day)
<i>hydromorphone hcl er</i>	T3 (NP)	PA; QL (2 EA per 1 day)
<i>hydromorphone hcl injection solution 4 mg/ml</i>	T3 (NP)	
<i>hydromorphone hcl oral liquid</i>	T3 (NP)	QL (10 ML per 1 day)
<i>hydromorphone hcl oral tablet 2 mg</i>	T1 (PG)	QL (5 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg, 8 mg</i>	T1 (PG)	QL (2 EA per 1 day)
<i>hydromorphone hcl pf</i>	T3 (NP)	
<i>hydromorphone hcl solution 1 mg/ml injection</i>	T3 (NP)	
<i>hydromorphone hcl solution 2 mg/ml injection</i>	T3 (NP)	
<i>meperidine hcl oral tablet</i>	T3 (NP)	QL (18 EA per 1 day)
<i>methadone hcl intensol</i>	T1 (PG)	
<i>methadone hcl oral concentrate</i>	T1 (PG)	
<i>methadone hcl oral solution</i>	T1 (PG)	
<i>methadone hcl oral tablet</i>	T1 (PG)	PA
<i>mitigo</i>	T3 (NP)	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T1 (PG)	QL (4.5 ML per 1 day)
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml</i>	T3 (NP)	
<i>morphine sulfate (pf) injection solution 10 mg/ml, 8 mg/ml</i>	T1 (PG)	
<i>morphine sulfate (pf) intravenous solution 2 mg/ml, 4 mg/ml</i>	T3 (NP)	
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	T3 (NP)	PA; QL (3 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	T1 (PG)	PA; QL (3 EA per 1 day)
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	T3 (NP)	
<i>morphine sulfate intravenous solution 4 mg/ml</i>	T3 (NP)	
<i>morphine sulfate oral solution 10 mg/5ml</i>	T1 (PG)	QL (45 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	T1 (PG)	QL (22.5 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	T1 (PG)	QL (6 EA per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	T1 (PG)	QL (3 EA per 1 day)
NUCYNTA ER	T3 (NP)	PA; QL (2 EA per 1 day)
NUCYNTA ORAL TABLET 100 MG, 75 MG	T3 (NP)	PA; QL (1 EA per 1 day)
NUCYNTA ORAL TABLET 50 MG	T3 (NP)	PA; QL (2 EA per 1 day)
<i>oxycodone hcl oral capsule</i>	T1 (PG)	QL (12 EA per 1 day)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>oxycodone hcl oral solution</i>	T1 (PG)	QL (60 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>	T1 (PG)	QL (6 EA per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	T1 (PG)	QL (4 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg</i>	T1 (PG)	QL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 30 mg</i>	T1 (PG)	QL (2 EA per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>	T1 (PG)	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T1 (PG)	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	T1 (PG)	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	T1 (PG)	QL (8 EA per 1 day)
OXYCONTIN	T2 (PB)	PA; QL (4 EA per 1 day)
<i>oxymorphone hcl er</i>	T3 (NP)	PA; QL (4 EA per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	T1 (PG)	QL (1 EA per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	T1 (PG)	QL (3 EA per 1 day)
<i>pentazocine-naloxone hcl</i>	T3 (NP)	QL (10 EA per 1 day)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	T3 (NP)	PA; QL (1 EA per 1 day)
<i>tramadol hcl er</i>	T3 (NP)	PA; QL (1 EA per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	T1 (PG)	QL (5 EA per 1 day)
<i>tramadol-acetaminophen</i>	T1 (PG)	QL (6 EA per 1 day)
XTAMPZA ER	T2 (PB)	PA; QL (4 EA per 1 day)
Analgesics - Drugs for Pain and Inflammation		
<i>aspirin 81</i>	T1 PV	\$0 for age less than 55 years
<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

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
BAYER LOW DOSE	T3 PV	\$0 for age less than 55 years
<i>celecoxib oral</i>	T1 (PG)	QL (2 EA per 1 day)
<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 (PG)	
<i>diclofenac sodium er</i>	T3 (NP)	
<i>diclofenac sodium external solution 1.5 %</i>	T1 (PG)	PA
<i>diclofenac sodium gel 1 % external (rx)</i>	T1 (PG)	QL (33.33 GM per 1 day)
<i>diclofenac sodium oral</i>	T1 (PG)	
<i>diflunisal oral</i>	T3 (NP)	
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 (PG)	
<i>etodolac er</i>	T1 (PG)	
<i>fenoprofen calcium oral tablet</i>	T1 (PG)	
<i>flurbiprofen oral</i>	T1 (PG)	
<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, 200 mg/10ml</i>	T1 (PG)	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1 (PG)	
<i>indomethacin er</i>	T1 (PG)	
<i>indomethacin oral capsule 25 mg</i>	T1 (PG)	
<i>indomethacin oral capsule 50 mg</i>	T1 (PG)	
<i>ketoprofen oral</i>	T1 (PG)	
<i>ketorolac tromethamine injection</i>	T1 (PG)	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	T1 (PG)	
<i>ketorolac tromethamine oral</i>	T1 (PG)	QL (20 EA per 5 days)
<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 (NP)	
<i>mefenamic acid oral</i>	T3 (NP)	
<i>meloxicam oral tablet</i>	T1 (PG)	
<i>mm aspirin</i>	T1 PV	\$0 for age less than 55 years
<i>nabumetone oral</i>	T1 (PG)	
<i>naproxen oral tablet 250 mg</i>	T1 (PG)	
<i>naproxen oral tablet 375 mg, 500 mg</i>	T1 (PG)	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1 (PG)	
<i>oxaprozin oral tablet</i>	T1 (PG)	
<i>piroxicam oral</i>	T1 (PG)	
<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
<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 oral tablet delayed release 81 mg</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
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 (PG)	
<i>tolmetin sodium oral capsule</i>	T1 (PG)	

Drug Name	Drug Tier	Coverage Requirements & Limits
Anesthetics		
<i>glydo</i>	T1 (PG)	
<i>lidocaine external patch 5 %</i>	T1 (PG)	
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	T1 (PG)	
<i>lidocaine ointment 5 % external</i>	T1 (PG)	
<i>lidocaine-prilocaine external cream</i>	T1 (PG)	
Anti-Addiction / Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	T1 (PG)	
<i>buprenorphine hcl sublingual</i>	T1 (PG)	
<i>buprenorphine hcl-naloxone hcl</i>	T1 (PG)	
<i>bupropion hcl er (smoking det)</i>	T1 PV	\$0 for 180 days/year
COMMIT MOUTH/THROAT LOZENGE 2 MG, 4 MG	T3 PV	\$0 for 180 days/year
<i>cvs nicotine</i>	T1 PV	\$0 for 180 days/year
<i>cvs nicotine polacrilex</i>	T1 PV	\$0 for 180 days/year
<i>disulfiram oral</i>	T1 (PG)	
<i>eq nicotine</i>	T1 PV	\$0 for 180 days/year
<i>eq nicotine mouth/throat gum 2 mg, 4 mg</i>	T1 PV	\$0 for 180 days/year
<i>eq nicotine polacrilex</i>	T1 PV	\$0 for 180 days/year
<i>eq nicotine step 3</i>	T1 PV	\$0 for 180 days/year
<i>folding paddle walker</i>	T1 PV	\$0 for 180 days/year
<i>ft nicotine</i>	T1 PV	\$0 for 180 days/year
<i>ft nicotine mini</i>	T1 PV	\$0 for 180 days/year
<i>gnp nicotine</i>	T1 PV	\$0 for 180 days/year
<i>gnp nicotine mini</i>	T1 PV	\$0 for 180 days/year
<i>gnp nicotine polacrilex</i>	T1 PV	\$0 for 180 days/year
<i>goodsense nicotine</i>	T1 PV	\$0 for 180 days/year
<i>habitrol</i>	T1 PV	\$0 for 180 days/year
KLOXXADO	\$0	
<i>kls quit2</i>	T1 PV	\$0 for 180 days/year
<i>kls quit4</i>	T1 PV	\$0 for 180 days/year
<i>lofexidine hcl</i>	T1 (PG)	
LUCEMYRA	T2 (PB)	
<i>naloxone hcl injection</i>	\$0	
<i>naloxone hcl nasal</i>	\$0	
<i>naltrexone hcl oral</i>	T1 (PG)	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
NARCAN	\$0	
NICODERM CQ	T3 PV	\$0 for 180 days/year
NICORETTE	T3 PV	\$0 for 180 days/year
NICORETTE MINI	T3 PV	\$0 for 180 days/year
NICORETTE STARTER KIT	T3 PV	\$0 for 180 days/year
<i>nicotine</i>	T1 PV	\$0 for 180 days/year
<i>nicotine mini</i>	T1 PV	\$0 for 180 days/year
<i>nicotine polacrilex mini</i>	T1 PV	\$0 for 180 days/year
<i>nicotine polacrilex mouth/throat</i>	T1 PV	\$0 for 180 days/year
<i>nicotine step 1</i>	T1 PV	\$0 for 180 days/year
<i>nicotine step 2</i>	T1 PV	\$0 for 180 days/year
<i>nicotine step 3</i>	T1 PV	\$0 for 180 days/year
NICOTROL	T2 PV	\$0 for 180 days/year
NICOTROL NS	T2 PV	\$0 for 180 days/year
OPVEE	T2 (PB)	
<i>qc nicotine transdermal system</i>	T1 PV	\$0 for 180 days/year
<i>ra mini nicotine</i>	T1 PV	\$0 for 180 days/year
<i>ra nicotine</i>	T1 PV	\$0 for 180 days/year
<i>ra nicotine gum</i>	T1 PV	\$0 for 180 days/year
<i>ra nicotine polacrilex</i>	T1 PV	\$0 for 180 days/year
REXTOVY	\$0	
RIVIVE	\$0	
<i>sm nicotine polacrilex mouth/throat gum</i>	T1 PV	\$0 for 180 days/year
<i>sm nicotine transdermal</i>	T1 PV	\$0 for 180 days/year
SUBOXONE	T2 (PB)	
THRIVE	T3 PV	\$0 for 180 days/year
<i>varenicline tartrate</i>	T1 PV	\$0 for 180 days/year
<i>varenicline tartrate (starter)</i>	T1 PV	\$0 for 180 days/year
<i>varenicline tartrate(continue)</i>	T1 PV	\$0 for 180 days/year
VIVITROL	T2 (PB)	
ZIMHI	\$0	
ZUBSOLV	T2 (PB)	
Antibacterials		
<i>amoxicillin</i>	T1 (PG)	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	T1 (PG)	

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 250-62.5 mg/5ml</i>	T3 (NP)	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	T1 (PG)	
<i>amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg</i>	T1 (PG)	
<i>ampicillin</i>	T1 (PG)	
<i>ampicillin sodium</i>	T1 (PG)	
<i>ampicillin-sulbactam sodium</i>	T1 (PG)	
AUGMENTIN	T3 (NP)	
AVIDOXY	T1 (PG)	
<i>azithromycin intravenous</i>	T1 (PG)	
<i>azithromycin oral</i>	T1 (PG)	
<i>aztreonam injection solution reconstituted 1 gm</i>	T1 (PG)	
<i>aztreonam injection solution reconstituted 2 gm</i>	T3 (NP)	
BAXDELA ORAL	T3 (NP)	
<i>benzalkonium chloride external solution</i>	T1 (PG)	
BICILLIN L-A	T3 (NP)	
<i>cefaclor</i>	T1 (PG)	
<i>cefadroxil oral capsule</i>	T1 (PG)	
<i>cefadroxil oral suspension reconstituted</i>	T3 (NP)	
<i>cefazolin sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	T1 (PG)	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	T1 (PG)	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	T1 (PG)	
<i>cefdinir</i>	T1 (PG)	
<i>cefepime hcl injection</i>	T3 (NP)	
<i>cefepime hcl intravenous solution 1 gm/50ml</i>	T3 (NP)	
<i>cefepime hcl solution reconstituted 2 gm intravenous</i>	T3 (NP)	
<i>cefotetan disodium</i>	T1 (PG)	
<i>cefoxitin sodium</i>	T1 (PG)	
<i>cefpodoxime proxetil</i>	T3 (NP)	
<i>cefprozil</i>	T1 (PG)	
<i>ceftazidime injection</i>	T1 (PG)	
<i>ceftazidime intravenous</i>	T1 (PG)	
<i>ceftriaxone sodium injection</i>	T1 (PG)	

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ceftriaxone sodium intravenous</i>	T1 (PG)	
<i>cefuroxime axetil</i>	T1 (PG)	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1 (PG)	
<i>cephalexin oral suspension reconstituted</i>	T1 (PG)	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3 (NP)	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	T1 (PG)	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	T1 (PG)	
<i>ciprofloxacin in d5w</i>	T3 (NP)	
<i>clarithromycin oral suspension reconstituted</i>	T3 (NP)	
<i>clarithromycin oral tablet</i>	T1 (PG)	
<i>clindamycin hcl oral</i>	T1 (PG)	
<i>clindamycin palmitate hcl</i>	T1 (PG)	
<i>clindamycin phosphate in d5w</i>	T1 (PG)	
<i>clindamycin phosphate injection solution 900 mg/6ml</i>	T1 (PG)	
<i>clindamycin phosphate vaginal</i>	T1 (PG)	
<i>daptomycin</i>	T3 (NP)	
<i>demeclocycline hcl</i>	T3 (NP)	
<i>dicloxacillin sodium</i>	T1 (PG)	
DIFICID ORAL SUSPENSION RECONSTITUTED	T3 (NP)	
<i>doxy 100</i>	T1 (PG)	
<i>doxycycline hyclate intravenous</i>	T1 (PG)	
<i>doxycycline hyclate oral capsule</i>	T1 (PG)	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1 (PG)	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1 (PG)	
<i>doxycycline monohydrate oral suspension reconstituted</i>	T3 (NP)	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	T1 (PG)	
<i>ertapenem sodium</i>	T3 (NP)	
<i>erythromycin base oral</i>	T3 (NP)	
<i>erythromycin ethylsuccinate oral</i>	T3 (NP)	
<i>erythromycin oral</i>	T3 (NP)	
<i>gentamicin sulfate external</i>	T1 (PG)	
HUMATIN	T2 (PB)	
<i>imipenem-cilastatin</i>	T3 (NP)	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>iodine tincture tincture 2 % external (rx)</i>	T1 (PG)	
<i>levofloxacin intravenous</i>	T3 (NP)	
<i>levofloxacin oral solution</i>	T3 (NP)	
<i>levofloxacin oral tablet</i>	T1 (PG)	
<i>linezolid in sodium chloride</i>	T1 (PG)	
<i>linezolid intravenous</i>	T1 (PG)	
<i>linezolid oral suspension reconstituted</i>	T3 (NP)	QL (32.2 ML per 1 day)
<i>linezolid oral tablet</i>	T2 (PB)	QL (28 EA per 30 days)
<i>mafenide acetate external</i>	T1 (PG)	
<i>methenamine hippurate</i>	T3 (NP)	
<i>metronidazole intravenous</i>	T1 (PG)	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1 (PG)	
<i>metronidazole vaginal</i>	T1 (PG)	
MINOCIN	T3 (NP)	
<i>minocycline hcl oral capsule</i>	T1 (PG)	
MONDOXYNE NL	T1 (PG)	
<i>moxifloxacin hcl in nacl</i>	T1 (PG)	
<i>moxifloxacin hcl oral</i>	T1 (PG)	
<i>mupirocin ointment</i>	T1 (PG)	
<i>nafcillin sodium</i>	T1 (PG)	
<i>neomycin sulfate oral</i>	T1 (PG)	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	T1 (PG)	
<i>nitrofurantoin monohydrate macrocrystals</i>	T1 (PG)	
<i>ofloxacin oral</i>	T3 (NP)	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	T1 (PG)	
<i>penicillin v potassium</i>	T1 (PG)	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	T1 (PG)	
<i>polymyxin b sulfate injection</i>	T1 (PG)	
<i>silver sulfadiazine external</i>	T1 (PG)	
<i>ssd</i>	T1 (PG)	
<i>streptomycin sulfate intramuscular</i>	T3 (NP)	
<i>sulfadiazine oral</i>	T3 (NP)	
<i>sulfamethoxazole-trimethoprim intravenous</i>	T1 (PG)	
<i>sulfamethoxazole-trimethoprim oral</i>	T1 (PG)	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sulfatrim pediatric</i>	T1 (PG)	
<i>tazicef injection</i>	T1 (PG)	
<i>tazicef intravenous solution reconstituted</i>	T1 (PG)	
<i>tetracycline hcl oral capsule</i>	T3 (NP)	
<i>tinidazole oral</i>	T1 (PG)	
<i>trimethoprim oral</i>	T1 (PG)	
VABOMERE	T3 (NP)	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 100 gm, 500 mg, 750 mg</i>	T1 (PG)	
<i>vancomycin hcl oral</i>	T3 (NP)	
XIFAXAN ORAL TABLET 550 MG	T3 (NP)	PA
Anticoagulants		
<i>dabigatran etexilate mesylate</i>	T2 (PB)	QL (2 EA per 1 day)
ELIQUIS DVT/PE STARTER PACK	T2 (PB)	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG	T2 (PB)	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	T2 (PB)	QL (3 EA per 1 day)
<i>enoxaparin sodium</i>	T3 (NP)	
<i>fondaparinux sodium</i>	T3 (NP)	
FRAGMIN	T3 (NP)	
<i>heparin sodium (porcine) injection solution prefilled syringe</i>	T1 (PG)	
<i>heparin sodium (porcine) pf injection solution 5000 unit/ml</i>	T3 (NP)	
<i>jantoven</i>	T1 (PG)	
PRADAXA ORAL CAPSULE 110 MG	T2 (PB)	QL (2 EA per 1 day)
SAVAYSA	T3 (NP)	
<i>warfarin sodium oral</i>	T1 (PG)	
XARELTO ORAL SUSPENSION RECONSTITUTED	T2 (PB)	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	T2 (PB)	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	T2 (PB)	QL (2 EA per 1 day)
XARELTO STARTER PACK	T2 (PB)	QL (102 EA per 365 days)
Anticonvulsants - Drugs for Seizures		
BRIVIACT ORAL	T3 (NP)	PA; ST
<i>carbamazepine er</i>	T3 (NP)	
<i>carbamazepine oral suspension</i>	T1 (PG)	
<i>carbamazepine oral tablet</i>	T1 (PG)	
<i>carbamazepine oral tablet chewable 100 mg</i>	T1 (PG)	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clobazam oral tablet</i>	T2 (PB)	PA
DIACOMIT	T4 (SP)	PA
<i>diazepam rectal</i>	T3 (NP)	QL (2 EA per 1 fill)
DILANTIN ORAL CAPSULE 30 MG	T3 (NP)	
<i>divalproex sodium er</i>	T1 (PG)	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T3 (NP)	
<i>divalproex sodium oral tablet delayed release</i>	T1 (PG)	
EPIDIOLEX	T4 (SP)	PA
<i>epitol</i>	T1 (PG)	
<i>ethosuximide oral capsule</i>	T1 (PG)	
<i>ethosuximide oral solution</i>	T3 (NP)	
<i>fosphenytoin sodium injection solution 500 mg per 10ml</i>	T1 (PG)	
FYCOMPA	T3 (NP)	
<i>gabapentin oral capsule</i>	T1 (PG)	
<i>gabapentin oral solution</i>	T1 (PG)	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1 (PG)	
<i>lacosamide oral solution</i>	T1 (PG)	
<i>lacosamide oral tablet</i>	T3 (NP)	
<i>lamotrigine er</i>	T3 (NP)	
<i>lamotrigine oral tablet</i>	T1 (PG)	
<i>lamotrigine oral tablet chewable</i>	T1 (PG)	
<i>lamotrigine oral tablet dispersible</i>	T3 (NP)	
<i>levetiracetam er</i>	T3 (NP)	
<i>levetiracetam oral solution</i>	T1 (PG)	
<i>levetiracetam oral tablet</i>	T1 (PG)	
<i>methsuximide</i>	T2 (PB)	
NAYZILAM	T3 (NP)	
<i>oxcarbazepine oral suspension</i>	T3 (NP)	
<i>oxcarbazepine oral tablet</i>	T1 (PG)	
<i>pentobarbital sodium injection</i>	T1 (PG)	
<i>phenobarbital oral</i>	T1 (PG)	
<i>phenobarbital sodium injection</i>	T1 (PG)	
<i>phenytek</i>	T3 (NP)	
<i>phenytoin infatabs</i>	T1 (PG)	
<i>phenytoin oral</i>	T1 (PG)	
<i>phenytoin sodium extended oral capsule 100 mg</i>	T1 (PG)	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	T3 (NP)	
<i>phenytoin sodium injection</i>	T1 (PG)	
<i>primidone oral tablet 250 mg, 50 mg</i>	T1 (PG)	
<i>roweepra</i>	T1 (PG)	
<i>rufinamide</i>	T3 (NP)	PA
<i>subvenite</i>	T1 (PG)	
<i>tiagabine hcl</i>	T3 (NP)	
<i>topiramate oral capsule sprinkle 15 mg</i>	T1 (PG)	
<i>topiramate oral capsule sprinkle 25 mg</i>	T3 (NP)	
<i>topiramate oral tablet</i>	T1 (PG)	
<i>valproate sodium intravenous</i>	T1 (PG)	
<i>valproic acid oral</i>	T1 (PG)	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	T3 (NP)	
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG	T3 (NP)	
<i>zonisamide oral</i>	T1 (PG)	
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
<i>donepezil hcl</i>	T1 (PG)	
<i>galantamine hydrobromide</i>	T1 (PG)	
<i>galantamine hydrobromide er</i>	T1 (PG)	
<i>memantine hcl er</i>	T3 (NP)	QL (1 EA per 1 day)
<i>memantine hcl oral solution</i>	T3 (NP)	
<i>memantine hcl oral tablet</i>	T1 (PG)	
<i>rivastigmine</i>	T3 (NP)	
<i>rivastigmine tartrate</i>	T1 (PG)	
Antidepressants		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	T1 (PG)	
<i>amitriptyline hcl oral tablet 150 mg</i>	T3 (NP)	
<i>amoxapine</i>	T3 (NP)	
<i>bupropion hcl er (sr)</i>	T1 (PG)	QL (2 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1 (PG)	QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1 (PG)	QL (1 EA per 1 day)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bupropion hcl oral</i>	T1 (PG)	
<i>chlordiazepoxide-amitriptyline</i>	T1 (PG)	
<i>citalopram hydrobromide oral tablet</i>	T1 (PG)	\$0 HDHP
<i>clomipramine hcl oral</i>	T3 (NP)	
<i>desipramine hcl oral</i>	T3 (NP)	
<i>desvenlafaxine succinate er</i>	T3 (NP)	QL (1 EA per 1 day)
<i>doxepin hcl oral capsule 10 mg, 50 mg</i>	T1 (PG)	
<i>doxepin hcl oral capsule 100 mg, 150 mg, 25 mg, 75 mg</i>	T3 (NP)	
<i>doxepin hcl oral concentrate</i>	T3 (NP)	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	T1 (PG)	QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1 (PG)	QL (3 EA per 1 day)
<i>escitalopram oxalate oral tablet</i>	T1 (PG)	\$0 HDHP
FETZIMA	T3 (NP)	PA; ST; QL (1 EA per 1 day)
FETZIMA TITRATION	T3 (NP)	PA; ST; QL (56 EA per 365 days)
<i>fluoxetine hcl oral capsule</i>	T1 (PG)	\$0 HDHP
<i>fluvoxamine maleate er</i>	T3 (NP)	QL (2 EA per 1 day)
<i>fluvoxamine maleate oral tablet 100 mg, 50 mg</i>	T2 (PB)	
<i>fluvoxamine maleate oral tablet 25 mg</i>	T3 (NP)	
<i>imipramine hcl oral</i>	T1 (PG)	
MARPLAN	T3 (NP)	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	T1 (PG)	
<i>nefazodone hcl</i>	T3 (NP)	
<i>nortriptyline hcl oral capsule</i>	T1 (PG)	
<i>nortriptyline hcl oral solution</i>	T3 (NP)	
<i>paroxetine hcl oral tablet</i>	T1 (PG)	\$0 HDHP
<i>perphenazine-amitriptyline</i>	T3 (NP)	
<i>phenelzine sulfate oral</i>	T3 (NP)	
<i>protriptyline hcl</i>	T3 (NP)	
<i>sertraline hcl oral concentrate</i>	T1 (PG)	\$0 HDHP
<i>sertraline hcl oral tablet</i>	T1 (PG)	\$0 HDHP
<i>tranylcypromine sulfate</i>	T3 (NP)	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	T1 (PG)	
<i>trimipramine maleate oral</i>	T3 (NP)	
TRINTELLIX	T3 (NP)	PA; ST; QL (1 EA per 1 day)
<i>venlafaxine hcl</i>	T1 (PG)	

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	T1 (PG)	QL (2 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	T1 (PG)	QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	T1 (PG)	QL (3 EA per 1 day)
<i>vilazodone hcl</i>	T1 (PG)	PA; QL (1 EA per 1 day)
Antiemetics - Drugs for Nausea and Vomiting		
ANZEMET	T3 (NP)	QL (0.07 EA per 1 day)
<i>aprepitant oral capsule 125 mg</i>	T3 (NP)	QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	T3 (NP)	QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	T3 (NP)	QL (4 EA per 30 days)
COMPRO	T3 (NP)	
<i>dimenhydrinate injection</i>	T1 (PG)	
<i>dronabinol</i>	T3 (NP)	PA; QL (2 EA per 1 day)
<i>droperidol injection</i>	T1 (PG)	
<i>fosaprepitant dimeglumine</i>	T1 (PG)	
<i>granisetron hcl intravenous</i>	T1 (PG)	
<i>granisetron hcl oral</i>	T1 (PG)	QL (4 EA per 30 days)
<i>meclizine hcl oral tablet 50 mg</i>	T2 (PB)	
<i>meclizine hcl tablet 12.5 mg oral (rx)</i>	T1 (PG)	
<i>meclizine hcl tablet 25 mg oral (rx)</i>	T1 (PG)	
<i>metoclopramide hcl injection</i>	T1 (PG)	
<i>metoclopramide hcl oral solution</i>	T1 (PG)	
<i>metoclopramide hcl oral tablet</i>	T1 (PG)	
<i>ondansetron hcl injection</i>	T1 (PG)	
<i>ondansetron hcl oral solution</i>	T1 (PG)	QL (4 ML per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1 (PG)	
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>	T1 (PG)	
<i>palonosetron hcl intravenous solution 0.25 mg/2ml</i>	T1 (PG)	
<i>perphenazine oral</i>	T2 (PB)	
<i>prochlorperazine</i>	T3 (NP)	
<i>prochlorperazine maleate oral tablet 10 mg</i>	T1 (PG)	
<i>prochlorperazine maleate oral tablet 5 mg</i>	T1 (PG)	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	T1 (PG)	
<i>promethazine hcl oral tablet 25 mg</i>	T1 (PG)	
<i>promethazine hcl rectal</i>	T3 (NP)	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>promethazine hcl solution 6.25 mg/5ml oral</i>	T1 (PG)	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T3 (NP)	
<i>scopolamine</i>	T2 (PB)	
Antifungals		
ABELCET	T3 (NP)	
<i>amphotericin b intravenous</i>	T1 (PG)	
<i>amphotericin b liposome</i>	T3 (NP)	
<i>caspofungin acetate</i>	T3 (NP)	
<i>ciclodan</i>	T1 (PG)	
<i>ciclopirox external</i>	T1 (PG)	
<i>ciclopirox olamine external</i>	T1 (PG)	
<i>clotrimazole external</i>	T1 (PG)	
<i>clotrimazole mouth/throat</i>	T1 (PG)	
<i>clotrimazole-betamethasone external cream</i>	T1 (PG)	
<i>econazole nitrate external</i>	T1 (PG)	
ERTACZO	T3 (NP)	PA
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	T1 (PG)	
<i>fluconazole oral</i>	T1 (PG)	
<i>flucytosine oral capsule 250 mg</i>	T1 (PG)	
<i>flucytosine oral capsule 500 mg</i>	T3 (NP)	
<i>griseofulvin microsize oral</i>	T3 (NP)	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	T3 (NP)	
GYNAZOLE-1	T3 (NP)	
<i>itraconazole oral capsule</i>	T3 (NP)	PA
<i>ketoconazole external cream</i>	T1 (PG)	
<i>ketoconazole external shampoo</i>	T1 (PG)	
<i>ketoconazole oral</i>	T1 (PG)	
<i>klayesta</i>	T1 (PG)	
LULICONAZOLE	T3 (NP)	PA
<i>miconazole 3</i>	T1 (PG)	
<i>naftifine hcl external cream 1 %</i>	T2 (PB)	
<i>nyamyc</i>	T1 (PG)	
<i>nystatin external cream</i>	T1 (PG)	
<i>nystatin external ointment</i>	T1 (PG)	

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nystatin external powder</i>	T1 (PG)	
<i>nystatin mouth/throat</i>	T1 (PG)	
<i>nystatin oral</i>	T3 (NP)	
<i>nystatin-triamcinolone</i>	T1 (PG)	
<i>nystop</i>	T1 (PG)	
<i>oxiconazole nitrate</i>	T3 (NP)	
SULCONAZOLE NITRATE EXTERNAL CREAM	T3 (NP)	PA
<i>terbinafine hcl oral</i>	T1 (PG)	QL (84 day supply per 180 days)
<i>terconazole vaginal cream</i>	T1 (PG)	
<i>voriconazole oral tablet</i>	T3 (NP)	PA
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1 (PG)	
<i>allopurinol sodium</i>	T1 (PG)	
<i>colchicine oral tablet</i>	T1 (PG)	
<i>colchicine-probenecid</i>	T2 (PB)	
<i>febuxostat</i>	T3 (NP)	PA; ST
<i>probenecid</i>	T2 (PB)	
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	T2 (PB)	PA; QL (0.04 ML per 1 day)
AIMOVIG	T2 (PB)	PA; QL (0.07 ML per 1 day)
AJOVY	T2 (PB)	PA; QL (0.06 ML per 1 day)
<i>almotriptan malate</i>	T2 (PB)	QL (0.4 EA per 1 day)
<i>dihydroergotamine mesylate injection</i>	T3 (NP)	PA; QL (0.86 ML per 1 day)
<i>eletriptan hydrobromide</i>	T2 (PB)	QL (0.4 EA per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T2 (PB)	PA; QL (0.1 ML per 1 day)
ERGOMAR	T3 (NP)	
<i>ergotamine-caffeine</i>	T3 (NP)	PA; QL (0.86 EA per 1 day)
<i>frovatriptan succinate</i>	T2 (PB)	QL (0.4 EA per 1 day)
<i>naratriptan hcl</i>	T1 (PG)	QL (0.3 EA per 1 day)
NURTEC	T2 (PB)	PA; QL (0.54 EA per 1 day)
<i>rizatriptan benzoate oral tablet 10 mg</i>	T1 (PG)	QL (0.4 EA per 1 day)
<i>rizatriptan benzoate oral tablet 5 mg</i>	T1 (PG)	QL (0.6 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	T1 (PG)	QL (0.4 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	T1 (PG)	QL (0.6 EA per 1 day)
<i>sumatriptan nasal</i>	T2 (PB)	QL (0.4 EA per 1 day)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sumatriptan succinate oral</i>	T1 (PG)	QL (0.3 EA per 1 day)
<i>sumatriptan succinate subcutaneous</i>	T2 (PB)	QL (0.17 ML per 1 day)
<i>zolmitriptan oral tablet</i>	T1 (PG)	QL (0.4 EA per 1 day)
<i>zolmitriptan oral tablet dispersible</i>	T2 (PB)	QL (0.4 EA per 1 day)
Antimyasthenic Agents		
<i>neostigmine methylsulfate rfid intravenous solution prefilled syringe</i>	T3 (NP)	
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	T3 (NP)	
<i>pyridostigmine bromide oral tablet</i>	T1 (PG)	
Antimycobacterials		
<i>cycloserine oral</i>	T1 (PG)	
<i>dapsone oral</i>	T3 (NP)	
<i>ethambutol hcl oral</i>	T3 (NP)	
<i>isoniazid injection</i>	T1 (PG)	
<i>isoniazid oral syrup</i>	T1 (PG)	
<i>isoniazid oral tablet 100 mg</i>	T1 (PG)	
<i>isoniazid oral tablet 300 mg</i>	T1 (PG)	
PRETOMANID	T2 (PB)	
PRIFTIN	T3 (NP)	
<i>pyrazinamide oral</i>	T1 (PG)	
<i>rifabutin</i>	T3 (NP)	
<i>rifampin intravenous</i>	T1 (PG)	
<i>rifampin oral</i>	T2 (PB)	
SIRTURO	T3 (NP)	
TRECTOR	T3 (NP)	
Antineoplastics - Drugs for Cancer		
<i>abiraterone acetate</i>	T4 (SP)	PA; SP-QTZ
ADCETRIS	T4 (SP)	PA
ALECENSA	T4 (SP)	PA; SP-QTZ
<i>anastrozole oral</i>	T1 (PG)	\$0 for breast cancer PX
BELEODAQ	T4 (SP)	PA
<i>bexarotene</i>	T4 (SP)	PA; SP-QTZ
<i>bicalutamide</i>	T1 (PG)	
BOSULIF ORAL TABLET	T4 (SP)	PA; SP-QTZ
<i>busulfan</i>	T4 (SP)	
CABOMETYX ORAL TABLET 20 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 40 MG, 60 MG	T4 (SP)	PA; SP-QTZ

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>capecitabine</i>	T4 (SP)	SP-QTZ
CAPRELSA ORAL TABLET 100 MG	T4 (SP)	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	T4 (SP)	PA
COMETRIQ	T4 (SP)	PA; SP-ORx
COTELLIC	T4 (SP)	PA; SP-QTZ
<i>cyclophosphamide injection</i>	T4 (SP)	
<i>cyclophosphamide oral capsule</i>	T3 (NP)	
CYCLOPHOSPHAMIDE ORAL TABLET	T2 (PB)	
<i>dasatinib</i>	T4 (SP)	PA; SP-QTZ
<i>daunorubicin hcl</i>	T4 (SP)	
<i>decitabine</i>	T4 (SP)	
DROXIA	T3 (NP)	
ENHERTU	T4 (SP)	PA
ERIVEDGE	T4 (SP)	PA; SP-QTZ
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	T4 (SP)	PA; SP-QTZ
<i>erlotinib hcl oral tablet 25 mg</i>	T4 (SP)	PA; SP-QTZ; QL (3 EA per 1 day)
<i>etoposide oral</i>	T4 (SP)	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<i>everolimus oral tablet soluble</i>	T4 (SP)	PA; SP-QTZ
<i>exemestane</i>	T1 (PG)	\$0 for breast cancer PX
<i>fludarabine phosphate</i>	T4 (SP)	
<i>fluorouracil intravenous</i>	T4 (SP)	
GILOTRIF	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
GLEOSTINE	T4 (SP)	
HYCANTIN ORAL	T4 (SP)	SP-QTZ
<i>hydroxyurea oral</i>	T1 (PG)	
IBRANCE	T4 (SP)	PA; SP-QTZ
ICLUSIG ORAL TABLET 10 MG, 15 MG	T4 (SP)	PA; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG	T4 (SP)	PA
<i>imatinib mesylate</i>	T4 (SP)	PA; SP-QTZ
IMBRUVICA ORAL CAPSULE 140 MG	T4 (SP)	PA; SP-QTZ; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION	T4 (SP)	PA; SP-QTZ
IMBRUVICA ORAL TABLET	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
INLYTA	T4 (SP)	PA; SP-QTZ
IXEMPRA KIT	T4 (SP)	
JAKAFI ORAL TABLET 10 MG, 5 MG	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	T4 (SP)	PA; SP-QTZ
KISQALI (200 MG DOSE)	T4 (SP)	PA; SP-QTZ
KISQALI (400 MG DOSE)	T4 (SP)	PA; SP-QTZ
KISQALI (600 MG DOSE)	T4 (SP)	PA; SP-QTZ
KOSELUGO	T4 (SP)	PA; SP-QTZ
<i>lapatinib ditosylate</i>	T4 (SP)	PA; SP-QTZ
<i>lenalidomide</i>	T4 (SP)	PA; SP-QTZ
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	T4 (SP)	PA; SP-ORx
<i>letrozole oral</i>	T1 (PG)	\$0 for breast cancer PX
<i>leucovorin calcium injection solution reconstituted</i>	T1 (PG)	
<i>leucovorin calcium oral tablet 10 mg, 5 mg</i>	T1 (PG)	
<i>leucovorin calcium oral tablet 15 mg, 25 mg</i>	T3 (NP)	
LEUKERAN	T2 (PB)	
LYNPARZA	T4 (SP)	PA; SP-QTZ
LYSODREN	T3 (NP)	
MATULANE	T4 (SP)	
MEKINIST	T4 (SP)	PA; SP-QTZ
<i>melphalan hcl</i>	T4 (SP)	
<i>mercaptopurine oral tablet</i>	T1 (PG)	
<i>mesna oral</i>	T4 (SP)	
MESNEX ORAL	T4 (SP)	
<i>mitomycin intravenous</i>	T4 (SP)	
<i>mitoxantrone hcl</i>	T4 (SP)	PA
MUTAMYCIN	T4 (SP)	
MYLERAN	T2 (PB)	
<i>nilutamide</i>	T4 (SP)	SP-QTZ
NINLARO	T4 (SP)	PA; SP-QTZ
OGSIVEO	T4 (SP)	PA
ONUREG	T4 (SP)	PA; SP-QTZ
ORGOVYX	T4 (SP)	PA
ORSERDU	T4 (SP)	PA
<i>paclitaxel</i>	T4 (SP)	
<i>pazopanib hcl</i>	T4 (SP)	PA; SP-QTZ
PIQRAY	T4 (SP)	PA; SP-QTZ

Drug Name	Drug Tier	Coverage Requirements & Limits
POMALYST ORAL CAPSULE 1 MG, 2 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG	T4 (SP)	PA; SP-QTZ
PROLEUKIN	T4 (SP)	
QINLOCK	T4 (SP)	PA
REVLIMID	T4 (SP)	PA; SP-QTZ
ROZLYTREK ORAL CAPSULE	T4 (SP)	PA; SP-QTZ
RUXIENCE	T3 (NP)	PA
RYDAPT	T4 (SP)	PA
<i>sorafenib tosylate</i>	T4 (SP)	PA; SP-QTZ
SPRYCEL	T4 (SP)	PA; SP-QTZ
STIVARGA	T4 (SP)	PA; SP-QTZ
<i>sunitinib malate</i>	T4 (SP)	PA; SP-QTZ
TABRECTA	T4 (SP)	PA; SP-QTZ
TAFINLAR	T4 (SP)	PA; SP-QTZ
TAGRISSEO ORAL TABLET 40 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
TAGRISSEO ORAL TABLET 80 MG	T4 (SP)	PA; SP-QTZ
<i>tamoxifen citrate oral</i>	T1 (PG)	\$0 for breast cancer PX
TASIGNA	T4 (SP)	PA; SP-QTZ
<i>temozolomide</i>	T4 (SP)	PA
THALOMID	T4 (SP)	PA; SP-QTZ
<i>toremifene citrate</i>	T3 (NP)	
<i>torpenz</i>	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<i>tretinoin oral</i>	T4 (SP)	
TUKYSA	T4 (SP)	PA; SP-QTZ
TURALIO	T4 (SP)	PA
VENCLEXTA	T4 (SP)	PA; SP-QTZ
VENCLEXTA STARTING PACK	T4 (SP)	PA; SP-QTZ
VERZENIO	T4 (SP)	PA; SP-QTZ
VORANIGO ORAL TABLET 10 MG	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
VORANIGO ORAL TABLET 40 MG	T4 (SP)	PA; SP-QTZ
VOTRIENT	T4 (SP)	PA; SP-QTZ
XALKORI ORAL CAPSULE	T4 (SP)	PA; SP-QTZ
XTANDI	T4 (SP)	PA; SP-QTZ
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM	T4 (SP)	
ZELBORAF	T4 (SP)	PA; SP-QTZ
ZOLINZA	T4 (SP)	PA; SP-QTZ
ZYDELIG	T4 (SP)	PA; SP-QTZ

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
ZYKADIA	T4 (SP)	PA; SP-QTZ
Antiparasitics		
<i>albendazole oral</i>	T3 (NP)	PA
<i>atovaquone</i>	T3 (NP)	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg</i>	T3 (NP)	
<i>atovaquone-proguanil hcl oral tablet 62.5-25 mg</i>	T1 (PG)	
BENZNIDAZOLE	T3 (NP)	
<i>chloroquine phosphate oral</i>	T3 (NP)	
COARTEM	T3 (NP)	
CROTAN	T4 (SP)	
EMVERM	T2 (PB)	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg</i>	T1 (PG)	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1 (PG)	
<i>hydroxychloroquine sulfate oral tablet 400 mg</i>	T2 (PB)	
IMPAVIDO	T3 (NP)	
<i>ivermectin oral tablet 3 mg</i>	T3 (NP)	
<i>malathion</i>	T3 (NP)	
<i>mefloquine hcl</i>	T1 (PG)	
<i>nitazoxanide oral</i>	T3 (NP)	
<i>permethrin external</i>	T1 (PG)	
<i>praziquantel oral</i>	T3 (NP)	
<i>primaquine phosphate</i>	T1 (PG)	
<i>pyrimethamine oral</i>	T4 (SP)	PA
<i>quinine sulfate</i>	T2 (PB)	
<i>spinosad</i>	T3 (NP)	
<i>sulfurated lime</i>	T1 (PG)	
Antiparkinson Agents		
<i>amantadine hcl oral capsule</i>	T1 (PG)	
<i>amantadine hcl oral solution</i>	T1 (PG)	
<i>apomorphine hcl subcutaneous</i>	T4 (SP)	PA; SP-ORx; QL (3 ML per 1 day)
<i>benztropine mesylate injection</i>	T1 (PG)	
<i>benztropine mesylate oral</i>	T1 (PG)	
<i>bromocriptine mesylate oral</i>	T3 (NP)	
<i>carbidopa oral</i>	T3 (NP)	
<i>carbidopa-levodopa</i>	T1 (PG)	
<i>carbidopa-levodopa er</i>	T1 (PG)	

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 25-100-200 mg, 50-200-200 mg</i>	T3 (NP)	
<i>carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg, 31.25-125-200 mg, 37.5-150-200 mg</i>	T1 (PG)	
<i>entacapone</i>	T3 (NP)	
NEUPRO	T3 (NP)	
<i>pramipexole dihydrochloride</i>	T1 (PG)	
<i>rasagiline mesylate oral</i>	T3 (NP)	
<i>ropinirole hcl</i>	T1 (PG)	
<i>ropinirole hcl er</i>	T3 (NP)	
<i>selegiline hcl oral</i>	T1 (PG)	
<i>tolcapone</i>	T1 (PG)	
<i>trihexyphenidyl hcl oral solution</i>	T1 (PG)	
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	T1 (PG)	
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	T1 (PG)	
Antiplatelets		
<i>aspirin-dipyridamole er</i>	T3 (NP)	
BRILINTA	T2 (PB)	
CABLIVI	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<i>cilostazol</i>	T1 (PG)	
<i>clopidogrel bisulfate oral</i>	T1 (PG)	
<i>dipyridamole oral</i>	T2 (PB)	
<i>prasugrel hcl</i>	T3 (NP)	
ZONTIVITY	T3 (NP)	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY MAINTENA	T3 (NP)	
<i>aripiprazole oral tablet</i>	T1 (PG)	QL (1 EA per 1 day)
<i>asenapine maleate</i>	T3 (NP)	QL (2 EA per 1 day)
<i>chlorpromazine hcl oral tablet</i>	T3 (NP)	
<i>clozapine oral tablet 100 mg, 25 mg</i>	T3 (NP)	QL (9 EA per 1 day)
<i>clozapine oral tablet 200 mg</i>	T3 (NP)	QL (4 EA per 1 day)
<i>clozapine oral tablet 50 mg</i>	T3 (NP)	QL (6 EA per 1 day)
FANAPT	T3 (NP)	PA; ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK	T3 (NP)	PA; ST; QL (16 EA per 365 days)
<i>fluphenazine hcl oral tablet</i>	T3 (NP)	
<i>haloperidol decanoate intramuscular</i>	T1 (PG)	

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>haloperidol lactate injection</i>	T1 (PG)	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	T1 (PG)	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	T1 (PG)	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	T1 (PG)	
INVEGA HAFYERA	T3 (NP)	PA; ST
INVEGA SUSTENNA	T3 (NP)	
INVEGA TRINZA	T3 (NP)	
<i>loxapine succinate</i>	T3 (NP)	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	T1 (PG)	QL (1 EA per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	T1 (PG)	QL (2 EA per 1 day)
<i>olanzapine intramuscular</i>	T3 (NP)	
<i>olanzapine oral tablet</i>	T1 (PG)	QL (1 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T3 (NP)	QL (1 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T3 (NP)	QL (2 EA per 1 day)
<i>pimozide</i>	T3 (NP)	
<i>quetiapine fumarate er</i>	T1 (PG)	QL (2 EA per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	T1 (PG)	QL (3 EA per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	T1 (PG)	QL (2 EA per 1 day)
REXULTI	T3 (NP)	QL (1 EA per 1 day)
<i>risperidone oral tablet</i>	T1 (PG)	QL (2 EA per 1 day)
<i>thioridazine hcl oral</i>	T1 (PG)	
<i>thiothixene</i>	T3 (NP)	
<i>trifluoperazine hcl</i>	T3 (NP)	
<i>ziprasidone hcl</i>	T3 (NP)	QL (2 EA per 1 day)
Antivirals		
<i>abacavir sulfate oral solution</i>	T3 (NP)	SP-QTZ
<i>abacavir sulfate oral tablet</i>	T1 (PG)	SP-QTZ
<i>abacavir sulfate-lamivudine</i>	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<i>acyclovir external ointment</i>	T1 (PG)	QL (1 GM per 1 day)
<i>acyclovir oral capsule</i>	T1 (PG)	
<i>acyclovir oral suspension</i>	T3 (NP)	
<i>acyclovir oral tablet</i>	T1 (PG)	
<i>acyclovir sodium</i>	T1 (PG)	
<i>adefovir dipivoxil</i>	T3 (NP)	

Drug Name	Drug Tier	Coverage Requirements & Limits
APRETUDE	T3 (NP)	\$0 copay for HIV PX
APTIVUS	T4 (SP)	SP-QTZ
<i>atazanavir sulfate</i>	T3 (NP)	SP-QTZ
BARACLUDE ORAL SOLUTION	T3 (NP)	QL (21 ML per 1 day)
BIKTARVY	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<i>cidofovir intravenous</i>	T1 (PG)	
CIMDUO	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
COMPLERA	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	T1 (PG)	SP-QTZ
<i>darunavir oral tablet 800 mg</i>	T1 (PG)	SP-QTZ; \$0 copay for HIV PX
DELSTRIGO	T2 (PB)	SP-QTZ
DESCOVY ORAL TABLET 200-25 MG	T3 (NP)	PA; SP-QTZ; \$0 copay for HIV PX
DOVATO	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
EDURANT	T3 (NP)	SP-QTZ
<i>efavirenz</i>	T3 (NP)	SP-QTZ
<i>efavirenz-emtricitab-tenofo df</i>	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir</i>	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<i>emtricitabine</i>	T3 (NP)	SP-QTZ
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 200-300 mg</i>	T3 (NP)	SP-QTZ; \$0 copay for HIV PX; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION	T2 (PB)	SP-QTZ
<i>entecavir</i>	T1 (PG)	QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 150-37.5 MG	T3 (NP)	PA; SP-QTZ; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG	T3 (NP)	PA; SP-QTZ; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET 200-50 MG	T3 (NP)	PA; SP-QTZ; QL (1 EA per 1 day)
EPCLUSA ORAL TABLET 400-100 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<i>etravirine</i>	T3 (NP)	SP-QTZ
EVOTAZ	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
<i>famciclovir oral</i>	T1 (PG)	
<i>fosamprenavir calcium</i>	T3 (NP)	SP-QTZ
FUZEON	T2 (PB)	SP-QTZ
HARVONI ORAL PACKET 33.75-150 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)

Drug Name	Drug Tier	Coverage Requirements & Limits
INTELENCE ORAL TABLET 25 MG	T3 (NP)	SP-QTZ
ISENTRESS	T2 (PB)	SP-QTZ; \$0 copay for HIV PX
ISENTRESS HD	T2 (PB)	SP-QTZ
JULUCA	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
LAGEVRIO	T3 (NP)	QL (8 EA per 1 day)
<i>lamivudine oral solution</i>	T3 (NP)	SP-QTZ
<i>lamivudine oral tablet 100 mg</i>	T1 (PG)	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T1 (PG)	SP-QTZ
<i>lamivudine-zidovudine</i>	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<i>lopinavir-ritonavir oral solution</i>	T3 (NP)	SP-QTZ
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	T1 (PG)	SP-QTZ
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	T3 (NP)	SP-QTZ
<i>maraviroc</i>	T1 (PG)	PA; SP-QTZ
MAVYRET ORAL PACKET	T3 (NP)	PA; SP-QTZ; QL (5 EA per 1 day)
MAVYRET ORAL TABLET	T3 (NP)	PA; SP-QTZ; QL (3 EA per 1 day)
<i>nevirapine</i>	T3 (NP)	SP-QTZ
<i>nevirapine er</i>	T3 (NP)	SP-QTZ
NORVIR ORAL PACKET	T2 (PB)	SP-QTZ
ODEFSEY	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<i>oseltamivir phosphate oral capsule 30 mg</i>	T2 (PB)	QL (40 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	T2 (PB)	QL (20 EA per 365 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	T3 (NP)	QL (20 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T3 (NP)	QL (360 ML per 365 days)
PAXLOVID (150/100)	T3 (NP)	QL (4 EA per 1 day)
PAXLOVID (300/100)	T3 (NP)	QL (6 EA per 1 day)
PEGASYS	T4 (SP)	PA; SP-QTZ
<i>penciclovir</i>	T3 (NP)	
PIFELTRO	T3 (NP)	SP-QTZ
PREZCOBIX	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION	T2 (PB)	SP-QTZ
PREZISTA ORAL TABLET 150 MG, 75 MG	T2 (PB)	SP-QTZ
RELENZA DISKHALER	T3 (NP)	QL (40 EA per 365 days)
REYATAZ ORAL PACKET	T2 (PB)	SP-QTZ
<i>ribavirin oral</i>	T4 (SP)	
<i>rimantadine hcl</i>	T1 (PG)	
<i>ritonavir</i>	T3 (NP)	SP-QTZ; \$0 copay for HIV PX
RUKOBIA	T2 (PB)	SP-QTZ

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
SELZENTRY ORAL SOLUTION	T2 (PB)	PA; SP-QTZ
SOVALDI ORAL TABLET 400 MG	T4 (SP)	PA; SP-QTZ
SYMTUZA	T3 (NP)	SP-QTZ; QL (1 EA per 1 day)
<i>tenofovir disoproxil fumarate</i>	T1 (PG)	SP-QTZ; \$0 copay for HIV PX
TIVICAY	T2 (PB)	SP-QTZ
TIVICAY PD	T2 (PB)	SP-QTZ; \$0 copay for HIV PX
TRIUMEQ	T2 (PB)	SP-QTZ; QL (1 EA per 1 day)
TYBOST	T2 (PB)	SP-QTZ
<i>valacyclovir hcl oral</i>	T1 (PG)	QL (4 EA per 1 day)
<i>valganciclovir hcl</i>	T3 (NP)	
VEMLIDY	T4 (SP)	
VIRACEPT	T4 (SP)	SP-QTZ
VIREAD ORAL POWDER	T2 (PB)	SP-QTZ
VIREAD ORAL TABLET 150 MG	T3 (NP)	SP-QTZ
VIREAD ORAL TABLET 200 MG, 250 MG	T2 (PB)	SP-QTZ
ZEPATIER	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<i>zidovudine</i>	T3 (NP)	SP-QTZ
Anxiolytics - Drugs for Anxiety		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg</i>	T2 (PB)	QL (1 EA per 1 day)
<i>alprazolam er oral tablet extended release 24 hour 1 mg</i>	T1 (PG)	QL (1 EA per 1 day)
<i>alprazolam er oral tablet extended release 24 hour 2 mg</i>	T2 (PB)	QL (5 EA per 1 day)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	T2 (PB)	QL (3 EA per 1 day)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	T1 (PG)	QL (4 EA per 1 day)
<i>alprazolam oral tablet 2 mg</i>	T1 (PG)	QL (5 EA per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg</i>	T2 (PB)	QL (1 EA per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 1 mg</i>	T1 (PG)	QL (1 EA per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 2 mg</i>	T2 (PB)	QL (5 EA per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 3 mg</i>	T2 (PB)	QL (3 EA per 1 day)
<i>bupirone hcl oral tablet 10 mg, 5 mg</i>	T1 (PG)	
<i>bupirone hcl oral tablet 15 mg, 30 mg</i>	T1 (PG)	
<i>chlordiazepoxide hcl oral capsule 10 mg</i>	T1 (PG)	QL (30 EA per 1 day)

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	T1 (PG)	QL (12 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 5 mg</i>	T1 (PG)	QL (4 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T1 (PG)	QL (3 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>	T1 (PG)	QL (10 EA per 1 day)
<i>clorazepate dipotassium oral tablet 15 mg</i>	T3 (NP)	QL (6 EA per 1 day)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	T3 (NP)	QL (24 EA per 1 day)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	T3 (NP)	QL (12 EA per 1 day)
<i>diazepam intensol</i>	T2 (PB)	
<i>diazepam oral concentrate</i>	T2 (PB)	
<i>diazepam oral solution</i>	T2 (PB)	
<i>diazepam oral tablet</i>	T1 (PG)	
<i>estazolam</i>	T1 (PG)	QL (1 EA per 1 day)
<i>hydroxyzine hcl oral</i>	T1 (PG)	
<i>hydroxyzine pamoate oral capsule 100 mg</i>	T3 (NP)	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	T1 (PG)	
<i>lorazepam injection</i>	T1 (PG)	
<i>lorazepam intensol</i>	T3 (NP)	QL (5 ML per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	T3 (NP)	QL (5 ML per 1 day)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T1 (PG)	QL (3 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	T1 (PG)	QL (5 EA per 1 day)
<i>meprobamate</i>	T3 (NP)	
<i>midazolam hcl injection solution 2 mg/2ml</i>	T3 (NP)	
<i>oxazepam</i>	T3 (NP)	QL (4 EA per 1 day)
<i>quazepam</i>	T3 (NP)	QL (1 EA per 1 day)
<i>triazolam</i>	T1 (PG)	QL (2 EA per 1 day)
Bipolar Agents - Drugs for Mood Disorders		
<i>lithium</i>	T1 (PG)	
<i>lithium carbonate er</i>	T1 (PG)	
<i>lithium carbonate oral</i>	T1 (PG)	
Blood Products and Modifiers - Drugs for Blood Disorders		
<i>aminocaproic acid oral tablet</i>	T3 (NP)	
<i>anagrelide hcl</i>	T3 (NP)	
ARANESP (ALBUMIN FREE)	T4 (SP)	PA
DOPTELET	T4 (SP)	SP-ORx
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 500 UNIT	T4 (SP)	

Drug Name	Drug Tier	Coverage Requirements & Limits
HEMLIBRA	T4 (SP)	SP-QTZ
LEUKINE	T4 (SP)	
NEULASTA	T4 (SP)	PA
NEULASTA ONPRO	T4 (SP)	PA
NIVESTYM	T4 (SP)	PA
<i>plerixafor</i>	T4 (SP)	
PROMACTA	T4 (SP)	PA; SP-QTZ
PYRUKYND	T4 (SP)	PA; QL (2 EA per 1 day)
PYRUKYND TAPER PACK	T4 (SP)	PA; QL (1 EA per 1 day)
REBLOZYL	T4 (SP)	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1801-2400 UNIT	T4 (SP)	
RETACRIT	T4 (SP)	PA
SOLIRIS	T4 (SP)	PA
ULTOMIRIS	T4 (SP)	PA
XOLREMDI	T4 (SP)	PA; QL (4 EA per 1 day)
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
<i>acebutolol hcl oral</i>	T2 (PB)	
<i>aliskiren fumarate</i>	T3 (NP)	
<i>amiloride hcl oral</i>	T1 (PG)	
<i>amiloride-hydrochlorothiazide</i>	T1 (PG)	
<i>amiodarone hcl oral tablet 200 mg</i>	T1 (PG)	
<i>amlodipine besylate oral</i>	T1 (PG)	
<i>amlodipine besylate-benazepril hcl</i>	T1 (PG)	
<i>amlodipine besylate-valsartan</i>	T3 (NP)	
<i>amlodipine-olmesartan</i>	T3 (NP)	
<i>atenolol oral</i>	T1 (PG)	\$0 HDHP
<i>atenolol-chlorthalidone</i>	T1 (PG)	\$0 HDHP
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	T1 PV	\$0 HDHP; \$0 if age 40-75
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	T1 (PG)	\$0 HDHP
<i>benazepril hcl oral</i>	T1 (PG)	\$0 HDHP
<i>betaxolol hcl oral</i>	T1 (PG)	\$0 HDHP
<i>bisoprolol fumarate oral</i>	T1 (PG)	\$0 HDHP
<i>bisoprolol-hydrochlorothiazide</i>	T1 (PG)	\$0 HDHP
<i>bumetanide oral</i>	T1 (PG)	
<i>cartia xt</i>	T1 (PG)	
<i>carvedilol</i>	T1 (PG)	\$0 HDHP

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>chlorthalidone</i>	T1 (PG)	
<i>cholestyramine light</i>	T3 (NP)	
<i>cholestyramine oral</i>	T3 (NP)	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	T1 (PG)	
<i>clonidine hcl oral tablet 0.3 mg</i>	T1 (PG)	
<i>colesevelam hcl oral tablet</i>	T3 (NP)	
<i>colestipol hcl</i>	T3 (NP)	
CORLANOR ORAL SOLUTION	T3 (NP)	PA; QL (15 ML per 1 day)
CORLANOR ORAL TABLET	T3 (NP)	PA; QL (2 EA per 1 day)
<i>digoxin oral solution</i>	T3 (NP)	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1 (PG)	
<i>diltiazem hcl er beads</i>	T1 (PG)	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1 (PG)	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	T1 (PG)	
<i>diltiazem hcl oral</i>	T1 (PG)	
<i>dilt-xr</i>	T1 (PG)	
<i>disopyramide phosphate</i>	T3 (NP)	
<i>dofetilide</i>	T3 (NP)	
<i>doxazosin mesylate oral</i>	T1 (PG)	
<i>enalapril maleate oral tablet</i>	T1 (PG)	\$0 HDHP
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	T1 (PG)	\$0 HDHP
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	T1 (PG)	\$0 HDHP
ENTRESTO ORAL CAPSULE SPRINKLE	T2 (PB)	QL (8 EA per 1 day)
ENTRESTO ORAL TABLET	T2 (PB)	QL (2 EA per 1 day)
<i>epinephrine injection solution</i>	T1 (PG)	
<i>epinephrine pf</i>	T1 (PG)	
<i>eplerenone</i>	T3 (NP)	
<i>ethacrynic acid</i>	T3 (NP)	
<i>ezetimibe</i>	T1 (PG)	
<i>ezetimibe-simvastatin</i>	T3 (NP)	
<i>felodipine er</i>	T1 (PG)	
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	T1 (PG)	

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fenofibrate micronized oral capsule 200 mg, 43 mg</i>	T3 (NP)	
<i>fenofibrate oral capsule 134 mg, 67 mg</i>	T1 (PG)	
<i>fenofibrate oral capsule 200 mg</i>	T3 (NP)	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1 (PG)	
<i>fenofibric acid oral capsule delayed release</i>	T3 (NP)	
<i>flecainide acetate</i>	T1 (PG)	
<i>fluvastatin sodium</i>	T3 (NP)	\$0 if age 40-75
<i>fosinopril sodium</i>	T1 (PG)	\$0 HDHP
<i>furosemide injection</i>	T1 (PG)	
<i>furosemide oral solution 10 mg/ml</i>	T1 (PG)	
<i>furosemide oral solution 8 mg/ml</i>	T1 (PG)	
<i>furosemide oral tablet</i>	T1 (PG)	
<i>gemfibrozil oral</i>	T1 (PG)	
<i>guanfacine hcl</i>	T1 (PG)	
<i>hydralazine hcl oral</i>	T1 (PG)	
<i>hydrochlorothiazide oral</i>	T1 (PG)	
<i>indapamide</i>	T1 (PG)	
<i>irbesartan</i>	T1 (PG)	
<i>irbesartan-hydrochlorothiazide</i>	T1 (PG)	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1 (PG)	
<i>isosorbide mononitrate</i>	T1 (PG)	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>	T1 (PG)	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>	T1 (PG)	
<i>ivabradine hcl</i>	T1 (PG)	PA; QL (2 EA per 1 day)
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1 (PG)	\$0 HDHP
<i>lisinopril oral</i>	T1 (PG)	\$0 HDHP
<i>lisinopril-hydrochlorothiazide</i>	T1 (PG)	\$0 HDHP
<i>losartan potassium oral</i>	T1 (PG)	
<i>losartan potassium-hctz</i>	T1 (PG)	
<i>lovastatin oral</i>	T1 PV	\$0 HDHP; \$0 if age 40-75
<i>mannitol intravenous solution 20 %</i>	T3 (NP)	
<i>methyldopa</i>	T1 (PG)	
<i>metolazone oral tablet 10 mg</i>	T1 (PG)	
<i>metolazone oral tablet 2.5 mg, 5 mg</i>	T3 (NP)	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>metoprolol succinate er</i>	T1 (PG)	\$0 HDHP
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1 (PG)	\$0 HDHP
<i>metyrosine</i>	T1 (PG)	PA; QL (16 EA per 1 day)
<i>mexiletine hcl oral</i>	T3 (NP)	
<i>midodrine hcl</i>	T1 (PG)	
<i>minoxidil oral</i>	T1 (PG)	
<i>nadolol oral tablet 40 mg</i>	T1 (PG)	\$0 HDHP
<i>nebivolol hcl</i>	T3 (NP)	
<i>niacin er (antihyperlipidemic)</i>	T3 (NP)	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg</i>	T1 (PG)	
<i>nifedipine er oral tablet extended release 24 hour 90 mg</i>	T3 (NP)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg</i>	T1 (PG)	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	T3 (NP)	
<i>nimodipine oral capsule</i>	T3 (NP)	
<i>nitroglycerin rectal</i>	T1 (PG)	
<i>nitroglycerin sublingual</i>	T1 (PG)	
<i>nitroglycerin transdermal</i>	T1 (PG)	
<i>olmesartan medoxomil oral</i>	T1 (PG)	
<i>olmesartan medoxomil-hctz</i>	T1 (PG)	
<i>omega-3-acid ethyl esters</i>	T3 (NP)	
<i>pentoxifylline er</i>	T1 (PG)	
<i>phenoxybenzamine hcl oral</i>	T3 (NP)	PA
<i>pindolol</i>	T3 (NP)	
<i>pravastatin sodium</i>	T1 PV	\$0 HDHP; \$0 if age 40-75
<i>prazosin hcl oral</i>	T1 (PG)	
<i>prevalite</i>	T3 (NP)	
<i>procainamide hcl injection solution 100 mg/ml</i>	T3 (NP)	
<i>propafenone hcl</i>	T1 (PG)	
<i>propranolol hcl er</i>	T3 (NP)	
<i>propranolol hcl intravenous</i>	T1 (PG)	
<i>propranolol hcl oral solution</i>	T1 (PG)	\$0 HDHP
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T1 (PG)	\$0 HDHP
<i>propranolol hcl oral tablet 60 mg</i>	T1 (PG)	\$0 HDHP

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>quinapril hcl</i>	T1 (PG)	\$0 HDHP
<i>quinapril-hydrochlorothiazide</i>	T1 (PG)	\$0 HDHP
<i>quinidine sulfate</i>	T1 (PG)	
<i>ramipril</i>	T1 (PG)	\$0 HDHP
<i>ranolazine er</i>	T3 (NP)	
RECTIV	T3 (NP)	
REPATHA	T2 (PB)	PA; ST; SP-QTZ; QL (0.11 ML per 1 day)
REPATHA PUSHTRONEX SYSTEM	T2 (PB)	PA; ST; SP-QTZ; QL (0.13 ML per 1 day)
REPATHA SURECLICK	T2 (PB)	PA; ST; SP-QTZ; QL (0.11 ML per 1 day)
<i>rosuvastatin calcium oral</i>	T1 PV	\$0 HDHP; \$0 if age 40-75
<i>simvastatin oral</i>	T1 PV	\$0 HDHP; \$0 if age 40-75
<i>sotalol hcl (af)</i>	T1 (PG)	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	T1 (PG)	
<i>sotalol hcl oral tablet 80 mg</i>	T1 (PG)	
<i>spironolactone oral tablet</i>	T1 (PG)	
<i>spironolactone-hctz</i>	T1 (PG)	
<i>telmisartan</i>	T1 (PG)	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	T1 (PG)	
<i>toremide</i>	T1 (PG)	
<i>trandolapril</i>	T1 (PG)	\$0 HDHP
<i>triamterene-hctz</i>	T1 (PG)	
<i>valsartan oral tablet</i>	T1 (PG)	
<i>valsartan-hydrochlorothiazide</i>	T1 (PG)	
<i>verapamil hcl er oral tablet extended release</i>	T1 (PG)	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	T1 (PG)	
<i>verapamil hcl oral tablet 40 mg</i>	T1 (PG)	
VYNDAMAX	T4 (SP)	PA; SP-ORx; QL (1 EA per 1 day)
Central Nervous System Agents		
SKYCLARYS	T4 (SP)	PA; QL (3 EA per 1 day)
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
<i>amphetamine sulfate</i>	T3 (NP)	QL (6 EA per 1 day)
<i>amphetamine-dextroamphetamine er</i>	T1 (PG)	QL (2 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	T1 (PG)	QL (3 EA per 1 day)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	T1 (PG)	QL (2 EA per 1 day)
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg</i>	T2 (PB)	QL (1 EA per 1 day)
<i>atomoxetine hcl oral capsule 100 mg, 40 mg, 60 mg, 80 mg</i>	T3 (NP)	QL (1 EA per 1 day)
<i>clonidine hcl er</i>	T1 (PG)	
<i>dexmethylphenidate hcl</i>	T1 (PG)	QL (2 EA per 1 day)
<i>dexmethylphenidate hcl er</i>	T3 (NP)	QL (1 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	T3 (NP)	QL (6 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	T3 (NP)	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T3 (NP)	QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	T3 (NP)	QL (60 ML per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1 (PG)	QL (6 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	T1 (PG)	QL (3 EA per 1 day)
<i>guanfacine hcl er</i>	T3 (NP)	
<i>lisdexamfetamine dimesylate</i>	T2 (PB)	QL (1 EA per 1 day)
<i>methamphetamine hcl</i>	T1 (PG)	QL (5 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	T3 (NP)	QL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	T3 (NP)	QL (2 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	T3 (NP)	QL (2 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T3 (NP)	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet</i>	T1 (PG)	QL (3 EA per 1 day)
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	T4 (SP)	PA; SP-QTZ; QL (0.04 EA per 1 day)
AVONEX PREFILLED	T4 (SP)	PA; SP-QTZ; QL (0.04 EA per 1 day)
BETASERON	T4 (SP)	PA; SP-QTZ; QL (0.5 EA per 1 day)
<i>dalfampridine er</i>	T4 (SP)	PA; QL (2 EA per 1 day)
<i>dimethyl fumarate oral</i>	T3 (NP)	PA; SP-QTZ; QL (2 EA per 1 day)

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dimethyl fumarate starter pack</i>	T3 (NP)	PA; SP-QTZ; QL (120 EA per 365 days)
<i> fingolimod hcl</i>	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T4 (SP)	PA; SP-QTZ; QL (1 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T4 (SP)	PA; SP-QTZ; QL (0.43 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	T4 (SP)	PA; SP-QTZ; QL (1 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	T4 (SP)	PA; SP-QTZ; QL (0.43 ML per 1 day)
KESIMPTA	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
MAYZENT ORAL TABLET 0.25 MG	T4 (SP)	PA; SP-QTZ; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	T4 (SP)	PA; SP-QTZ; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	T4 (SP)	PA; SP-QTZ; QL (14 EA per 365 days)
<i>teriflunomide</i>	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
TYSABRI	T4 (SP)	PA; QL (0.54 ML per 1 day)
Central Nervous System Agents - Miscellaneous		
AUSTEDO	T4 (SP)	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG	T4 (SP)	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	T1 (PG)	QL (3 EA per 1 day)
<i>pregabalin oral capsule 300 mg</i>	T1 (PG)	QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	T3 (NP)	QL (30 ML per 1 day)
<i>riluzole</i>	T3 (NP)	
SAVELLA	T3 (NP)	PA; ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK	T3 (NP)	PA; ST; QL (110 EA per 365 days)
<i>tetrabenazine</i>	T4 (SP)	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
<i>cevimeline hcl</i>	T3 (NP)	
<i>chlorhexidine gluconate mouth/throat</i>	T1 (PG)	
EASYGEL	T1 (PG)	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
FLUORIDEX DAILY RENEWAL	T1 (PG)	
KOURZEQ	T1 (PG)	
<i>lidocaine viscous hcl</i>	T1 (PG)	
ORALONE	T1 (PG)	
<i>periogard</i>	T1 (PG)	
<i>pilocarpine hcl oral tablet 5 mg</i>	T2 (PB)	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	T3 (NP)	
PREVIDENT MOUTH/THROAT	T3 (NP)	
<i>sodium fluoride 5000 plus</i>	T1 (PG)	
<i>sodium fluoride 5000 ppm dental cream</i>	T1 (PG)	
<i>sodium fluoride 5000 ppm dental gel</i>	T1 (PG)	
<i>sodium fluoride dental</i>	T1 (PG)	
<i>sodium fluoride mouth/throat</i>	T1 (PG)	
<i>triamcinolone acetonide mouth/throat</i>	T1 (PG)	
Dermatological Agents - Drugs for Skin Conditions		
<i>accutane</i>	T3 (NP)	
<i>acitretin</i>	T3 (NP)	
<i>adapalene external cream</i>	T3 (NP)	
<i>adapalene external gel 0.3 %</i>	T3 (NP)	
<i>adapalene gel 0.1 % external (rx)</i>	T1 (PG)	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1 (PG)	
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	T3 (NP)	
<i>ala-cort</i>	T1 (PG)	
<i>alclometasone dipropionate</i>	T1 (PG)	
AMELUZ	T3 (NP)	
<i>ammonium lactate external</i>	T1 (PG)	
<i>amnesteem</i>	T3 (NP)	
<i>benzoyl peroxide-erythromycin</i>	T3 (NP)	
<i>betamethasone dipropionate aug external cream</i>	T1 (PG)	
<i>betamethasone dipropionate aug external lotion</i>	T3 (NP)	
<i>betamethasone dipropionate aug external ointment</i>	T3 (NP)	
<i>betamethasone dipropionate external cream</i>	T1 (PG)	
<i>betamethasone dipropionate external lotion</i>	T1 (PG)	
<i>betamethasone dipropionate external ointment</i>	T3 (NP)	

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>betamethasone valerate external cream</i>	T1 (PG)	
<i>betamethasone valerate external lotion</i>	T1 (PG)	
<i>betamethasone valerate external ointment</i>	T1 (PG)	
<i>calcipotriene external cream</i>	T2 (PB)	
<i>calcipotriene external ointment</i>	T2 (PB)	
<i>calcipotriene external solution</i>	T2 (PB)	
<i>calcipotriene-betameth diprop external ointment</i>	T3 (NP)	
<i>calcitriol external</i>	T3 (NP)	
CIBINQO	T4 (SP)	PA; QL (1 EA per 1 day)
<i>claravis</i>	T3 (NP)	
<i>clindacin etz external swab</i>	T1 (PG)	
<i>clindacin-p</i>	T1 (PG)	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	T1 (PG)	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</i>	T3 (NP)	
<i>clindamycin phosphate external gel</i>	T1 (PG)	
<i>clindamycin phosphate external solution</i>	T1 (PG)	
<i>clindamycin phosphate external swab</i>	T1 (PG)	
<i>clobetasol propionate external cream 0.05 %</i>	T3 (NP)	
<i>clobetasol propionate external gel</i>	T3 (NP)	
<i>clobetasol propionate external ointment</i>	T3 (NP)	
<i>clobetasol propionate external solution</i>	T3 (NP)	
<i>clocortolone pivalate</i>	T3 (NP)	
<i>coal tar external</i>	T1 (PG)	
<i>desonide external cream</i>	T3 (NP)	
<i>desonide external ointment</i>	T3 (NP)	
<i>desoximetasone external cream 0.25 %</i>	T1 (PG)	
<i>desoximetasone external liquid</i>	T3 (NP)	
<i>desoximetasone external ointment 0.25 %</i>	T3 (NP)	
<i>diclofenac sodium gel 3 % external</i>	T1 (PG)	QL (10 GM per 1 day)
<i>diflorasone diacetate external cream</i>	T3 (NP)	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	T4 (SP)	PA; SP-QTZ; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T4 (SP)	PA; SP-QTZ; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T4 (SP)	PA; SP-QTZ; QL (0.17 ML per 1 day)

Drug Name	Drug Tier	Coverage Requirements & Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4 (SP)	PA; SP-QTZ; QL (0.29 ML per 1 day)
<i>ery pad 2%</i>	T3 (NP)	
<i>erythromycin external</i>	T1 (PG)	
<i>fluocinolone acetonide body</i>	T1 (PG)	
<i>fluocinolone acetonide external cream</i>	T3 (NP)	
<i>fluocinolone acetonide external ointment</i>	T3 (NP)	
<i>fluocinolone acetonide external solution</i>	T1 (PG)	
<i>fluocinolone acetonide scalp</i>	T1 (PG)	
<i>fluocinonide emulsified base</i>	T3 (NP)	
<i>fluocinonide external</i>	T1 (PG)	
<i>fluorouracil external cream</i>	T3 (NP)	
<i>fluorouracil external solution</i>	T1 (PG)	
<i>flurandrenolide external cream</i>	T3 (NP)	
<i>fluticasone propionate external cream</i>	T1 (PG)	
<i>fluticasone propionate external ointment</i>	T1 (PG)	
<i>halcinonide external cream</i>	T3 (NP)	PA; ST
<i>halobetasol propionate external cream</i>	T3 (NP)	
<i>halobetasol propionate external ointment</i>	T3 (NP)	
<i>hydrocortisone butyrate external solution</i>	T1 (PG)	
<i>hydrocortisone cream 1 % external (rx)</i>	T1 (PG)	
<i>hydrocortisone external cream 2.5 %</i>	T1 (PG)	
<i>hydrocortisone external lotion 2.5 %</i>	T1 (PG)	
<i>hydrocortisone external ointment 2.5 %</i>	T1 (PG)	
<i>hydrocortisone ointment 1 % external (rx)</i>	T1 (PG)	
<i>hydrocortisone valerate external cream</i>	T3 (NP)	
<i>imiquimod external cream 5 %</i>	T1 (PG)	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T3 (NP)	
<i>ivermectin external cream</i>	T3 (NP)	
<i>lactic acid e</i>	T1 (PG)	
<i>lactic acid external</i>	T1 (PG)	
<i>methoxsalen rapid</i>	T3 (NP)	
<i>metronidazole external cream</i>	T1 (PG)	
<i>metronidazole external gel 0.75 %</i>	T1 (PG)	
<i>mometasone furoate external</i>	T1 (PG)	
NEO-SYNALAR	T3 (NP)	
<i>neuac</i>	T1 (PG)	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pimecrolimus</i>	T3 (NP)	PA; ST; QL (2 GM per 1 day)
<i>podofilox external solution</i>	T1 (PG)	
REGRANEX	T3 (NP)	PA
SANTYL	T3 (NP)	QL (3 GM per 1 day)
<i>selenium sulfide external lotion</i>	T1 (PG)	
<i>sulfacetamide sodium (acne)</i>	T3 (NP)	
<i>tacrolimus external</i>	T3 (NP)	QL (2 GM per 1 day)
<i>tazarotene external cream 0.1 %</i>	T3 (NP)	PA
<i>tretinoin external cream 0.025 %, 0.05 %</i>	T2 (PB)	
<i>tretinoin external cream 0.1 %</i>	T3 (NP)	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T3 (NP)	
<i>triamcinolone acetonide external cream</i>	T1 (PG)	
<i>triamcinolone acetonide external lotion</i>	T1 (PG)	
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>	T1 (PG)	
<i>triamcinolone acetonide external ointment 0.1 %</i>	T1 (PG)	
<i>triderm</i>	T1 (PG)	
<i>zenatane</i>	T3 (NP)	
Diabetes - Antidiabetic Agents		
<i>acarbose oral</i>	T3 (NP)	
BYDUREON BCISE AUTOINJECTOR	T2 (PB)	PA; \$0 HDHP; QL (0.15 ML per 1 day)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	T2 (PB)	PA; \$0 HDHP; QL (0.08 ML per 1 day)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	T2 (PB)	PA; \$0 HDHP; QL (0.04 ML per 1 day)
FARXIGA	T2 (PB)	\$0 HDHP
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1 (PG)	\$0 HDHP
<i>glipizide er</i>	T1 (PG)	\$0 HDHP
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1 (PG)	\$0 HDHP
<i>glipizide-metformin hcl</i>	T3 (NP)	
<i>glyburide micronized</i>	T1 (PG)	\$0 HDHP
<i>glyburide oral</i>	T1 (PG)	\$0 HDHP
<i>glyburide-metformin</i>	T1 (PG)	\$0 HDHP
GLYXAMBI	T2 (PB)	\$0 HDHP
JANUMET	T2 (PB)	PA; ST; \$0 HDHP
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-500 MG	T2 (PB)	PA; ST; \$0 HDHP

Drug Name	Drug Tier	Coverage Requirements & Limits
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG	T2 (PB)	PA; ST; \$0 HDHP
JANUVIA	T2 (PB)	PA; ST; \$0 HDHP
JARDIANCE	T2 (PB)	\$0 HDHP
JENTADUETO	T2 (PB)	PA; ST; \$0 HDHP
JENTADUETO XR	T2 (PB)	PA; ST; \$0 HDHP
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	T2 (PB)	PA; QL (0.3 ML per 1 day)
<i>liraglutide solution pen-injector 18 mg/3ml subcutaneous</i>	T2 (PB)	PA; \$0 HDHP; QL (0.3 ML per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	T1 (PG)	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	T1 (PG)	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1 (PG)	\$0 HDHP; \$0 if age 35-70 and prediabetes DX
MOUNJARO	T2 (PB)	PA; \$0 HDHP; QL (0.08 ML per 1 day)
<i>nateglinide</i>	T3 (NP)	
<i>pioglitazone hcl</i>	T1 (PG)	\$0 HDHP
<i>repaglinide</i>	T3 (NP)	
SOLIQUA	T2 (PB)	
SYNJARDY	T2 (PB)	\$0 HDHP
SYNJARDY XR	T2 (PB)	\$0 HDHP
TRADJENTA	T2 (PB)	PA; ST; \$0 HDHP
TRULICITY	T2 (PB)	PA; \$0 HDHP; QL (0.08 ML per 1 day)
XIGDUO XR	T2 (PB)	\$0 HDHP
XULTOPHY	T2 (PB)	
Diabetes - Glucose Monitoring		
ACCU-CHEK FASTCLIX LANCET KIT	T2 (PB)	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	T2 (PB)	
AUTOPEN	T3 (NP)	
BD PEN	T3 (NP)	
BD PEN MINI	T3 (NP)	
CARESENS LANCETS 30G	T2 (PB)	\$0 HDHP
CEQUR SIMPLICITY 2U 10PK	T2 (PB)	
CHEMSTRIP 10 MD	T3 (NP)	
CHEMSTRIP 10/SG	T3 (NP)	

Drug Name	Drug Tier	Coverage Requirements & Limits
CHEMSTRIP 2 GP	T3 (NP)	
CHEMSTRIP 5 OB	T3 (NP)	
CHEMSTRIP 7	T3 (NP)	
CHEMSTRIP 9	T3 (NP)	
CHEMSTRIP K	T3 (NP)	
CHEMSTRIP UGK	T3 (NP)	
CHOSEN LANCETS 30G	T2 (PB)	\$0 HDHP
CHOSEN SAFETY LANCETS 28G	T2 (PB)	\$0 HDHP
CLEVER CHOICE COMFORT EZ	T2 (PB)	\$0 HDHP
COMFORT TOUCH TWIST LANCET 30G	T2 (PB)	\$0 HDHP
CONTOUR PLUS BLUE KIT W/DEVICE	T2 (PB)	
CONTOUR PLUS TEST STRIP	T2 (PB)	QL (10 EA per 1 day)
DEXCOM G6 RECEIVER	T2 (PB)	PA
DEXCOM G6 SENSOR	T2 (PB)	PA
DEXCOM G6 TRANSMITTER	T2 (PB)	PA
DEXCOM G7 RECEIVER	T2 (PB)	PA
DEXCOM G7 SENSOR	T2 (PB)	PA
DROPSAFE ACTI-LANCE 23G	T2 (PB)	\$0 HDHP
GUARDIAN 4 GLUCOSE SENSOR	T3 (NP)	PA
GUARDIAN 4 TRANSMITTER	T3 (NP)	PA
GUARDIAN CONNECT TRANSMITTER	T3 (NP)	PA
GUARDIAN LINK 3 TRANSMITTER	T3 (NP)	PA
GUARDIAN REAL-TIME CHARGER	T3 (NP)	
GUARDIAN REAL-TIME REPLACE PED	T3 (NP)	PA
GUARDIAN REAL-TIME TEST PLUG	T3 (NP)	
GUARDIAN SENSOR 3	T3 (NP)	PA
INPEN 100-BLUE-LILLY-HUMALOG	T3 (NP)	
INPEN 100-BLUE-NOVOLOG-FIASP	T3 (NP)	
INPEN 100-GREY-LILLY-HUMALOG	T3 (NP)	
INPEN 100-GREY-NOVOLOG-FIASP	T3 (NP)	
INPEN 100-PINK-LILLY-HUMALOG	T3 (NP)	
INPEN 100-PINK-NOVOLOG-FIASP	T3 (NP)	
KETO-DIASTIX	T3 (NP)	
KETONE CARE	T3 (NP)	
KETONE TEST	T3 (NP)	
KETOSTIX	T3 (NP)	
LANCETS	T2 (PB)	\$0 HDHP

Drug Name	Drug Tier	Coverage Requirements & Limits
LANCETS 28G THIN	T2 (PB)	\$0 HDHP
LANCETS SUPER THIN	T2 (PB)	\$0 HDHP
MINIMED 630G GUARDIAN PRESS	T3 (NP)	PA
MULTISTIX 10 SG	T3 (NP)	
NOVOPEN ECHO	T3 (NP)	
ONETOUCH DELICA PLUS LANCING	T3 (NP)	
ONETOUCH DELICA SAFETY LANCING	T2 (PB)	\$0 HDHP
ONETOUCH ULTRA 2 KIT W/DEVICE	\$0	
ONETOUCH ULTRA BLUE TEST	T2 (PB)	\$0 HDHP; QL (10 EA per 1 day)
ONETOUCH ULTRA CONTROL	T2 (PB)	\$0 HDHP
ONETOUCH ULTRA IN VITRO LIQUID	T2 (PB)	\$0 HDHP
ONETOUCH ULTRA IN VITRO STRIP	T2 (PB)	\$0 HDHP; QL (10 EA per 1 day)
ONETOUCH ULTRA TEST STRIPS	T2 (PB)	\$0 HDHP; QL (10 EA per 1 day)
ONETOUCH VERIO FLEX SYSTEM	\$0	
ONETOUCH VERIO IN VITRO LIQUID	T2 (PB)	\$0 HDHP
ONETOUCH VERIO TEST STRIPS	T2 (PB)	\$0 HDHP; QL (10 EA per 1 day)
ONETOUCH VERIO REFLECT KIT W/DEVICE	\$0	
PERFECT POINT SAFETY LANCETS	T2 (PB)	\$0 HDHP
RELION KETONE TEST	T3 (NP)	
TECHLITE LANCETS 26G	T2 (PB)	\$0 HDHP
UNISTIK NORMAL	T2 (PB)	\$0 HDHP
VERIFINE SAFE LANCET MINI 21G	T2 (PB)	\$0 HDHP
VERIFINE SAFE LANCET MINI 23G	T2 (PB)	\$0 HDHP
VERIFINE SAFE LANCET MINI 28G	T2 (PB)	\$0 HDHP
VERIFINE SAFE LANCET MINI 30G	T2 (PB)	\$0 HDHP
VIVAGUARD LANCETS 30G	T2 (PB)	\$0 HDHP
VIVAGUARD SAFETY LANCETS 28G	T2 (PB)	\$0 HDHP
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	T2 (PB)	
BAQSIMI TWO PACK	T2 (PB)	
<i>diazoxide oral</i>	T3 (NP)	
<i>glucagon emergency kit</i>	T1 (PG)	
GLUCAGON EMERGENCY KIT	T2 (PB)	
Diabetes - Insulins		
AQ INSULIN SYRINGE	T2 (PB)	\$0 HDHP

Drug Name	Drug Tier	Coverage Requirements & Limits
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 (PB)	\$0 HDHP
DROPSAFE SAFETY SYRINGE/NEEDLE	T2 (PB)	\$0 HDHP
EMBECTA INSULIN SYRINGE U/F	T2 (PB)	\$0 HDHP
EMBECTA INSULIN SYRINGE U-100	T2 (PB)	\$0 HDHP
HUMALOG MIX 50/50 KWIKPEN	T2 (PB)	\$0 HDHP
HUMULIN R U-500 KWIKPEN	T2 (PB)	\$0 HDHP
HUMULIN R U-500 VIAL	T2 (PB)	\$0 HDHP
INSULIN DEGLUDEC	T3 (NP)	PA
INSULIN DEGLUDEC FLEXTOUCH	T3 (NP)	PA
INSULIN GLARGINE-YFGN	T2 (PB)	\$0 HDHP
INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML, U-100 0.3 ML, U-100 0.5 ML, U-100 1 ML	T2 (PB)	\$0 HDHP
NOVOLIN 70/30 FLEXPEN	T2 (PB)	\$0 HDHP
NOVOLIN 70/30 FLEXPEN RELION	T2 (PB)	\$0 HDHP
NOVOLIN 70/30 RELION	T2 (PB)	\$0 HDHP
NOVOLIN 70/30 VIAL	T2 (PB)	\$0 HDHP
NOVOLIN N FLEXPEN	T2 (PB)	\$0 HDHP
NOVOLIN N FLEXPEN RELION	T2 (PB)	\$0 HDHP
NOVOLIN N RELION	T2 (PB)	\$0 HDHP
NOVOLIN N VIAL	T2 (PB)	\$0 HDHP

Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOLIN R FLEXPEN	T2 (PB)	\$0 HDHP
NOVOLIN R FLEXPEN RELION	T2 (PB)	\$0 HDHP
NOVOLIN R RELION	T2 (PB)	\$0 HDHP
NOVOLIN R VIAL	T2 (PB)	\$0 HDHP
NOVOLOG 70/30 FLEXPEN RELION	T2 (PB)	\$0 HDHP
NOVOLOG FLEXPEN	T2 (PB)	\$0 HDHP
NOVOLOG FLEXPEN RELION	T2 (PB)	\$0 HDHP
NOVOLOG MIX 70/30 FLEXPEN	T2 (PB)	\$0 HDHP
NOVOLOG MIX 70/30 RELION	T2 (PB)	\$0 HDHP
NOVOLOG MIX 70/30 VIAL	T2 (PB)	\$0 HDHP
NOVOLOG PENFILL	T2 (PB)	\$0 HDHP
NOVOLOG RELION	T2 (PB)	\$0 HDHP
NOVOLOG U-100 VIAL	T2 (PB)	\$0 HDHP
REZVOGLAR KWIKPEN	T2 (PB)	\$0 before deductible for some plans
ULTICARE INSULIN SYR 1/2 UNIT	T2 (PB)	\$0 HDHP
ULTIGUARD SAFEPAK SYR/NEEDLE	T2 (PB)	\$0 HDHP
VERIFINE INSULIN SYRINGE	T2 (PB)	\$0 HDHP
Electrolytes / Minerals / Metals / Vitamins		
AIRAVITE	T1 (PG)	
ATABEX	T3 PV	
BIOCEL	T1 (PG)	
<i>bp vit 3</i>	T1 (PG)	
<i>b-plex</i>	T1 (PG)	
<i>b-plex plus</i>	T1 (PG)	
CADEAU DHA	T3 PV	
<i>carglumic acid</i>	T4 (SP)	PA; SP-ORx
CENTRUM SPECIALIST PRENATAL	T3 PV	
CHEMET	T3 (NP)	
<i>classic prenatal</i>	T1 PV	
<i>corvita 150</i>	T1 (PG)	
<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>cvs prenatal multivitamin</i>	T1 PV	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1 (PG)	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cyanocobalamin nasal</i>	T1 (PG)	
<i>deferasirox oral tablet soluble</i>	T3 (NP)	PA
<i>deferiprone</i>	T3 (NP)	PA
ENFAMIL EXPECTA	T3 PV	
<i>eql prenatal formula</i>	T1 PV	
<i>ergocalciferol oral capsule</i>	T1 (PG)	
<i>fa-8</i>	T1 PV	
<i>fa-vitamin b-6-vitamin b-12</i>	T1 (PG)	
<i>ferottrinsic</i>	T1 (PG)	
<i>folate</i>	T1 PV	
FOLBEE	T1 (PG)	
<i>folbee plus</i>	T1 (PG)	
<i>folic acid oral capsule 0.8 mg</i>	T1 PV	
<i>folic acid oral tablet 1 mg</i>	T1 (PG)	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	T1 PV	
<i>folplex 2.2</i>	T1 (PG)	
<i>foltrin</i>	T1 (PG)	
<i>ft folic acid</i>	T1 PV	
<i>ft prenatal</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 (PG)	
<i>iodine strong oral</i>	T1 (PG)	
<i>klor-con 10</i>	T1 (PG)	
<i>klor-con m10</i>	T1 (PG)	
<i>klor-con m15</i>	T1 (PG)	
<i>klor-con m20</i>	T1 (PG)	
<i>klor-con oral packet</i>	T3 (NP)	
<i>klor-con oral tablet extended release</i>	T1 (PG)	
<i>kp folic acid oral tablet 800 mcg</i>	T1 PV	
<i>kp prenatal multivitamins</i>	T1 PV	
K-PHOS	T3 (NP)	
<i>k-tan plus</i>	T1 (PG)	
<i>levocarnitine oral solution</i>	T2 (PB)	
<i>levocarnitine oral tablet</i>	T2 (PB)	
<i>levocarnitine sf</i>	T2 (PB)	

Drug Name	Drug Tier	Coverage Requirements & Limits
LYSIPLEX PLUS ORAL TABLET	T1 (PG)	
MASONATAL	T3 PV	
<i>multi prenatal</i>	T1 PV	
<i>multivitamin w/fluoride</i>	T1 (PG)	
<i>multi-vitamin/fluoride</i>	T1 (PG)	
<i>multivitamin/fluoride oral tablet chewable</i>	T1 (PG)	
<i>multi-vitamin/fluorideliron</i>	T1 (PG)	
<i>na ferric gluc cplx in sucrose</i>	T1 (PG)	
NASCOBAL	T3 (NP)	
NEONATAL PRENATAL	T3 PV	
NEONATAL VITAMIN	T3 PV	
<i>nephronex oral tablet</i>	T1 (PG)	
NUFOL	T1 (PG)	
NUTRIFAC ZX	T1 (PG)	
ONE VITE WOMENS	T3 PV	
ONE-A-DAY WOMENS PRENATAL 1	T3 PV	
PHOSPHO-TRIN K500	T3 (NP)	
<i>phytonadione injection solution 1 mg/0.5ml</i>	T1 (PG)	
<i>phytonadione injection solution 10 mg/ml</i>	T3 (NP)	
<i>phytonadione oral</i>	T3 (NP)	
<i>pnv-dha</i>	T1 (PG)	
<i>pnv-dha+docusate</i>	T1 (PG)	
<i>pnv-omega</i>	T1 (PG)	
<i>pnv-select</i>	T1 (PG)	
<i>polysaccharide iron forte</i>	T1 (PG)	
<i>potassium chloride crys er</i>	T1 (PG)	
<i>potassium chloride er</i>	T1 (PG)	
<i>potassium chloride intravenous solution 10 meq/50ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml</i>	T1 (PG)	
<i>potassium chloride oral packet</i>	T3 (NP)	
<i>potassium chloride oral solution</i>	T1 (PG)	
<i>potassium citrate er</i>	T2 (PB)	
<i>prenatal (w/iron & fa)</i>	T1 PV	
<i>prenatal 19 oral tablet 29-1 mg</i>	T1 (PG)	
<i>prenatal 19 oral tablet chewable 29-1 mg</i>	T1 (PG)	
<i>prenatal complete oral tablet</i>	T1 PV	
<i>prenatal formula</i>	T1 PV	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prenatal forte</i>	T1 PV	
<i>prenatal gummies/dha & 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	
<i>prenatal oral tablet 27-0.8 mg, 28-0.8 mg</i>	T1 PV	
<i>prenatal oral tablet 27-1 mg</i>	T1 (PG)	
<i>prenatal plus</i>	T1 (PG)	
<i>prenatal plus vitamin/mineral</i>	T1 (PG)	
<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 (PG)	
<i>pyridoxine hcl injection</i>	T1 (PG)	
<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 (PG)	
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 (PG)	
<i>sodium acetate intravenous solution 2 meq/ml</i>	T3 (NP)	
<i>sodium fluoride oral</i>	T1 PV	
<i>sodium polystyrene sulfonate</i>	T1 (PG)	
SPS (SODIUM POLYSTYRENE SULF)	T3 (NP)	
STUART ONE	T3 PV	
<i>thiamine hcl injection</i>	T1 (PG)	
<i>trientine hcl oral capsule 250 mg</i>	T4 (SP)	PA
<i>trigels-f forte</i>	T1 (PG)	
<i>triphrocaps</i>	T1 (PG)	
<i>tri-vitel/fluoride</i>	T1 (PG)	

Drug Name	Drug Tier	Coverage Requirements & Limits
TRUE FOLIC ACID ORAL TABLET 400 MCG	T3 PV	
<i>v-c forte</i>	T1 (PG)	
VITA S FORTE	T1 (PG)	
VITACEL	T1 (PG)	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	T1 (PG)	
<i>vitamin k1 injection solution 1 mg/0.5ml</i>	T1 (PG)	
<i>vitamin k1 injection solution 10 mg/ml</i>	T3 (NP)	
<i>wescaps</i>	T1 (PG)	
WESTAB ONE	T1 (PG)	
<i>yl folic acid</i>	T1 PV	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
<i>cimetidine hcl</i>	T1 (PG)	
<i>cimetidine oral</i>	T1 (PG)	
<i>esomeprazole magnesium oral capsule delayed release</i>	T1 (PG)	
<i>famotidine (pf)</i>	T1 (PG)	
<i>famotidine oral suspension reconstituted</i>	T3 (NP)	
<i>famotidine oral tablet 40 mg</i>	T1 (PG)	
<i>famotidine tablet 20 mg oral (rx)</i>	T1 (PG)	
<i>lansoprazole oral capsule delayed release</i>	T1 (PG)	QL (1 EA per 1 day)
<i>misoprostol oral</i>	\$0	
<i>nizatidine</i>	T1 (PG)	
<i>omeprazole oral capsule delayed release</i>	T1 (PG)	QL (1 EA per 1 day)
<i>pantoprazole sodium intravenous</i>	T1 (PG)	QL (1 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	T1 (PG)	QL (1 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release</i>	T2 (PB)	QL (1 EA per 1 day)
<i>sucralfate oral tablet</i>	T1 (PG)	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
<i>alosetron hcl</i>	T3 (NP)	PA
<i>alvimopan</i>	T1 (PG)	
<i>amoxicill-clarithro-lansopraz</i>	T3 (NP)	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml</i>	T1 (PG)	
<i>bis subcit-metronid-tetracyc</i>	T3 (NP)	
<i>bisacodyl ec</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bismuth/metronidaz/tetracyclin</i>	T3 (NP)	
<i>citrate of magnesia</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>citroma</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>constulose</i>	T1 (PG)	
<i>cromolyn sodium oral</i>	T3 (NP)	
<i>cvs c-lax laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>cvs gentle laxative oral</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>cvs gentle laxative womens</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>cvs magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>cvs purelax oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>dicyclomine hcl oral capsule</i>	T1 (PG)	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	T1 (PG)	
<i>dicyclomine hcl oral tablet</i>	T1 (PG)	
<i>diphenoxylate-atropine oral tablet</i>	T1 (PG)	
<i>enulose</i>	T1 (PG)	
<i>eq clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>eq gentle laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>eq magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>eql clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>eql gentle laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>eql laxative oral tablet delayed release</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>eql magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>ft clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>ft laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ft magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
GATTEX	T4 (SP)	PA
<i>gavilax oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>gavilyte-c</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days)
<i>gavilyte-g</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days)
<i>gavilyte-n with flavor pack</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days)
<i>generlac</i>	T1 (PG)	
<i>gentle laxative oral tablet delayed release</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>glycolax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml</i>	T1 (PG)	
<i>glycopyrrolate oral solution</i>	T1 (PG)	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1 (PG)	QL (4 EA per 1 day)
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml</i>	T1 (PG)	
<i>gnp clearlax oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>gnp gentle laxative oral</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>gnp magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>gnp womens gentle laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>gnp womens laxative oral tablet delayed release 5 mg</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>goodsense bisacodyl laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>goodsense clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>goodsense magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>hyoscyamine sulfate oral</i>	T1 (PG)	

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hyoscyamine sulfate sublingual</i>	T1 (PG)	
<i>kls laxaclear</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>kp bisacodyl</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>lactulose encephalopathy</i>	T1 (PG)	
<i>lactulose oral solution</i>	T1 (PG)	
<i>laxative oral</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
LINZESS	T2 (PB)	PA; ST; QL (1 EA per 1 day)
<i>loperamide hcl oral capsule</i>	T1 (PG)	
<i>lubiprostone</i>	T3 (NP)	QL (2 EA per 1 day)
<i>magnesium citrate oral solution</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>methscopolamine bromide oral</i>	T3 (NP)	
<i>mineral oil heavy oral</i>	T1 (PG)	
<i>mm clearlax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
MOTTEGRITY	T3 (NP)	PA; ST; QL (1 EA per 1 day)
MOTOFEN	T3 (NP)	PA
<i>na sulfate-k sulfate-mg sulf</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (354 ML per 365 days)
OMECLAMOX-PAK	T2 (PB)	
<i>peg 3350 oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>peg 3350-kcl-na bicarb-nacl</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days)
<i>peg-3350/electrolytes</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (8000 ML per 365 days)
<i>peg-3350/electrolytes/ascorbat</i>	T1 (PG)	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1 (PG)	
PLENVU	T3 (NP)	PA; ST
<i>polyethylene glycol 3350 oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>polyethylene glycol 3350-grx oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>prucalopride succinate</i>	T3 (NP)	PA; ST; QL (1 EA per 1 day)

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>qc gentle laxative oral</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>qc gentle laxative womens</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>qc laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>qc magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>qc natura-lax</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>ra laxative oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>ra laxative oral tablet delayed release</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>ra magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>ra womens laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
REBYOTA	T4 (SP)	PA
<i>sb bisacodyl laxative ec</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>sb gentle lax-women</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>sb magnesium citrate</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>sb polyethylene glycol 3350</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>sm gentle laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>smooth lax oral powder</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
SYMPROIC	T2 (PB)	PA; ST; QL (1 EA per 1 day)
<i>true laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>ursodiol oral capsule 300 mg</i>	T3 (NP)	
<i>ursodiol oral tablet</i>	T3 (NP)	
<i>womans laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)
<i>womens laxative</i>	T1 PV	\$0 for age 45-75 years for 2 fills per year; QL (2 fill per 365 days)

Drug Name	Drug Tier	Coverage Requirements & Limits
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
<i>betaine</i>	T4 (SP)	
CERDELGA	T4 (SP)	PA; SP-ORx
CHOLBAM	T4 (SP)	PA
CREON	T2 (PB)	
CYSTAGON	T4 (SP)	
EVRYSDI ORAL SOLUTION RECONSTITUTED	T4 (SP)	PA; QL (8 ML per 1 day)
GALAFOLD	T4 (SP)	PA; QL (0.5 EA per 1 day)
<i>miglustat</i>	T4 (SP)	PA
MYALEPT	T4 (SP)	PA
<i>nitisinone</i>	T4 (SP)	PA
OCALIVA	T4 (SP)	
ORFADIN ORAL SUSPENSION	T4 (SP)	PA
REVCOVI	T4 (SP)	PA
<i>sapropterin dihydrochloride</i>	T4 (SP)	PA
<i>sod benz-sod phenylacet</i>	T1 (PG)	
<i>sodium phenylbutyrate oral</i>	T4 (SP)	PA
SUCRAID	T4 (SP)	PA
<i>yargesa</i>	T4 (SP)	PA
ZENPEP	T2 (PB)	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
<i>acetic acid irrigation</i>	T1 (PG)	
<i>bethanechol chloride oral</i>	T1 (PG)	
<i>calcium acetate (phos binder)</i>	T1 (PG)	
<i>calcium acetate oral tablet 667 mg</i>	T1 (PG)	
<i>darifenacin hydrobromide er</i>	T3 (NP)	
ELMIRON	T3 (NP)	PA
<i>fesoterodine fumarate er</i>	T3 (NP)	
<i>flavoxate hcl</i>	T1 (PG)	
FOSRENOL ORAL PACKET	T3 (NP)	
<i>glycine irrigation</i>	T1 (PG)	
<i>glycine urologic</i>	T1 (PG)	
INTRAROSA	T3 (NP)	PA; ST
<i>lanthanum carbonate</i>	T3 (NP)	
<i>mirabegron er</i>	T2 (PB)	

Drug Name	Drug Tier	Coverage Requirements & Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2 (PB)	
<i>oxybutynin chloride er</i>	T1 (PG)	
<i>oxybutynin chloride oral solution</i>	T1 (PG)	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1 (PG)	
<i>penicillamine oral tablet</i>	T4 (SP)	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	T1 (PG)	
RENACIDIN	T3 (NP)	
<i>sevelamer carbonate oral tablet</i>	T3 (NP)	
<i>solifenacin succinate</i>	T1 (PG)	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T1 (PG)	PA; QL (1 EA per 1 day)
<i>tiopronin oral tablet</i>	T4 (SP)	
<i>tolterodine tartrate</i>	T2 (PB)	
<i>tolterodine tartrate er</i>	T2 (PB)	
<i>tropium chloride</i>	T1 (PG)	
VELPHORO	T3 (NP)	
Genitourinary Agents - Drugs for Prostate Conditions		
<i>alfuzosin hcl er</i>	T1 (PG)	
<i>dutasteride oral</i>	T1 (PG)	
<i>finasteride oral tablet 5 mg</i>	T1 (PG)	
<i>silodosin</i>	T2 (PB)	
<i>tamsulosin hcl</i>	T1 (PG)	
<i>terazosin hcl</i>	T1 (PG)	
Hormonal Agents - Adrenal		
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	T3 (NP)	
<i>dexamethasone intensol</i>	T1 (PG)	
<i>dexamethasone oral elixir</i>	T3 (NP)	
<i>dexamethasone oral solution</i>	T1 (PG)	
<i>dexamethasone oral tablet</i>	T1 (PG)	
<i>dexamethasone sod phos +rfid</i>	T1 (PG)	
<i>dexamethasone sod phosphate pf</i>	T1 (PG)	
<i>dexamethasone sodium phosphate injection</i>	T1 (PG)	
<i>fludrocortisone acetate oral</i>	T1 (PG)	
<i>hydrocortisone oral</i>	T1 (PG)	
KENALOG-10	T3 (NP)	
KENALOG-80	T3 (NP)	

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	T1 (PG)	
<i>methylprednisolone acetate suspension 80 mg/ml injection</i>	T1 (PG)	
<i>methylprednisolone oral</i>	T1 (PG)	
<i>prednisolone oral solution</i>	T1 (PG)	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml</i>	T1 (PG)	QL (16 ML per 1 day)
<i>prednisone oral tablet</i>	T1 (PG)	
<i>prednisone oral tablet therapy pack</i>	T1 (PG)	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG	T3 (NP)	
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 80 MG/ML	T3 (NP)	
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	T1 (PG)	
Hormonal Agents - Men's Health		
<i>danazol oral</i>	T3 (NP)	
<i>testosterone cypionate intramuscular</i>	T1 (PG)	PA; \$0 for gender identity-related dx
<i>testosterone enanthate intramuscular</i>	T1 (PG)	PA; \$0 for gender identity-related dx
<i>testosterone transdermal gel 1.62 %, 12.5 mg/lact (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i>	T3 (NP)	PA; \$0 for gender identity-related dx
<i>testosterone transdermal solution</i>	T3 (NP)	PA; \$0 for gender identity-related dx
Hormonal Agents - Pituitary		
<i>cabergoline</i>	T1 (PG)	
<i>cetorelix acetate</i>	T4 (SP)	PA
CHORIONIC GONADOTROPIN INTRAMUSCULAR	T4 (SP)	PA
CLOMID	T3 (NP)	
<i>clomiphene citrate oral</i>	T3 (NP)	
<i>desmopressin ace spray refrig</i>	T3 (NP)	
<i>desmopressin acetate oral</i>	T3 (NP)	
<i>desmopressin acetate spray</i>	T3 (NP)	
FOLLISTIM AQ	T4 (SP)	PA
<i>ganirelix acetate</i>	T4 (SP)	PA
GONAL-F	T4 (SP)	PA

Drug Name	Drug Tier	Coverage Requirements & Limits
GONAL-F RFF	T4 (SP)	PA
GONAL-F RFF REDIJECT	T4 (SP)	PA
INCRELEX	T4 (SP)	PA; SP-ORx
<i>leuprolide acetate injection</i>	T4 (SP)	PA
LUPRON DEPOT (1-MONTH)	T4 (SP)	PA
LUPRON DEPOT (3-MONTH)	T4 (SP)	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	T4 (SP)	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	T4 (SP)	PA
LUPRON DEPOT-PED (1-MONTH)	T4 (SP)	PA
LUPRON DEPOT-PED (3-MONTH)	T4 (SP)	PA
LUPRON DEPOT-PED (6-MONTH)	T4 (SP)	PA
MENOPUR	T4 (SP)	PA
NORDITROPIN FLEXPRO	T4 (SP)	PA; SP-QTZ
NOVAREL	T4 (SP)	PA
NUTROPIN AQ NUSPIN 10	T4 (SP)	PA; SP-QTZ
NUTROPIN AQ NUSPIN 20	T4 (SP)	PA; SP-QTZ
NUTROPIN AQ NUSPIN 5	T4 (SP)	PA; SP-QTZ
<i>octreotide acetate injection</i>	T4 (SP)	PA
<i>octreotide acetate subcutaneous</i>	T4 (SP)	PA
OMNITROPE	T4 (SP)	PA; SP-QTZ
OVIDREL	T4 (SP)	PA
<i>oxytocin injection</i>	T1 (PG)	
PREGNYL	T4 (SP)	PA
SIGNIFOR	T4 (SP)	PA; QL (2 ML per 1 day)
SOMAVERT	T4 (SP)	PA; SP-ORx
SYNAREL	T2 (PB)	
<i>vasopressin</i>	T1 (PG)	
<i>vasopressin +rfid</i>	T1 (PG)	
Hormonal Agents - Prostaglandins		
<i>mifepristone oral tablet 200 mg</i>	\$0	
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
OSPHENA	T3 (NP)	
<i>raloxifene hcl</i>	T1 (PG)	\$0 for breast cancer PX

Drug Name	Drug Tier	Coverage Requirements & Limits
Hormonal Agents - Sex Hormones and Birth Control		
<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 (1 EA per 350 days)
<i>apri</i>	T1 PV	
<i>aranelle</i>	T1 PV	
<i>ashlyna</i>	T1 PV	QL (1 EA per 1 day)
<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	
<i>camrese</i>	T1 PV	QL (1 EA per 1 day)
<i>camrese lo</i>	T1 PV	QL (1 EA per 1 day)
<i>charlotte 24 fe</i>	T1 PV	
<i>chateal eq</i>	T1 PV	
COMBIPATCH	T3 (NP)	
CRINONE	T3 (NP)	QL (0.6 GM per 1 day)
<i>cryselle-28</i>	T1 PV	
<i>curae oral tablet 1.5 mg</i>	T1 PV	
<i>cyred eq</i>	T1 PV	
<i>dasetta 1/35 (28)</i>	T1 PV	
<i>dasetta 7/7/7</i>	T1 PV	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>daysee</i>	T1 PV	QL (1 EA per 1 day)
<i>deblitane</i>	T1 PV	
<i>delyla</i>	T1 PV	
DEPO-SUBQ PROVERA 104	\$0	QL (0.02 ML per 1 day)
<i>desogestrel-ethinyl estradiol</i>	T1 PV	
<i>dolishale</i>	T1 PV	
<i>dotti</i>	T3 (NP)	
<i>drospiren-eth estrad-levomefol</i>	T1 PV	
<i>drospirenone-ethinyl estradiol</i>	T1 PV	
DUAVEE	T2 (PB)	
<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	
ENDOMETRIN	T3 (NP)	
<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 (PG)	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	T1 (PG)	
<i>estradiol transdermal patch twice weekly</i>	T3 (NP)	
<i>estradiol transdermal patch weekly</i>	T1 (PG)	
<i>estradiol vaginal cream</i>	T1 (PG)	
<i>estradiol vaginal tablet</i>	T3 (NP)	
<i>estradiol-norethindrone acet</i>	T1 (PG)	
<i>ethynodiol diac-eth estradiol</i>	T1 PV	
<i>etonogestrel-ethinyl estradiol</i>	T1 PV	
<i>falmina</i>	T1 PV	
<i>feirza 1.5/30</i>	T1 PV	
<i>feirza 1/20</i>	T1 PV	
<i>finzala</i>	T1 PV	
<i>fyavolv</i>	T2 (PB)	
<i>gallifrey</i>	T1 (PG)	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<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 (1 EA per 1 day)
<i>incassia</i>	T1 PV	
<i>introvale</i>	T1 PV	QL (1 EA per 1 day)
<i>isibloom</i>	T1 PV	
<i>jaimiess</i>	T1 PV	QL (1 EA per 1 day)
<i>jasmiel</i>	T1 PV	
<i>jencycla</i>	T1 PV	
<i>jinteli</i>	T2 (PB)	
<i>jolessa</i>	T1 PV	QL (1 EA per 1 day)
<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	
KYLEENA	T3 PV	
<i>larin 1.5/30</i>	T1 PV	
<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	

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>leena</i>	T1 PV	
<i>lessina</i>	T1 PV	
<i>levonest</i>	T1 PV	
<i>levonorgest-eth est & eth est</i>	T1 PV	QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day</i>	T1 PV	QL (1 EA per 1 day)
<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	
LO LOESTRIN FE	\$0	
<i>lojaimiess</i>	T1 PV	QL (1 EA per 1 day)
<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 (NP)	
<i>lyza</i>	T1 PV	
<i>marlissa</i>	T1 PV	
<i>medroxyprogesterone acetate intramuscular</i>	T1 PV	QL (0.02 ML per 1 day)
<i>medroxyprogesterone acetate oral</i>	T1 (PG)	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 800 mg/20ml</i>	T1 (PG)	
<i>megestrol acetate oral tablet 20 mg</i>	T1 (PG)	
<i>megestrol acetate oral tablet 40 mg</i>	T1 (PG)	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	T2 (PB)	
<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	
<i>mili</i>	T1 PV	
<i>mimvey</i>	T1 (PG)	
<i>minzoya</i>	T1 PV	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
MIRENA (52 MG)	T3 PV	
<i>mono-linyah</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	
NEXTSTELLIS	\$0	
<i>nikki</i>	T1 PV	
<i>nora-be</i>	T1 PV	
<i>norelgestromin-eth estradiol</i>	T1 PV	
<i>norethin ace-eth estrad-fe oral capsule</i>	T1 PV	
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	T1 PV	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1 PV	
<i>norethindrone acetate oral</i>	T1 (PG)	
<i>norethindrone acet-ethinyl est</i>	T1 PV	
<i>norethindrone oral</i>	T1 PV	
<i>norethindrone-eth estradiol</i>	T2 (PB)	
<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	

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>portia-28</i>	T1 PV	
PREMARIN ORAL	T2 (PB)	
PREMARIN VAGINAL	T2 (PB)	
PREMPHASE	T2 (PB)	
PREMPRO	T2 (PB)	
<i>progesterone intramuscular</i>	T1 (PG)	
<i>progesterone oral</i>	T1 (PG)	
<i>react</i>	T1 PV	
<i>reclipsen</i>	T1 PV	
<i>rivelsa</i>	T1 PV	QL (1 EA per 1 day)
<i>setlakin</i>	T1 PV	QL (1 EA per 1 day)
<i>sharobel</i>	T1 PV	
<i>simliya</i>	T1 PV	
<i>simpesse</i>	T1 PV	QL (1 EA per 1 day)
SKYLA	T3 PV	
SLYND	\$0	
<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-linyah</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	

Drug Name	Drug Tier	Coverage Requirements & Limits
TWIRLA	\$0	
TYBLUME	\$0	
<i>valtya 1/50</i>	T1 PV	
<i>velivet</i>	T1 PV	
<i>vestura</i>	T1 PV	
<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>xarah fe</i>	T1 PV	
<i>xulane</i>	T1 PV	
<i>yuvafem</i>	T3 (NP)	
<i>zafemy</i>	T1 PV	
<i>zovia 1/35 (28)</i>	T1 PV	
<i>zumandimine</i>	T1 PV	
Hormonal Agents - Thyroid		
<i>euthyrox</i>	T1 (PG)	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1 (PG)	
<i>levo-t oral tablet 300 mcg</i>	T1 (PG)	
<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 (PG)	
<i>levothyroxine sodium oral tablet 300 mcg</i>	T1 (PG)	
<i>levoxyl</i>	T1 (PG)	
<i>liothyronine sodium intravenous</i>	T1 (PG)	
<i>liothyronine sodium oral</i>	T1 (PG)	
<i>methimazole oral</i>	T1 (PG)	
<i>np thyroid</i>	T1 (PG)	
<i>propylthiouracil oral</i>	T2 (PB)	
<i>thyroid oral</i>	T1 (PG)	
<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 (PG)	
<i>unithroid oral tablet 300 mcg</i>	T1 (PG)	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	T4 (SP)	PA; SP-QTZ; QL (0.13 ML per 1 day)
ACTEMRA SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.13 ML per 1 day)
ACTIMMUNE	T4 (SP)	PA; SP-ORx
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
ADALIMUMAB-FKJP (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
ADALIMUMAB-FKJP (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.15 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.15 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.15 EA per 1 day)
AVSOLA	T4 (SP)	PA
<i>azathioprine oral tablet 100 mg</i>	T3 (NP)	
<i>azathioprine oral tablet 50 mg</i>	T1 (PG)	
BENLYSTA SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ
BERINERT	T4 (SP)	PA; SP-ORx; QL (0.34 EA per 1 day)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML	T2 PV	\$0 for age 2 years or younger; QL (2 ML per 300 days)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T2 PV	\$0 for age 2 years or younger; QL (0.5 ML per 300 days)
CIMZIA	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE)	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
CIMZIA-STARTER	T4 (SP)	PA; SP-QTZ; QL (0.08 EA per 1 day)
CINRYZE	T4 (SP)	PA; SP-ORx
COSENTYX (300 MG DOSE)	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
COSENTYX 150 MG/ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX SENSOREADY (300 MG)	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX SENSOREADY PEN	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX UNOREADY	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
<i>cyclosporine modified</i>	T2 (PB)	
<i>cyclosporine oral capsule 100 mg</i>	T3 (NP)	
<i>cyclosporine oral capsule 25 mg</i>	T2 (PB)	
ENBREL	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ENBREL MINI	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ENBREL SURECLICK	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T3 (NP)	
GAMIFANT	T4 (SP)	PA
<i>gengraf</i>	T2 (PB)	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HEPAGAM B	T4 (SP)	
HIZENTRA	T4 (SP)	PA
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T4 (SP)	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT	T4 (SP)	
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML	T4 (SP)	PA; SP-QTZ; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER	T4 (SP)	PA; SP-QTZ; QL (1.2 ML per 365 days)
HYRIMOZ-PED>=40KG CROHN START	T4 (SP)	PA; SP-QTZ; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQ PSOR/UEVIT START	T4 (SP)	PA; SP-QTZ; QL (1.6 ML per 365 days)
<i>icatibant acetate</i>	T4 (SP)	PA; QL (0.6 ML per 1 day)
ILARIS	T4 (SP)	PA; QL (0.08 ML per 1 day)
INFLECTRA	T4 (SP)	PA
KINERET	T4 (SP)	PA
<i>leflunomide oral</i>	T1 (PG)	
<i>methotrexate sodium</i>	T1 (PG)	
<i>methotrexate sodium (pf)</i>	T1 (PG)	
<i>mycophenolate mofetil hcl</i>	T3 (NP)	
<i>mycophenolate mofetil intravenous</i>	T3 (NP)	
<i>mycophenolate mofetil oral capsule</i>	T2 (PB)	
<i>mycophenolate mofetil oral suspension reconstituted</i>	T3 (NP)	
<i>mycophenolate mofetil oral tablet</i>	T2 (PB)	
<i>mycophenolate sodium</i>	T2 (PB)	
<i>mycophenolic acid</i>	T2 (PB)	
NABI-HB	T4 (SP)	
ORENCIA CLICKJECT	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T4 (SP)	PA; SP-QTZ; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T4 (SP)	PA; SP-QTZ; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET 30 MG	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T4 (SP)	PA; SP-QTZ; QL (55 EA per 365 days)
RHOPHYLAC	T4 (SP)	
RINVOQ	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
SAJAZIR	T4 (SP)	PA; SP-ORx; QL (0.6 ML per 1 day)
SIMPONI ARIA	T4 (SP)	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
<i>sirolimus oral</i>	T3 (NP)	
SKYRIZI INTRAVENOUS	T4 (SP)	PA
SKYRIZI PEN	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	T4 (SP)	PA; SP-QTZ; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	T4 (SP)	PA; SP-QTZ; QL (0.05 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
SPEVIGO SUBCUTANEOUS	T4 (SP)	PA; QL (0.08 ML per 1 day)
STELARA INTRAVENOUS	T4 (SP)	PA
STELARA SUBCUTANEOUS SOLUTION	T4 (SP)	PA; SP-QTZ; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4 (SP)	PA; SP-QTZ; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
SYNAGIS	T4 (SP)	PA
<i>tacrolimus oral</i>	T2 (PB)	
<i>temsirolimus</i>	T4 (SP)	
TREMFYA INTRAVENOUS	T4 (SP)	PA; SP-QTZ
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)

Drug Name	Drug Tier	Coverage Requirements & Limits
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
VEOPOZ	T4 (SP)	PA
XELJANZ ORAL SOLUTION	T4 (SP)	PA; SP-QTZ; QL (10 ML per 1 day)
XELJANZ ORAL TABLET	T4 (SP)	PA; SP-QTZ; QL (2 EA per 1 day)
XELJANZ XR	T4 (SP)	PA; SP-QTZ; QL (1 EA per 1 day)
Immunological Agents - Drugs for Vaccination		
ABRYSVO	T3 (NP)	\$0 for age 60 years and older or pregnancy; QL (1 EA per 999 days)
ACTHIB	T2 PV	\$0 for age 6 years or younger
ADACEL	T2 PV	
AFLURIA	T2 PV	
AFLURIA PRESERVATIVE FREE	T2 PV	
AREXVY	T3 (NP)	\$0 for age 60 years and older; QL (1 EA per 999 days)
BEXSERO	T2 PV	
BOOSTRIX	T2 PV	
COMIRNATY	T2 PV	
DAPTACEL	T2 PV	
DENGVAXIA	T2 PV	\$0 if age 9-16 years
ENGERIX-B	T2 PV	
FLUAD	T2 PV	\$0 if age 65 years and older
FLUARIX	T2 PV	
FLUBLOK	T2 PV	
FLUCELVAX	T2 PV	
FLULAVAL	T2 PV	
FLUMIST	T2 PV	\$0 if age 2-49 years
FLUZONE	T2 PV	
FLUZONE HIGH-DOSE	T2 PV	\$0 if age 65 years and older
GARDASIL 9	T2 PV	\$0 for age 9-45 years
HAVRIX	T2 PV	
HEPLISAV-B	T2 PV	\$0 for age 18 years and older
HIBERIX	T2 PV	\$0 for age 6 years or younger
INFANRIX	T2 PV	

Drug Name	Drug Tier	Coverage Requirements & Limits
IPOL	T2 PV	\$0 for age 17 years or younger
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	\$0 for age 6 years or younger
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	
PREVNAR 20	T2 PV	
PRIORIX	T2 PV	
PROQUAD	T2 PV	
QUADRACEL	T2 PV	
RECOMBIVAX HB	T2 PV	
ROTARIX	T2 PV	\$0 for age 8 months or younger
ROTATEQ	T2 PV	\$0 for age 8 months or younger
SHINGRIX	T2 PV	\$0 for age 19 years and older
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	
Inflammatory Bowel Disease Agents		
<i>balsalazide disodium</i>	T3 (NP)	
<i>budesonide er</i>	T3 (NP)	
<i>budesonide oral</i>	T3 (NP)	
CORTIFOAM	T3 (NP)	

Drug Name	Drug Tier	Coverage Requirements & Limits
DIPENTUM	T3 (NP)	
<i>hydrocortisone (perianal)</i>	T1 (PG)	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	T1 (PG)	
<i>hydrocortisone rectal</i>	T3 (NP)	
<i>mesalamine er</i>	T3 (NP)	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T3 (NP)	
<i>mesalamine rectal</i>	T3 (NP)	
<i>procto-med hc</i>	T1 (PG)	
PROCTOSOL HC	T1 (PG)	
SFROWASA	T3 (NP)	
<i>sulfasalazine oral</i>	T1 (PG)	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	T1 (PG)	\$0 HDHP
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	T1 (PG)	\$0 HDHP; QL (0.15 EA per 1 day)
<i>calcitonin (salmon) injection</i>	T1 (PG)	\$0 HDHP
<i>calcitonin (salmon) nasal</i>	T1 (PG)	\$0 HDHP; QL (0.13 ML per 1 day)
<i>ibandronate sodium intravenous</i>	T1 (PG)	QL (0.04 ML per 1 day)
<i>ibandronate sodium oral</i>	T1 (PG)	\$0 HDHP; QL (0.04 EA per 1 day)
<i>pamidronate disodium</i>	T4 (SP)	
PROLIA	T4 (SP)	PA; QL (2 ML per 250 days)
<i>risedronate sodium oral tablet 150 mg</i>	T3 (NP)	QL (0.04 EA per 1 day)
<i>risedronate sodium oral tablet 30 mg</i>	T3 (NP)	
<i>risedronate sodium oral tablet 35 mg</i>	T1 (PG)	\$0 HDHP; QL (0.15 EA per 1 day)
<i>risedronate sodium oral tablet 5 mg</i>	T1 (PG)	\$0 HDHP
<i>risedronate sodium oral tablet delayed release</i>	T3 (NP)	QL (0.15 EA per 1 day)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	T4 (SP)	PA
XGEVA	T4 (SP)	PA
<i>zoledronic acid</i>	T4 (SP)	
Metabolic Bone Disease Agents - Other		
<i>calcitriol intravenous</i>	T1 (PG)	
<i>calcitriol oral</i>	T1 (PG)	
<i>cinacalcet hcl</i>	T3 (NP)	PA
<i>doxercalciferol intravenous</i>	T1 (PG)	
<i>paricalcitol</i>	T1 (PG)	

Drug Name	Drug Tier	Coverage Requirements & Limits
Miscellaneous Therapeutic Agents		
ADVOCATE INSULIN PEN NEEDLE	T2 (PB)	\$0 HDHP
AEROCHAMBER HOLDING CHAMBER	T2 (PB)	\$0 HDHP
AEROCHAMBER MINI CHAMBER	T2 (PB)	\$0 HDHP
AEROCHAMBER MV	T2 (PB)	\$0 HDHP
AEROCHAMBER PLS FLOVU MTHPIECE	T2 (PB)	\$0 HDHP
AEROCHAMBER PLUS FLO-VU INTERM	T2 (PB)	\$0 HDHP
AEROCHAMBER PLUS FLO-VU LARGE	T2 (PB)	\$0 HDHP
AEROCHAMBER PLUS FLO-VU MEDIUM	T2 (PB)	\$0 HDHP
AEROCHAMBER PLUS FLO-VU SMALL	T2 (PB)	\$0 HDHP
AEROCHAMBER PLUS FLOW VU	T2 (PB)	\$0 HDHP
AEROCHAMBER W/FLOWSIGNAL	T2 (PB)	\$0 HDHP
AEROCHAMBER Z-STAT PLUS	T2 (PB)	\$0 HDHP
AEROCHAMBER Z-STAT PLUS CHAMBR	T2 (PB)	\$0 HDHP
AEROCHAMBER Z-STAT PLUS/LARGE	T2 (PB)	\$0 HDHP
AEROCHAMBER Z-STAT PLUS/MEDIUM	T2 (PB)	\$0 HDHP
AEROCHAMBER Z-STAT PLUS/SMALL	T2 (PB)	\$0 HDHP
AEROVENT PLUS	T2 (PB)	\$0 HDHP
AIMSCO LUBRICATED	T3 PV	
ALCOHOL PREP PADS PAD , 70 %	T3 (NP)	
AQINJECT PEN NEEDLE	T2 (PB)	\$0 HDHP
ASSURE ID DUO PRO PEN NEEDLES	T2 (PB)	\$0 HDHP
ASSURE ID PRO PEN NEEDLES	T2 (PB)	\$0 HDHP
AUM ALCOHOL PREP PADS	T3 (NP)	
AUM INSULIN SAFETY PEN NEEDLE	T2 (PB)	\$0 HDHP
AUM MINI INSULIN PEN NEEDLE	T2 (PB)	\$0 HDHP
AUM PEN NEEDLE	T2 (PB)	\$0 HDHP
AUM READYGARD DUO PEN NEEDLE	T2 (PB)	\$0 HDHP
AUM SAFETY PEN NEEDLE	T2 (PB)	\$0 HDHP
BD ULTRA-FINE PEN NEEDLES	T2 (PB)	\$0 HDHP
BOTOX	T3 (NP)	PA
BREATHE COMFORT CHAMBER/ADULT	T2 (PB)	\$0 HDHP
BREATHE COMFORT CHAMBER/CHILD	T2 (PB)	\$0 HDHP
BREATHE EASE LARGE	T2 (PB)	\$0 HDHP
BREATHE EASE MEDIUM	T2 (PB)	\$0 HDHP
BREATHE EASE SMALL	T2 (PB)	\$0 HDHP
BREATHERITE VALVED MDI CHAMBER	T2 (PB)	\$0 HDHP

Drug Name	Drug Tier	Coverage Requirements & Limits
BYLVAY	T4 (SP)	PA
BYLVAY (PELLETS)	T4 (SP)	PA
CAYA	T3 PV	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	T2 (PB)	\$0 HDHP
CLEVER CHOICE HOLDING CHAMBER	T2 (PB)	\$0 HDHP
COMFORT EZ PRO PEN NEEDLES	T2 (PB)	\$0 HDHP
COMPACT SPACE CHAMBER	T2 (PB)	\$0 HDHP
COMPACT SPACE CHAMBER/LG MASK	T2 (PB)	\$0 HDHP
COMPACT SPACE CHAMBER/MED MASK	T2 (PB)	\$0 HDHP
COMPACT SPACE CHAMBER/SM MASK	T2 (PB)	\$0 HDHP
CONDOMS	T3 PV	
<i>deferroxamine mesylate</i>	T1 (PG)	
DIASCREEN 10	T3 (NP)	
DIASCREEN 1B	T3 (NP)	
DIASCREEN 1G	T3 (NP)	
DIASCREEN 1K	T3 (NP)	
DIASCREEN 2GK	T3 (NP)	
DIASCREEN 2GP	T3 (NP)	
DIASCREEN 3	T3 (NP)	
DIASCREEN 4NL	T3 (NP)	
DIASCREEN 4OBL	T3 (NP)	
DIASCREEN 4PH	T3 (NP)	
DIASCREEN 5	T3 (NP)	
DIASCREEN 6	T3 (NP)	
DIASCREEN 7	T3 (NP)	
DIASCREEN 8	T3 (NP)	
DIASCREEN 9	T3 (NP)	
DIASCREEN LIQUID URINE CONTROL	T3 (NP)	
DROPLET MICRON	T2 (PB)	\$0 HDHP
DROPSAFE ALCOHOL PREP	T3 (NP)	
DUREX EXTRA SENSITIVE THIN	T3 PV	
DUREX REALFEEL	T3 PV	
DUREX TROPICAL	T3 PV	
EASIVENT	T2 (PB)	\$0 HDHP
EASIVENT MASK LARGE	T2 (PB)	\$0 HDHP
EASIVENT MASK MEDIUM	T2 (PB)	\$0 HDHP
EASIVENT MASK SMALL	T2 (PB)	\$0 HDHP

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
EMBECTA AUTOSHIELD DUO	T2 (PB)	\$0 HDHP
EMBECTA PEN NEEDLE NANO	T2 (PB)	\$0 HDHP
EMBECTA PEN NEEDLE U/F	T2 (PB)	\$0 HDHP
EMBRACE PEN NEEDLES	T2 (PB)	\$0 HDHP
ENCARE	T3 PV	
ENDARI	T3 (NP)	
EQ SPACE CHAMBER ANTI-STATIC	T2 (PB)	\$0 HDHP
EQ SPACE CHAMBER ANTI-STATIC L	T2 (PB)	\$0 HDHP
EQ SPACE CHAMBER ANTI-STATIC M	T2 (PB)	\$0 HDHP
EQ SPACE CHAMBER ANTI-STATIC S	T2 (PB)	\$0 HDHP
FANTASY LUBRICATED	T3 PV	
FANTASY LUBRICATED/SPERMICIDE	T3 PV	
FC2 FEMALE CONDOM	T3 PV	
FEMCAP	T3 PV	
FLEXICHAMBER	T2 (PB)	\$0 HDHP
FLEXICHAMBER ADULT MASK/SMALL	T2 (PB)	\$0 HDHP
FLEXICHAMBER CHILD MASK/LARGE	T2 (PB)	\$0 HDHP
FLEXICHAMBER CHILD MASK/SMALL	T2 (PB)	\$0 HDHP
GNP PEN NEEDLES	T2 (PB)	\$0 HDHP
GNP ULTIGUARD SAFEPACK NEEDLE	T2 (PB)	\$0 HDHP
GOODSENSE ALCOHOL SWABS	T3 (NP)	
INCONTROL ULTICARE PEN NEEDLES	T2 (PB)	\$0 HDHP
INSPIREASE	T2 (PB)	\$0 HDHP
INSPIREASE RESERVOIR BAGS	T2 (PB)	\$0 HDHP
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	T2 (PB)	\$0 HDHP
J-TIP KIT W/VIAL ADAPTERS	T3 (NP)	
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	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
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 (PG)	
MASK VORTEX	T2 (PB)	\$0 HDHP
MASK VORTEX/CHILD/FROG	T2 (PB)	\$0 HDHP
MASK VORTEX/TODDLER/LADYBUG	T2 (PB)	\$0 HDHP
MAXX	T3 PV	
MAXX PLUS	T3 PV	
METHERGINE	T3 (NP)	QL (28 EA per 1 fill)
<i>methylergonovine maleate oral</i>	T3 (NP)	QL (28 EA per 1 fill)
MICROCHAMBER	T2 (PB)	\$0 HDHP
MICROSPACER	T2 (PB)	\$0 HDHP
NOVOFINE PEN NEEDLE	T2 (PB)	\$0 HDHP
NOVOFINE PLUS PEN NEEDLE	T2 (PB)	\$0 HDHP
OMNIFLEX DIAPHRAGM	T3 PV	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T2 (PB)	
OMNIPOD 5 DEXG7G6 PODS GEN 5	T2 (PB)	
OMNIPOD 5 LIBRE2 PLUS G6	T2 (PB)	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T2 (PB)	
OMNIPOD DASH INTRO (GEN 4)	T2 (PB)	
OMNIPOD DASH PDM (GEN 4)	T2 (PB)	
OMNIPOD DASH PODS (GEN 4)	T2 (PB)	
OPTICHAMBER DIAMOND	T2 (PB)	\$0 HDHP
OPTICHAMBER DIAMOND-LG MASK	T2 (PB)	\$0 HDHP
OPTICHAMBER DIAMOND-MD MASK	T2 (PB)	\$0 HDHP
OPTICHAMBER DIAMOND-SM MASK	T2 (PB)	\$0 HDHP
OPTIONS GYNOL II CONTRACEPTIVE	T3 PV	
PANDA MASK LARGE	T2 (PB)	\$0 HDHP
PANDA MASK MEDIUM	T2 (PB)	\$0 HDHP
PANDA MASK SMALL	T2 (PB)	\$0 HDHP
PARI VORTEX ADULT MASK	T2 (PB)	\$0 HDHP
PEDIATRIC PANDA MASK	T2 (PB)	\$0 HDHP
PEN NEEDLE/5-BEVEL TIP	T2 (PB)	\$0 HDHP
PENTIPS GENERIC PEN NEEDLES	T2 (PB)	\$0 HDHP

Drug Name	Drug Tier	Coverage Requirements & Limits
PHEXXI	\$0	
PIP PEN NEEDLES 31G X 5MM	T2 (PB)	\$0 HDHP
PIP PEN NEEDLES 32G X 4MM	T2 (PB)	\$0 HDHP
POCKET CHAMBER	T2 (PB)	\$0 HDHP
POCKET SPACER	T2 (PB)	\$0 HDHP
PRO COMFORT SPACER ADULT	T2 (PB)	\$0 HDHP
PRO COMFORT SPACER CHILD	T2 (PB)	\$0 HDHP
PRO COMFORT SPACER INFANT	T2 (PB)	\$0 HDHP
PROCARE SPACER/ADULT MASK	T2 (PB)	\$0 HDHP
PROCARE SPACER/CHILD MASK	T2 (PB)	\$0 HDHP
PROCHAMBER VHC	T2 (PB)	\$0 HDHP
PURE COMFORT SAFETY PEN NEEDLE	T2 (PB)	\$0 HDHP
PURE COMFORT SPACER CHAMBER	T2 (PB)	\$0 HDHP
QUICK TOUCH INSULIN PEN NEEDLE	T2 (PB)	\$0 HDHP
RAYA SURE PEN NEEDLE	T2 (PB)	\$0 HDHP
REALITY LATEX CONDOMS	T3 PV	
REALITY LATEX/ULTRA TEXTURED	T3 PV	
REALITY LATEX/ULTRA THIN	T3 PV	
RITEFLO	T2 (PB)	\$0 HDHP
SAFETY PEN NEEDLES	T2 (PB)	\$0 HDHP
<i>sorbitol-mannitol</i>	T1 (PG)	
TECHLITE PLUS PEN NEEDLES	T2 (PB)	\$0 HDHP
TODAY SPONGE	T3 PV	
TROJAN ENZ	T3 PV	
TROJAN MAGNUM	T3 PV	
TROJAN ULTRA RIBBED LUBRICATED	T3 PV	
TROJAN ULTRA THIN	T3 PV	
TROJAN ULTRA THIN/SPERMICIDAL	T3 PV	
TROJAN-ENZ LUBRICATED	T3 PV	
TROJAN-ENZ/SPERMICIDAL	T3 PV	
TRUE COMFORT SAFETY PEN NEEDLE	T2 (PB)	\$0 HDHP
TRUE COVER	T3 PV	
TRUSTEX COLOR CONDOMS + LUBE	T3 PV	
TRUSTEX LUB/RIBBED/STUDDED	T3 PV	
TRUSTEX LUB/SPERMICIDE EX ST	T3 PV	
TRUSTEX LUB/SPERMICIDE XL	T3 PV	
TRUSTEX LUBRICATED	T3 PV	

Drug Name	Drug Tier	Coverage Requirements & Limits
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 (PB)	\$0 HDHP
VCF VAGINAL CONTRACEPTIVE	T3 PV	
VERIFINE INSULIN PEN NEEDLE	T2 (PB)	\$0 HDHP
VERIFINE PLUS PEN NEEDLE	T2 (PB)	\$0 HDHP
VISTOGARD	T3 (NP)	
VORTEX HOLD CHMBR/MASK/CHILD	T2 (PB)	\$0 HDHP
VORTEX HOLD CHMBR/MASK/TODDLER	T2 (PB)	\$0 HDHP
VORTEX VALVE CHAMBER-PEDI MASK	T2 (PB)	\$0 HDHP
VORTEX VALVED HOLDING CHAMBER	T2 (PB)	\$0 HDHP
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 (SP)	PA
ZOKINVY	T4 (SP)	PA; QL (4 EA per 1 day)
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ALOCIL	T3 (NP)	PA
AZASITE	T3 (NP)	
<i>azelastine hcl ophthalmic</i>	T1 (PG)	
<i>bacitracin ophthalmic</i>	T3 (NP)	
<i>bromfenac sodium (once-daily)</i>	T3 (NP)	QL (6.8 ML per 365 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	T1 (PG)	QL (12 ML per 365 days)
<i>ciprofloxacin hcl ophthalmic</i>	T1 (PG)	
<i>cromolyn sodium ophthalmic</i>	T1 (PG)	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dexamethasone sodium phosphate ophthalmic</i>	T1 (PG)	
<i>diclofenac sodium ophthalmic</i>	T1 (PG)	
<i>difluprednate</i>	T3 (NP)	
<i>epinastine hcl</i>	T3 (NP)	
<i>erythromycin ophthalmic</i>	T1 (PG)	
FLAREX	T3 (NP)	
<i>fluorometholone</i>	T1 (PG)	
<i>flurbiprofen sodium</i>	T1 (PG)	
<i>gatifloxacin ophthalmic</i>	T1 (PG)	
<i>gentamicin sulfate ophthalmic</i>	T1 (PG)	
<i>ketorolac tromethamine ophthalmic</i>	T1 (PG)	
<i>moxifloxacin hcl (2x day)</i>	T3 (NP)	
<i>moxifloxacin hcl ophthalmic</i>	T1 (PG)	
NATACYN	T2 (PB)	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	T1 (PG)	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	T1 (PG)	
<i>neomycin-polymyxin-hc ophthalmic</i>	T1 (PG)	
<i>ofloxacin ophthalmic</i>	T1 (PG)	
<i>olopatadine hcl solution 0.2 % ophthalmic (otc)</i>	T1 (PG)	
<i>olopatadine hcl solution 0.2 % ophthalmic (rx)</i>	T1 (PG)	
<i>prednisolone acetate ophthalmic</i>	T1 (PG)	
<i>prednisolone sodium phosphate ophthalmic</i>	T1 (PG)	
<i>sulfacetamide sodium ophthalmic</i>	T1 (PG)	
TOBRADEX	T3 (NP)	
TOBRADEX ST	T3 (NP)	
<i>tobramycin ophthalmic</i>	T1 (PG)	
<i>tobramycin-dexamethasone</i>	T1 (PG)	
TOBEX	T3 (NP)	
<i>trifluridine</i>	T3 (NP)	
ZERVIAE	T3 (NP)	PA; ST
Ophthalmic Agents - Drugs for Glaucoma		
<i>acetazolamide er</i>	T3 (NP)	
<i>acetazolamide oral</i>	T3 (NP)	
<i>apraclonidine hcl</i>	T1 (PG)	
<i>betaxolol hcl ophthalmic</i>	T1 (PG)	
<i>bimatoprost ophthalmic</i>	T3 (NP)	QL (0.1 ML per 1 day)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>brimonidine tartrate ophthalmic solution 0.1 %</i>	T2 (PB)	
<i>brimonidine tartrate ophthalmic solution 0.2 %</i>	T1 (PG)	
<i>brimonidine tartrate-timolol</i>	T2 (PB)	
<i>carteolol hcl</i>	T1 (PG)	
<i>dorzolamide hcl ophthalmic</i>	T1 (PG)	
<i>dorzolamide hcl-timolol mal</i>	T1 (PG)	
<i>latanoprost ophthalmic</i>	T1 (PG)	
<i>levobunolol hcl</i>	T1 (PG)	
LUMIGAN	T2 (PB)	QL (0.1 ML per 1 day)
PHOSPHOLINE IODIDE	T3 (NP)	
<i>pilocarpine hcl ophthalmic</i>	T1 (PG)	
RHOPRESSA	T3 (NP)	QL (0.1 ML per 1 day)
SIMBRINZA	T2 (PB)	
<i>tafluprost (pf)</i>	T2 (PB)	QL (1 EA per 1 day)
<i>timolol maleate ophthalmic solution</i>	T1 (PG)	
<i>travoprost (bak free)</i>	T3 (NP)	QL (0.12 ML per 1 day)
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
<i>altafrin</i>	T1 (PG)	
<i>atropine sulfate ophthalmic solution 1 %</i>	T1 (PG)	
<i>bacitracin-polymyxin b</i>	T1 (PG)	
<i>bacitra-neomycin-polymyxin-hc</i>	T1 (PG)	
<i>cyclopentolate hcl ophthalmic</i>	T1 (PG)	
<i>cyclosporine ophthalmic</i>	T3 (NP)	PA
CYSTADROPS	T4 (SP)	QL (0.72 ML per 1 day)
CYSTARAN	T4 (SP)	QL (2.15 ML per 1 day)
<i>neomycin-bacitracin zn-polymyx</i>	T1 (PG)	
<i>neomycin-polymyxin-gramicidin</i>	T1 (PG)	
NEO-POLYCIN	T1 (PG)	
NEO-POLYCIN HC	T1 (PG)	
<i>phenylephrine hcl ophthalmic</i>	T1 (PG)	
POLYCIN	T1 (PG)	
<i>polymyxin b-trimethoprim</i>	T1 (PG)	
<i>sulfacetamide-prednisolone</i>	T1 (PG)	
SYFOVRE	T4 (SP)	PA
ZYLET	T3 (NP)	
Otic Agents - Drugs for Ear Conditions		
<i>acetic acid otic</i>	T1 (PG)	

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
CIPRO HC	T3 (NP)	
<i>ciprofloxacin hcl otic</i>	T3 (NP)	
<i>ciprofloxacin-dexamethasone</i>	T3 (NP)	
CORTISPORIN-TC	T3 (NP)	
<i>flac</i>	T1 (PG)	
<i>fluocinolone acetonide otic</i>	T1 (PG)	
<i>hydrocortisone-acetic acid</i>	T3 (NP)	
<i>neomycin-polymyxin-hc otic</i>	T2 (PB)	
<i>ofloxacin otic</i>	T1 (PG)	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
<i>azelastine hcl nasal</i>	T1 (PG)	QL (2 ML per 1 day)
<i>azelastine-fluticasone</i>	T3 (NP)	QL (0.77 GM per 1 day)
<i>benzonatate oral capsule 100 mg, 200 mg</i>	T1 (PG)	
<i>benzonatate oral capsule 150 mg</i>	T1 (PG)	
<i>carbinoxamine maleate oral solution</i>	T1 (PG)	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1 (PG)	
<i>cetirizine hcl oral solution</i>	T1 (PG)	
<i>clemastine fumarate oral tablet</i>	T1 (PG)	
<i>cyproheptadine hcl oral</i>	T1 (PG)	
<i>desloratadine oral tablet</i>	T3 (NP)	
<i>diphenhydramine hcl injection</i>	T1 (PG)	
<i>flunisolide nasal</i>	T2 (PB)	QL (0.84 ML per 1 day)
<i>fluticasone propionate nasal</i>	T1 (PG)	
<i>hydrocodone bit-homatrop mbr oral solution</i>	T1 (PG)	PA; QL (240 ML per 1 fill)
<i>hydrocodone bit-homatrop mbr oral tablet</i>	T1 (PG)	PA; QL (6 EA per 1 day)
<i>hydromet</i>	T1 (PG)	PA; QL (240 ML per 1 fill)
<i>ipratropium bromide nasal</i>	T1 (PG)	
<i>levocetirizine dihydrochloride oral tablet</i>	T1 (PG)	
<i>mometasone furoate nasal</i>	T3 (NP)	QL (1.14 GM per 1 day)
<i>olopatadine hcl nasal</i>	T3 (NP)	QL (1.02 GM per 1 day)
<i>sodium chloride inhalation</i>	T1 (PG)	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
<i>acetylcysteine inhalation</i>	T3 (NP)	
ADVAIR HFA	T2 (PB)	\$0 HDHP; QL (0.4 GM per 1 day)
<i>albuterol sulfate hfa</i>	T1 (PG)	QL (1.2 GM per 1 day)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	T1 (PG)	QL (18 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	T1 (PG)	QL (12.5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	T1 (PG)	QL (5 EA per 1 day)
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	T1 (PG)	QL (5 EA per 1 day)
ANORO ELLIPTA	T2 (PB)	QL (2 EA per 1 day)
<i>arformoterol tartrate</i>	T3 (NP)	QL (4 ML per 1 day)
ARNUITY ELLIPTA	T2 (PB)	\$0 HDHP; QL (1 EA per 1 day)
ASMANEX (120 METERED DOSES)	T2 (PB)	PA; ST; \$0 HDHP; QL (0.04 EA per 1 day)
ASMANEX (14 METERED DOSES)	T2 (PB)	PA; ST; \$0 HDHP; QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES)	T2 (PB)	PA; ST; \$0 HDHP; QL (0.04 EA per 1 day)
ASMANEX (60 METERED DOSES)	T2 (PB)	PA; ST; \$0 HDHP; QL (0.04 EA per 1 day)
ASMANEX HFA	T2 (PB)	PA; ST; \$0 HDHP; QL (0.44 GM per 1 day)
ATROVENT HFA	T3 (NP)	QL (0.86 GM per 1 day)
BREO ELLIPTA	T2 (PB)	\$0 HDHP; QL (2 EA per 1 day)
<i>brey-na</i>	T2 (PB)	\$0 HDHP; QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE	T2 (PB)	QL (0.36 GM per 1 day)
<i>budesonide inhalation</i>	T3 (NP)	\$0 HDHP; QL (4 ML per 1 day)
<i>budesonide-formoterol fumarate</i>	T2 (PB)	\$0 HDHP; QL (0.35 GM per 1 day)
COMBIVENT RESPIMAT	T2 (PB)	QL (0.27 GM per 1 day)
<i>epinephrine (anaphylaxis) injection solution 30 mg/30ml</i>	T1 (PG)	
<i>epinephrine injection solution auto-injector</i>	T1 (PG)	
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT	T2 (PB)	QL (2 EA per 1 day)
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT	T2 (PB)	QL (8 EA per 1 day)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	T2 (PB)	\$0 HDHP; QL (0.8 GM per 1 day)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	T2 (PB)	\$0 HDHP; QL (0.71 GM per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T2 (PB)	\$0 HDHP; QL (2 EA per 1 day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	T3 (NP)	QL (0.04 EA per 1 day)
<i>formoterol fumarate inhalation</i>	T3 (NP)	QL (4 ML per 1 day)
<i>ipratropium bromide inhalation</i>	T1 (PG)	QL (10.42 ML per 1 day)
<i>ipratropium-albuterol</i>	T1 (PG)	QL (18 ML per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	T3 (NP)	QL (18 ML per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	T3 (NP)	QL (3 EA per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	T3 (NP)	QL (9 ML per 1 day)
<i>montelukast sodium oral tablet</i>	T1 (PG)	
<i>montelukast sodium oral tablet chewable</i>	T1 (PG)	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4 (SP)	PA; SP-QTZ; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T4 (SP)	PA; SP-QTZ; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	T4 (SP)	PA; QL (0.11 EA per 1 day)
OFEV	T4 (SP)	PA; SP-QTZ
<i>pirfenidone</i>	T4 (SP)	PA; SP-QTZ
PROLASTIN-C	T4 (SP)	PA
QVAR REDIHALER	T2 (PB)	\$0 HDHP; QL (0.71 GM per 1 day)
<i>roflumilast</i>	T1 (PG)	PA
SEREVENT DISKUS	T2 (PB)	QL (2 EA per 1 day)
SPIRIVA HANDIHALER	T2 (PB)	QL (1 EA per 1 day)
SPIRIVA RESPIMAT	T2 (PB)	QL (0.14 GM per 1 day)
STIOLTO RESPIMAT	T2 (PB)	QL (0.14 GM per 1 day)
STRIVERDI RESPIMAT	T2 (PB)	QL (0.14 GM per 1 day)
SYMBICORT	T2 (PB)	\$0 HDHP; QL (0.35 GM per 1 day)

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg</i>	T1 (PG)	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T3 (NP)	
<i>theophylline er oral tablet extended release 24 hour</i>	T3 (NP)	
<i>tiotropium bromide monohydrate</i>	T2 (PB)	QL (1 EA per 1 day)
TRELEGY ELLIPTA	T2 (PB)	QL (2 EA per 1 day)
<i>wixela inhub</i>	T2 (PB)	\$0 HDHP; QL (2 EA per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T4 (SP)	PA; SP-QTZ; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T4 (SP)	PA; SP-QTZ; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4 (SP)	PA; SP-QTZ; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T4 (SP)	PA; SP-QTZ; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	T4 (SP)	PA
<i>zafirlukast</i>	T3 (NP)	
<i>zileuton er</i>	T3 (NP)	PA; ST
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
KALYDECO ORAL TABLET	T4 (SP)	PA; SP-ORx
ORKAMBI ORAL PACKET 75-94 MG	T4 (SP)	PA; SP-ORx; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET	T4 (SP)	PA; SP-ORx; QL (112 EA per 28 days)
PULMOZYME	T4 (SP)	PA
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	T4 (SP)	
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	T4 (SP)	PA; QL (3 EA per 1 day)
<i>alyq</i>	T4 (SP)	PA; QL (2 EA per 1 day)
<i>ambrisentan</i>	T4 (SP)	PA; QL (1 EA per 1 day)
<i>bosentan</i>	T4 (SP)	PA; QL (2 EA per 1 day)
OPSUMIT	T4 (SP)	PA; QL (1 EA per 1 day)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sildenafil citrate oral suspension reconstituted</i>	T4 (SP)	PA; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	T4 (SP)	PA; QL (3 EA per 1 day)
<i>tadalafil (pah)</i>	T4 (SP)	PA; QL (2 EA per 1 day)
TRACLEER 32 MG	T4 (SP)	PA; SP-ORx; QL (4 EA per 1 day)
<i>treprostinil</i>	T4 (SP)	PA
TYVASO	T4 (SP)	PA; QL (2.9 ML per 1 day)
TYVASO DPI INSTITUTIONAL KIT	T4 (SP)	PA; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT	T4 (SP)	PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT	T4 (SP)	PA; QL (2 EA per 365 days)
TYVASO REFILL KIT	T4 (SP)	PA; QL (2.9 ML per 1 day)
TYVASO STARTER KIT	T4 (SP)	PA; QL (2.9 ML per 1 day)
UPTRAVI ORAL	T4 (SP)	PA
UPTRAVI TITRATION	T4 (SP)	PA
VENTAVIS	T4 (SP)	PA; QL (9 ML per 1 day)
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
<i>baclofen oral tablet 10 mg</i>	T1 (PG)	
<i>baclofen oral tablet 20 mg</i>	T1 (PG)	
<i>carisoprodol oral tablet 350 mg</i>	T1 (PG)	
<i>chlorzoxazone oral tablet 500 mg</i>	T1 (PG)	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1 (PG)	
<i>metaxalone oral tablet 800 mg</i>	T3 (NP)	
<i>methocarbamol injection</i>	T1 (PG)	
<i>methocarbamol oral tablet 500 mg</i>	T1 (PG)	
<i>methocarbamol tablet 750 mg oral</i>	T1 (PG)	
<i>orphenadrine citrate er</i>	T1 (PG)	QL (2 EA per 1 day)
<i>orphenadrine-aspirin-caffeine</i>	T3 (NP)	QL (4 EA per 1 day)
<i>tizanidine hcl oral capsule 2 mg, 4 mg</i>	T1 (PG)	
<i>tizanidine hcl oral tablet</i>	T1 (PG)	
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	T2 (PB)	PA; QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	T2 (PB)	PA; QL (2 EA per 1 day)
BELSOMRA	T3 (NP)	PA; ST; QL (1 EA per 1 day)
DAYVIGO	T3 (NP)	
<i>doxepin hcl oral tablet</i>	T3 (NP)	QL (1 EA per 1 day)
<i>eszopiclone</i>	T1 (PG)	QL (1 EA per 1 day)
<i>flurazepam hcl oral capsule 15 mg</i>	T3 (NP)	PA; QL (1 EA per 1 day)
<i>modafinil oral</i>	T1 (PG)	PA; QL (1 EA per 1 day)

Effective 04/01/2025

Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ramelteon</i>	T3 (NP)	QL (1 EA per 1 day)
SUNOSI	T3 (NP)	PA; QL (1 EA per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1 (PG)	QL (1 EA per 1 day)
<i>zaleplon oral capsule 10 mg</i>	T1 (PG)	QL (2 EA per 1 day)
<i>zaleplon oral capsule 5 mg</i>	T1 (PG)	QL (1 EA per 1 day)
<i>zolpidem tartrate er</i>	T1 (PG)	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet</i>	T1 (PG)	QL (1 EA per 1 day)

Index of Drugs

<i>abacavir sulfate</i>	26	AEROCHAMBER PLUS FLO- VU SMALL.....	73	AMELUZ.....	38
<i>abacavir sulfate-lamivudine</i>	26	AEROCHAMBER PLUS FLOW VU.....	73	<i>amethyst</i>	59
ABELCET.....	18	AEROCHAMBER W/FLOWSIGNAL.....	73	<i>amiloride hcl</i>	31
ABILIFY MAINTENA.....	25	AEROCHAMBER Z-STAT PLUS.....	73	<i>amiloride-hydrochlorothiazide</i> ... 31	
<i>abiraterone acetate</i>	20	AEROCHAMBER Z-STAT PLUS CHAMBR.....	73	<i>aminocaproic acid</i>	30
ABRYSVO.....	70	AEROCHAMBER Z-STAT PLUS/LARGE.....	73	<i>amiodarone hcl</i>	31
<i>acamprosate calcium</i>	8	AEROCHAMBER Z-STAT PLUS/MEDIUM.....	73	<i>amitriptyline hcl</i>	15
<i>acarbose</i>	41	AEROCHAMBER Z-STAT PLUS/SMALL.....	73	<i>amlodipine besylate</i>	31
ACCU-CHEK FASTCLIX LANCET KIT.....	42	AEROVENT PLUS.....	73	<i>amlodipine besylate-benzazepril hcl</i>	31
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT.....	42	<i>afirmelle</i>	59	<i>amlodipine besylate-valsartan</i> .. 31	
<i>accutane</i>	38	AFLURIA.....	70	<i>amlodipine-olmesartan</i>	31
<i>acebutolol hcl</i>	31	AFLURIA PRESERVATIVE FREE.....	70	<i>ammonium lactate</i>	38
<i>acetaminophen-codeine</i>	3	<i>aftera</i>	59	<i>amnesteam</i>	38
<i>acetazolamide</i>	79	AIMOVIG.....	19	<i>amoxapine</i>	15
<i>acetazolamide er</i>	79	AIMSCO LUBRICATED.....	73	<i>amoxicill-clarithro-lansopraz</i> 50	
<i>acetic acid</i>	55, 80	AIRAVITE.....	46	<i>amoxicillin</i>	9
<i>acetylcysteine</i>	81	AJOVY.....	19	<i>amoxicillin-potassium clavulanate</i>	9, 10
<i>acitretin</i>	38	<i>ala-cort</i>	38	<i>amphetamine sulfate</i>	35
ACTEMRA.....	66	<i>albendazole</i>	24	<i>amphetamine- dextroamphetamine</i>	35, 36
ACTEMRA ACTPEN.....	66	<i>albuterol sulfate</i>	82	<i>amphetamine- dextroamphetamine er</i>	35
ACTHIB.....	70	<i>albuterol sulfate hfa</i>	81	<i>amphotericin b</i>	18
ACTIMMUNE.....	66	<i>alclometasone dipropionate</i> 38		<i>amphotericin b liposome</i>	18
<i>acyclovir</i>	26	ALCOHOL PREP PADS.....	73	<i>ampicillin</i>	10
<i>acyclovir sodium</i>	26	ALECENSA.....	20	<i>ampicillin sodium</i>	10
ADACEL.....	70	<i>alendronate sodium</i>	72	<i>ampicillin-sulbactam sodium</i> 10	
ADALIMUMAB-ADAZ.....	66	<i>alfuzosin hcl er</i>	56	<i>anagrelide hcl</i>	30
ADALIMUMAB-FKJP (2 PEN).. 66		<i>aliskiren fumarate</i>	31	<i>anastrozole</i>	20
ADALIMUMAB-FKJP (2 SYRINGE).....	66	<i>allopurinol</i>	19	ANNOVERA.....	59
<i>adapalene</i>	38	<i>allopurinol sodium</i>	19	ANORO ELLIPTA.....	82
<i>adapalene-benzoyl peroxide</i> 38		<i>almotriptan malate</i>	19	ANZEMET.....	17
ADCETRIS.....	20	ALOCRIL.....	78	<i>apap-caff-dihydrocodeine</i>	3
<i>adefovir dipivoxil</i>	26	<i>alosetron hcl</i>	50	<i>apomorphine hcl</i>	24
ADEMPAS.....	84	<i>alprazolam</i>	29	<i>apraclonidine hcl</i>	79
ADVAIR HFA.....	81	<i>alprazolam er</i>	29	<i>aprepitant</i>	17
ADVOCATE INSULIN PEN NEEDLE.....	73	<i>alprazolam xr</i>	29	APRETUDE.....	27
AEROCHAMBER HOLDING CHAMBER.....	73	<i>altafrin</i>	80	<i>apri</i>	59
AEROCHAMBER MINI CHAMBER.....	73	<i>altavera</i>	59	APTIVUS.....	27
AEROCHAMBER MV.....	73	<i>alvimopan</i>	50	AQ INSULIN SYRINGE.....	44
AEROCHAMBER PLS FLOVU MTHPIECE.....	73	<i>alyacen 1/35</i>	59	AQINJECT PEN NEEDLE.....	73
AEROCHAMBER PLUS FLO- VU INTERM.....	73	<i>alyacen 7/7/7</i>	59	<i>aranelle</i>	59
AEROCHAMBER PLUS FLO- VU LARGE.....	73	<i>alyq</i>	84	ARANESP (ALBUMIN FREE)... 30	
AEROCHAMBER PLUS FLO- VU MEDIUM.....	73	<i>amantadine hcl</i>	24	AREXVY.....	70
		<i>ambrisentan</i>	84	<i>arformoterol tartrate</i>	82
				<i>aripiprazole</i>	25
				<i>armodafinil</i>	85
				ARNUITY ELLIPTA.....	82
				<i>ascomp-codeine</i>	3
				<i>asenapine maleate</i>	25

<i>ashlyna</i>	59	AUSTEDO XR.....	37	<i>bexarotene</i>	20
ASMANEX (120 METERED DOSES).....	82	AUTOPEN.....	42	BEXSERO.....	70
ASMANEX (14 METERED DOSES).....	82	<i>aviane</i>	59	BEYFORTUS.....	66
ASMANEX (30 METERED DOSES).....	82	AVIDOXY.....	10	<i>bicalutamide</i>	20
ASMANEX (60 METERED DOSES).....	82	AVONEX PEN.....	36	BICILLIN L-A.....	10
ASMANEX HFA.....	82	AVONEX PREFILLED.....	36	BIKTARVY.....	27
<i>aspirin</i>	5	AVSOLA.....	66	<i>bimatoprost</i>	79
<i>aspirin 81</i>	5	<i>ayuna</i>	59	BIOCEL.....	46
<i>aspirin adult low dose</i>	5	AZASITE.....	78	<i>bis subcit-metronid-tetracyc</i>	50
<i>aspirin adult low strength</i>	5	<i>azathioprine</i>	66	<i>bisacodyl ec</i>	50
<i>aspirin childrens</i>	5	<i>azelastine hcl</i>	78, 81	<i>bismuth/metronidazol/tetracyclin</i>	51
<i>aspirin ec adult low dose</i>	5	<i>azelastine-fluticasone</i>	81	<i>bisoprolol fumarate</i>	31
<i>aspirin ec adult low strength</i>	5	<i>azithromycin</i>	10	<i>bisoprolol-hydrochlorothiazide</i> ..	31
<i>aspirin ec low dose</i>	5	<i>aztreonam</i>	10	<i>blisovi 24 fe</i>	59
<i>aspirin ec low strength</i>	5	<i>azurette</i>	59	<i>blisovi fe 1.5/30</i>	59
<i>aspirin low dose</i>	5	<i>bac</i>	3	<i>blisovi fe 1/20</i>	59
<i>aspirin regimen</i>	5	<i>bacitracin</i>	78	BOOSTRIX.....	70
<i>aspirin-dipyridamole er</i>	25	<i>bacitracin-polymyxin b</i>	80	<i>bosentan</i>	84
ASSURE ID DUO PRO PEN NEEDLES.....	73	<i>bacitra-neomycin-polymyxin-hc</i>	80	BOSULIF.....	20
ASSURE ID PRO PEN NEEDLES.....	73	<i>baclofen</i>	85	BOTOX.....	73
ATABEX.....	46	<i>balsalazide disodium</i>	71	<i>bp vit 3</i>	46
<i>atazanavir sulfate</i>	27	<i>balziva</i>	59	<i>b-plex</i>	46
<i>atenolol</i>	31	BAQSIMI ONE PACK.....	44	<i>b-plex plus</i>	46
<i>atenolol-chlorthalidone</i>	31	BAQSIMI TWO PACK.....	44	BREATHE COMFORT CHAMBER/ADULT.....	73
<i>atomoxetine hcl</i>	36	BARACLUDGE.....	27	BREATHE COMFORT CHAMBER/CHILD.....	73
<i>atorvastatin calcium</i>	31	BAXDELA.....	10	BREATHE EASE LARGE.....	73
<i>atovaquone</i>	24	BAYER ASPIRIN EC LOW DOSE.....	5	BREATHE EASE MEDIUM.....	73
<i>atovaquone-proguanil hcl</i>	24	BAYER LOW DOSE.....	6	BREATHE EASE SMALL.....	73
<i>atropine sulfate</i>	50, 80	BD PEN.....	42	BREATHERITE VALVED MDI CHAMBER.....	73
ATROVENT HFA.....	82	BD PEN MINI.....	42	BREO ELLIPTA.....	82
<i>aubra eq</i>	59	BD ULTRA-FINE INSULIN SYRINGES.....	45	<i>breyana</i>	82
AUGMENTIN.....	10	BD ULTRA-FINE PEN NEEDLES.....	73	BREZTRI AEROSPHERE.....	82
AUM ALCOHOL PREP PADS..	73	BELEODAQ.....	20	<i>briellyn</i>	59
AUM INSULIN SAFETY PEN NEEDLE.....	73	BELSOMRA.....	85	BRILINTA.....	25
AUM MINI INSULIN PEN NEEDLE.....	73	<i>benazepril hcl</i>	31	<i>brimonidine tartrate</i>	80
AUM PEN NEEDLE.....	73	BENLYSTA.....	66	<i>brimonidine tartrate-timolol</i>	80
AUM READYGARD DUO PEN NEEDLE.....	73	<i>benzalkonium chloride</i>	10	BRIVIACT.....	13
AUM SAFETY PEN NEEDLE... 73	73	BENZNIDAZOLE.....	24	<i>bromfenac sodium</i>	78
<i>aurovela 1.5/30</i>	59	<i>benzonatate</i>	81	<i>bromfenac sodium (once-daily)</i> ..	78
<i>aurovela 1/20</i>	59	<i>benzoyl peroxide-erythromycin</i>	38	<i>bromocriptine mesylate</i>	24
<i>aurovela 24 fe</i>	59	<i>benztropine mesylate</i>	24	<i>budesonide</i>	71, 82
<i>aurovela fe 1.5/30</i>	59	BERINERT.....	66	<i>budesonide er</i>	71
<i>aurovela fe 1/20</i>	59	<i>betaine</i>	55	<i>budesonide-formoterol fumarate</i>	82
AUSTEDO.....	37	<i>betamethasone dipropionate</i>	38	<i>bumetanide</i>	31
		<i>betamethasone dipropionate</i>		<i>buprenorphine</i>	3
		<i>aug</i>	38	<i>buprenorphine hcl</i>	8
		<i>betamethasone valerate</i>	39	<i>buprenorphine hcl-naloxone hcl</i>	8
		BETASERON.....	36	<i>bupropion hcl</i>	16
		<i>betaxolol hcl</i>	31, 79		
		<i>bethanechol chloride</i>	55		

<i>bupropion hcl er (smoking det)</i> ... 8	<i>cefepime hcl</i> 10	CIMZIA..... 66
<i>bupropion hcl er (sr)</i> 15	<i>cefotetan disodium</i> 10	CIMZIA (2 SYRINGE)..... 66
<i>bupropion hcl er (xl)</i> 15	<i>cefoxitin sodium</i> 10	CIMZIA-STARTER..... 67
<i>buspirone hcl</i>29	<i>cefpodoxime proxetil</i> 10	<i>cinacalcet hcl</i> 72
<i>busulfan</i> 20	<i>cefprozil</i> 10	CINRYZE..... 67
<i>butalbital-acetaminophen</i> 3	<i>ceftazidime</i> 10	CIPRO..... 11
<i>butalbital-apap-caff-cod</i> 3	<i>ceftriaxone sodium</i> 10, 11	CIPRO HC..... 81
<i>butalbital-apap-caffeine</i> 3	<i>cefuroxime axetil</i> 11	<i>ciprofloxacin hcl</i> 11, 78, 81
<i>butalbital-asa-caff-codeine</i> 3	<i>celecoxib</i> 6	<i>ciprofloxacin in d5w</i> 11
<i>butorphanol tartrate</i> 3	CENTRUM SPECIALIST	<i>ciprofloxacin-dexamethasone</i> ... 81
BYDUREON BCISE	PRENATAL..... 46	<i>citalopram hydrobromide</i> 16
AUTOINJECTOR..... 41	<i>cephalexin</i> 11	<i>citrate of magnesia</i> 51
BYETTA 10 MCG PEN..... 41	CEQUR SIMPLICITY 2U 10PK. 42	<i>citroma</i> 51
BYETTA 5 MCG PEN..... 41	CERDELGA..... 55	<i>claravis</i> 39
BYLVAY..... 74	<i>cetirizine hcl</i> 81	<i>clarithromycin</i> 11
BYLVAY (PELLETS)..... 74	<i>cetorelix acetate</i> 57	<i>classic prenatal</i> 46
<i>cabergoline</i> 57	<i>cevimeline hcl</i> 37	<i>clearlax</i> 51
CABLIVI..... 25	<i>charlotte 24 fe</i> 59	<i>clemastine fumarate</i> 81
CABOMETYX..... 20	<i>chateal eq</i> 59	CLEVER CHOICE COMFORT
CADEAU DHA..... 46	CHEMET..... 46	EZ..... 43, 74
<i>calcipotriene</i> 39	CHEMSTRIP 10 MD..... 42	CLEVER CHOICE HOLDING
<i>calcipotriene-betameth diprop</i> ... 39	CHEMSTRIP 10/SG..... 42	CHAMBER..... 74
<i>calcitonin (salmon)</i> 72	CHEMSTRIP 2 GP..... 43	<i>clindacin etz</i> 39
<i>calcitriol</i> 39, 72	CHEMSTRIP 5 OB..... 43	<i>clindacin-p</i> 39
<i>calcium acetate</i> 55	CHEMSTRIP 7..... 43	<i>clindamycin hcl</i> 11
<i>calcium acetate (phos binder)</i> ... 55	CHEMSTRIP 9..... 43	<i>clindamycin palmitate hcl</i> 11
<i>camila</i> 59	CHEMSTRIP K..... 43	<i>clindamycin phosphate</i> 11, 39
<i>camrese</i> 59	CHEMSTRIP UGK..... 43	<i>clindamycin phosphate in d5w</i> .. 11
<i>camrese lo</i> 59	<i>childrens aspirin</i> 6	<i>clindamycin phosphate-</i>
<i>capecitabine</i> 21	<i>chlordiazepoxide hcl</i> 29, 30	<i>benzoyl peroxide</i> 39
CAPRELSA..... 21	<i>chlordiazepoxide-amitriptyline</i> ... 16	<i>clobazam</i> 14
<i>carbamazepine</i> 13	<i>chlorhexidine gluconate</i> 37	<i>clobetasol propionate</i> 39
<i>carbamazepine er</i> 13	<i>chloroquine phosphate</i> 24	<i>clocortolone pivalate</i> 39
<i>carbidopa</i> 24	<i>chlorpromazine hcl</i> 25	CLOMID..... 57
<i>carbidopa-levodopa</i> 24	<i>chlorthalidone</i> 32	<i>clomiphene citrate</i> 57
<i>carbidopa-levodopa er</i> 24	<i>chlorzoxazone</i> 85	<i>clomipramine hcl</i> 16
<i>carbidopa-levodopa-</i>	CHOLBAM..... 55	<i>clonazepam</i> 30
<i>entacapone</i> 25	<i>cholestyramine</i> 32	<i>clonidine hcl</i> 32
<i>carbinoxamine maleate</i> 81	<i>cholestyramine light</i> 32	<i>clonidine hcl er</i> 36
CARESENS LANCETS 30G..... 42	CHORIONIC	<i>clopidogrel bisulfate</i> 25
<i>carglumic acid</i> 46	GONADOTROPIN..... 57	<i>clorazepate dipotassium</i> 30
<i>carisoprodol</i> 85	CHOSEN LANCETS 30G..... 43	<i>clotrimazole</i> 18
<i>carteolol hcl</i> 80	CHOSEN SAFETY LANCETS	<i>clotrimazole-betamethasone</i> 18
<i>cartia xt</i> 31	28G..... 43	<i>clozapine</i> 25
<i>carvedilol</i> 31	CIBINQO..... 39	<i>coal tar</i> 39
<i>casprofungin acetate</i> 18	<i>ciclodan</i> 18	COARTEM..... 24
CAYA..... 74	<i>ciclopirox</i> 18	<i>codeine sulfate</i> 3
<i>cefaclor</i> 10	<i>ciclopirox olamine</i> 18	<i>colchicine</i> 19
<i>cefadroxil</i> 10	<i>cidofovir</i> 27	<i>colchicine-probenecid</i> 19
<i>cefazolin sodium</i> 10	<i>cilostazol</i> 25	<i>colesevelam hcl</i> 32
<i>cefazolin sodium-dextrose</i> 10	CIMDUO..... 27	<i>colestipol hcl</i> 32
<i>cefdinir</i> 10	<i>cimetidine</i> 50	COMBIPATCH..... 59
	<i>cimetidine hcl</i> 50	COMBIVENT RESPIMAT..... 82

COMETRIQ.....	21	<i>cvs prenatal</i>	46	<i>dexamethasone</i>	56
COMFORT EZ PRO PEN		<i>cvs prenatal gummy</i>	46	<i>dexamethasone intensol</i>	56
NEEDLES.....	74	<i>cvs prenatal multi+dha</i>	46	<i>dexamethasone sod phos +rfid</i>	56
COMFORT TOUCH TWIST		<i>cvs prenatal multivitamin</i>	46	<i>dexamethasone sod</i>	
LANCET 30G.....	43	<i>cvs purelax</i>	51	<i>phosphate pf</i>	56
COMIRNATY.....	70	<i>cyanocobalamin</i>	46, 47	<i>dexamethasone sodium</i>	
COMMIT.....	8	<i>cyclobenzaprine hcl</i>	85	<i>phosphate</i>	56, 79
COMPACT SPACE		<i>cyclopentolate hcl</i>	80	DEXCOM G6 RECEIVER.....	43
CHAMBER.....	74	<i>cyclophosphamide</i>	21	DEXCOM G6 SENSOR.....	43
COMPACT SPACE		CYCLOPHOSPHAMIDE.....	21	DEXCOM G6 TRANSMITTER..	43
CHAMBER/LG MASK.....	74	<i>cycloserine</i>	20	DEXCOM G7 RECEIVER.....	43
COMPACT SPACE		<i>cyclosporine</i>	67, 80	DEXCOM G7 SENSOR.....	43
CHAMBER/MED MASK.....	74	<i>cyclosporine modified</i>	67	<i>dexmethylphenidate hcl</i>	36
COMPACT SPACE		<i>cyproheptadine hcl</i>	81	<i>dexmethylphenidate hcl er</i>	36
CHAMBER/SM MASK.....	74	<i>cyred eq</i>	59	<i>dextroamphetamine sulfate</i>	36
COMPLERA.....	27	CYSTADROPS.....	80	<i>dextroamphetamine sulfate er..</i>	36
COMPRO.....	17	CYSTAGON.....	55	DIACOMIT.....	14
CONDOMS.....	74	CYSTARAN.....	80	DIASCREEN 10.....	74
<i>constulose</i>	51	<i>dabigatran etexilate mesylate</i> ... 13		DIASCREEN 1B.....	74
CONTOUR PLUS BLUE KIT		<i>dalfampridine er</i>	36	DIASCREEN 1G.....	74
W/DEVICE.....	43	<i>danazol</i>	57	DIASCREEN 1K.....	74
CONTOUR PLUS TEST		<i>dapsone</i>	20	DIASCREEN 2GK.....	74
STRIP.....	43	DAPTACEL.....	70	DIASCREEN 2GP.....	74
CORLANOR.....	32	<i>daptomycin</i>	11	DIASCREEN 3.....	74
CORTIFOAM.....	71	<i>darifenacin hydrobromide er</i>	55	DIASCREEN 4NL.....	74
CORTISPORIN-TC.....	81	<i>darunavir</i>	27	DIASCREEN 4OBL.....	74
<i>corvita 150</i>	46	<i>dasatinib</i>	21	DIASCREEN 4PH.....	74
COSENTYX (300 MG DOSE)...	67	<i>dasetta 1/35 (28)</i>	59	DIASCREEN 5.....	74
COSENTYX 150 MG/ML.....	67	<i>dasetta 7/7/7</i>	59	DIASCREEN 6.....	74
COSENTYX SENSOREADY		<i>daunorubicin hcl</i>	21	DIASCREEN 7.....	74
(300 MG).....	67	<i>daysee</i>	60	DIASCREEN 8.....	74
COSENTYX SENSOREADY		DAYVIGO.....	85	DIASCREEN 9.....	74
PEN.....	67	<i>deblitane</i>	60	DIASCREEN LIQUID URINE	
COSENTYX UNOREADY.....	67	<i>decitabine</i>	21	CONTROL.....	74
COTELLIC.....	21	<i>deferasirox</i>	47	<i>diazepam</i>	14, 30
CREON.....	55	<i>deferiprone</i>	47	<i>diazepam intensol</i>	30
CRINONE.....	59	<i>deferoxamine mesylate</i>	74	<i>diazoxide</i>	44
<i>cromolyn sodium</i>	51, 78	DELSTRIGO.....	27	<i>diclofenac potassium</i>	6
CROTAN.....	24	<i>delyla</i>	60	<i>diclofenac sodium</i>	6, 39, 79
<i>cryselle-28</i>	59	<i>demeclocycline hcl</i>	11	<i>diclofenac sodium er</i>	6
<i>curae</i>	59	DENGVAXIA.....	70	<i>dicloxacillin sodium</i>	11
<i>cvs aspirin adult low dose</i>	6	DEPO-MEDROL.....	56	<i>dicyclomine hcl</i>	51
<i>cvs aspirin adult low strength</i>	6	DEPO-SUBQ PROVERA 104... 60		DIFICID.....	11
<i>cvs aspirin ec</i>	6	DESCOVY.....	27	<i>diflorasone diacetate</i>	39
<i>cvs aspirin low dose</i>	6	<i>desipramine hcl</i>	16	<i>diflunisal</i>	6
<i>cvs aspirin low strength</i>	6	<i>desloratadine</i>	81	<i>difluprednate</i>	79
<i>cvs c-lax laxative</i>	51	<i>desmopressin ace spray refrig</i> .. 57		<i>digoxin</i>	32
<i>cvs folic acid</i>	46	<i>desmopressin acetate</i>	57	<i>dihydroergotamine mesylate</i>	19
<i>cvs gentle laxative</i>	51	<i>desmopressin acetate spray</i>	57	DILANTIN.....	14
<i>cvs gentle laxative womens</i>	51	<i>desogestrel-ethinyl estradiol</i>	60	<i>diltiazem hcl</i>	32
<i>cvs magnesium citrate</i>	51	<i>desonide</i>	39	<i>diltiazem hcl er</i>	32
<i>cvs nicotine</i>	8	<i>desoximetasone</i>	39	<i>diltiazem hcl er beads</i>	32
<i>cvs nicotine polacrilex</i>	8	<i>desvenlafaxine succinate er</i>	16	<i>diltiazem hcl er coated beads</i> ... 32	

<i>dilt-xr</i>	32	EDURANT	27	<i>epinephrine pf</i>	32
<i>dimenhydrinate</i>	17	<i>efavirenz</i>	27	<i>epitol</i>	14
<i>dimethyl fumarate</i>	36	<i>efavirenz-emtricitab-tenofo df</i> ..	27	<i>eplerenone</i>	32
<i>dimethyl fumarate starter pack</i> ..	37	<i>efavirenz-lamivudine-tenofovir</i> ..	27	<i>eq adult aspirin low strength</i>	6
DIPENTUM.....	72	<i>eletriptan hydrobromide</i>	19	<i>eq aspirin adult low dose</i>	6
<i>diphenhydramine hcl</i>	81	<i>elinest</i>	60	<i>eq aspirin low dose</i>	6
<i>diphenoxylate-atropine</i>	51	ELIQUIS.....	13	<i>eq clearlax</i>	51
<i>dipyridamole</i>	25	ELIQUIS DVT/PE STARTER		<i>eq gentle laxative</i>	51
<i>disopyramide phosphate</i>	32	PACK.....	13	<i>eq magnesium citrate</i>	51
<i>disulfiram</i>	8	ELLA.....	60	<i>eq nicotine</i>	8
<i>divalproex sodium</i>	14	ELMIRON.....	55	<i>eq nicotine polacrilex</i>	8
<i>divalproex sodium er</i>	14	<i>eluryng</i>	60	<i>eq nicotine step 3</i>	8
<i>dofetilide</i>	32	EMBECTA AUTOSHIELD		EQ SPACE CHAMBER ANTI-	
<i>dolishale</i>	60	DUO.....	75	STATIC.....	75
<i>donepezil hcl</i>	15	EMBECTA INSULIN SYRINGE		EQ SPACE CHAMBER ANTI-	
DOPTELET.....	30	U/F.....	45	STATIC L.....	75
<i>dorzolamide hcl</i>	80	EMBECTA INSULIN SYRINGE		EQ SPACE CHAMBER ANTI-	
<i>dorzolamide hcl-timolol mal</i>	80	U-100.....	45	STATIC M.....	75
<i>dotti</i>	60	EMBECTA PEN NEEDLE		EQ SPACE CHAMBER ANTI-	
DOVATO.....	27	NANO.....	75	STATIC S.....	75
<i>doxazosin mesylate</i>	32	EMBECTA PEN NEEDLE U/F ..	75	<i>eql aspirin low dose</i>	6
<i>doxepin hcl</i>	16, 85	EMBRACE PEN NEEDLES.....	75	<i>eql childrens aspirin</i>	6
<i>doxercalciferol</i>	72	EMGALITY.....	19	<i>eql clearlax</i>	51
<i>doxy 100</i>	11	<i>emtricitabine</i>	27	<i>eql gentle laxative</i>	51
<i>doxycycline hyclate</i>	11	<i>emtricitabine-tenofovir df</i>	27	<i>eql laxative</i>	51
<i>doxycycline monohydrate</i>	11	EMTRIVA.....	27	<i>eql magnesium citrate</i>	51
<i>dronabinol</i>	17	EMVERM.....	24	<i>eql prenatal formula</i>	47
<i>droperidol</i>	17	<i>emzahh</i>	60	<i>ergocalciferol</i>	47
DROPLET MICRON.....	74	<i>enalapril maleate</i>	32	ERGOMAR.....	19
DROPSAFE ACTI-LANCE		<i>enalapril-hydrochlorothiazide</i> ...	32	<i>ergotamine-caffeine</i>	19
23G.....	43	ENBREL.....	67	ERIVEDGE.....	21
DROPSAFE ALCOHOL PREP.....	74	ENBREL MINI.....	67	<i>erlotinib hcl</i>	21
DROPSAFE SAFETY		ENBREL SURECLICK.....	67	<i>errin</i>	60
SYRINGE/NEEDLE.....	45	ENCARE.....	75	ERTACZO.....	18
<i>drospiren-eth estrad-levomefol</i>	60	ENDARI.....	75	<i>ertapenem sodium</i>	11
<i>drospirenone-ethinyl estradiol</i> ..	60	<i>endocet</i>	3	<i>ery pad 2%</i>	40
DROXIA.....	21	ENDOMETRIN.....	60	<i>erythromycin</i>	11, 40, 79
DUAVEE.....	60	ENFAMIL EXPECTA.....	47	<i>erythromycin base</i>	11
<i>duloxetine hcl</i>	16	ENGERIX-B.....	70	<i>erythromycin ethylsuccinate</i>	11
DUPIXENT.....	39, 40	ENHERTU.....	21	<i>escitalopram oxalate</i>	16
DUREX EXTRA SENSITIVE		<i>enilloring</i>	60	<i>esomeprazole magnesium</i>	50
THIN.....	74	<i>enoxaparin sodium</i>	13	<i>estarylla</i>	60
DUREX REALFEEL.....	74	<i>enpresse-28</i>	60	<i>estazolam</i>	30
DUREX TROPICAL.....	74	<i>enskyce</i>	60	<i>estradiol</i>	60
<i>dutasteride</i>	56	<i>entacapone</i>	25	<i>estradiol-norethindrone acet</i>	60
EASIVENT.....	74	<i>entecavir</i>	27	<i>eszopiclone</i>	85
EASIVENT MASK LARGE.....	74	ENTRESTO.....	32	<i>ethacrynic acid</i>	32
EASIVENT MASK MEDIUM.....	74	<i>enulose</i>	51	<i>ethambutol hcl</i>	20
EASIVENT MASK SMALL.....	74	EPCLUSA.....	27	<i>ethosuximide</i>	14
EASYGEL.....	37	EPIDIOLEX.....	14	<i>ethynodiol diac-eth estradiol</i>	60
<i>econazole nitrate</i>	18	<i>epinastine hcl</i>	79	<i>etodolac</i>	6
<i>econtra one-step</i>	60	<i>epinephrine</i>	32, 82	<i>etodolac er</i>	6
ECOTRIN LOW STRENGTH.....	6	<i>epinephrine (anaphylaxis)</i>	82	<i>etonogestrel-ethinyl estradiol</i>	60

<i>etoposide</i>	21	FLUBLOK.....	70	FRAGMIN.....	13
<i>etravirine</i>	27	FLUCELVAX.....	70	<i>frovatriptan succinate</i>	19
<i>euthyrox</i>	65	<i>fluconazole</i>	18	<i>ft aspirin</i>	6
<i>everolimus</i>	21, 67	<i>fluconazole in sodium chloride</i> ..	18	<i>ft aspirin low dose</i>	6
EVOTAZ.....	27	<i>flucytosine</i>	18	<i>ft clearlax</i>	51
EVRYSDI.....	55	<i>fludarabine phosphate</i>	21	<i>ft folic acid</i>	47
<i>exemestane</i>	21	<i>fludrocortisone acetate</i>	56	<i>ft laxative</i>	51
<i>ezetimibe</i>	32	FLULAVAL.....	70	<i>ft magnesium citrate</i>	52
<i>ezetimibe-simvastatin</i>	32	FLUMIST.....	70	<i>ft nicotine</i>	8
<i>fa-8</i>	47	<i>flunisolide</i>	81	<i>ft nicotine mini</i>	8
<i>falmina</i>	60	<i>fluocinolone acetonide</i>	40, 81	<i>ft prenatal</i>	47
<i>famciclovir</i>	27	<i>fluocinolone acetonide body</i>	40	<i>furosemide</i>	33
<i>famotidine</i>	50	<i>fluocinolone acetonide scalp</i>	40	FUZEON.....	27
<i>famotidine (pf)</i>	50	<i>fluocinonide</i>	40	<i>fyavolv</i>	60
FANAPT.....	25	<i>fluocinonide emulsified base</i>	40	FYCOMPA.....	14
FANAPT TITRATION PACK.....	25	FLUORIDEX DAILY		<i>gabapentin</i>	14
FANTASY LUBRICATED.....	75	RENEWAL.....	38	GALAFOLD.....	55
FANTASY		<i>fluorometholone</i>	79	<i>galantamine hydrobromide</i>	15
LUBRICATED/SPERMICIDE....	75	<i>fluorouracil</i>	21, 40	<i>galantamine hydrobromide er...</i>	15
FARXIGA.....	41	<i>fluoxetine hcl</i>	16	<i>gallifrey</i>	60
<i>fa-vitamin b-6-vitamin b-12</i>	47	<i>fluphenazine hcl</i>	25	GAMIFANT.....	67
FC2 FEMALE CONDOM.....	75	<i>flurandrenolide</i>	40	<i>ganirelix acetate</i>	57
<i>febuxostat</i>	19	<i>flurazepam hcl</i>	85	GARDASIL 9.....	70
FEIBA.....	30	<i>flurbiprofen</i>	6	<i>gatifloxacin</i>	79
<i>feirza 1.5/30</i>	60	<i>flurbiprofen sodium</i>	79	GATTEX.....	52
<i>feirza 1/20</i>	60	<i>fluticasone propionate</i>	40, 81	<i>gavilax</i>	52
<i>felodipine er</i>	32	FLUTICASONE PROPIONATE		<i>gavilyte-c</i>	52
FEMCAP.....	75	DISKUS.....	82	<i>gavilyte-g</i>	52
<i>fenofibrate</i>	33	FLUTICASONE PROPIONATE		<i>gavilyte-n with flavor pack</i>	52
<i>fenofibrate micronized</i>	32, 33	HFA.....	82, 83	<i>gemfibrozil</i>	33
<i>fenofibric acid</i>	33	<i>fluticasone-salmeterol</i>	83	<i>gemmily</i>	61
<i>fenoprofen calcium</i>	6	FLUTICASONE-		<i>generlac</i>	52
<i>fentanyl</i>	3	SALMETEROL.....	83	<i>gengraf</i>	67
<i>ferotransin</i>	47	<i>fluvastatin sodium</i>	33	<i>gentamicin sulfate</i>	11, 79
<i>fesoterodine fumarate er</i>	55	<i>fluvoxamine maleate</i>	16	<i>gentle laxative</i>	52
FETZIMA.....	16	<i>fluvoxamine maleate er</i>	16	GILENYA.....	37
FETZIMA TITRATION.....	16	FLUZONE.....	70	GILOTRIF.....	21
<i>finasteride</i>	56	FLUZONE HIGH-DOSE.....	70	<i>glatiramer acetate</i>	37
<i>fingolimod hcl</i>	37	<i>folate</i>	47	<i>glatopa</i>	37
<i>finzala</i>	60	FOLBEE.....	47	GLEOSTINE.....	21
<i>flac</i>	81	<i>folbee plus</i>	47	<i>glimepiride</i>	41
FLAREX.....	79	<i>folding paddle walker</i>	8	<i>glipizide er</i>	41
<i>flavoxate hcl</i>	55	<i>folic acid</i>	47	<i>glipizide ir</i>	41
<i>flecainide acetate</i>	33	FOLLISTIM AQ.....	57	<i>glipizide-metformin hcl</i>	41
FLEXICHAMBER.....	75	<i>folplex 2.2</i>	47	<i>glucagon emergency kit</i>	44
FLEXICHAMBER ADULT		<i>foltrin</i>	47	GLUCAGON EMERGENCY	
MASK/SMALL.....	75	<i>fondaparinux sodium</i>	13	KIT.....	44
FLEXICHAMBER CHILD		<i>formoterol fumarate</i>	83	<i>glyburide</i>	41
MASK/LARGE.....	75	<i>fosamprenavir calcium</i>	27	<i>glyburide micronized</i>	41
FLEXICHAMBER CHILD		<i>fosaprepitant dimeglumine</i>	17	<i>glyburide-metformin</i>	41
MASK/SMALL.....	75	<i>fosinopril sodium</i>	33	<i>glycine</i>	55
FLUAD.....	70	<i>fosphenytoin sodium</i>	14	<i>glycine urologic</i>	55
FLUARIX.....	70	FOSRENOL.....	55	<i>glycolax</i>	52

<i>glycopyrrolate</i>	52	HADLIMA.....	67	<i>hyoscyamine sulfate</i>	52, 53
<i>glycopyrrolate pf</i>	52	HADLIMA PUSHTOUCH.....	67	HYPERHEP B.....	67
<i>glydo</i>	8	<i>hailey 1.5/30</i>	61	HYPERRHO S/D.....	67
GLYXAMBI.....	41	<i>hailey 24 fe</i>	61	HYRIMOZ.....	67, 68
<i>gnp adult aspirin low strength</i>	6	<i>hailey fe 1.5/30</i>	61	HYRIMOZ-CROHNS/UC	
<i>gnp aspirin</i>	6	<i>hailey fe 1/20</i>	61	STARTER.....	68
<i>gnp aspirin low dose</i>	6	<i>halcinonide</i>	40	HYRIMOZ-PED<40KG	
<i>gnp clearlax</i>	52	<i>halobetasol propionate</i>	40	CROHN STARTER.....	68
<i>gnp folic acid</i>	47	<i>haloette</i>	61	HYRIMOZ-PED>=40KG	
<i>gnp gentle laxative</i>	52	<i>haloperidol</i>	26	CROHN START.....	68
<i>gnp magnesium citrate</i>	52	<i>haloperidol decanoate</i>	25	HYRIMOZ-PLAQ	
<i>gnp nicotine</i>	8	<i>haloperidol lactate</i>	26	PSOR/UEVIT START.....	68
<i>gnp nicotine mini</i>	8	HARVONI.....	27	<i>ibandronate sodium</i>	72
<i>gnp nicotine polacrilex</i>	8	HAVRIX.....	70	IBRANCE.....	21
GNP PEN NEEDLES.....	75	HEALTHY MAMA BE WELL		<i>ibuprofen</i>	6, 7
<i>gnp prenatal</i>	47	ROUNDED.....	47	<i>icatibant acetate</i>	68
GNP ULTIGUARD SAFEPACK		<i>heather</i>	61	<i>iclevia</i>	61
NEEDLE.....	75	<i>h-e-b aspirin</i>	6	ICLUSIG.....	21
<i>gnp womens gentle laxative</i>	52	HEMLIBRA.....	31	ILARIS.....	68
<i>gnp womens laxative</i>	52	HEPAGAM B.....	67	<i>imatinib mesylate</i>	21
GONAL-F.....	57	<i>heparin sodium (porcine)</i>	13	IMBRUVICA.....	21
GONAL-F RFF.....	58	<i>heparin sodium (porcine) pf</i>	13	<i>imipenem-cilastatin</i>	11
GONAL-F RFF REDIJECT.....	58	HEPLISAV-B.....	70	<i>imipramine hcl</i>	16
GOODSENSE ALCOHOL		<i>her style</i>	61	<i>imiquimod</i>	40
SWABS.....	75	HIBERIX.....	70	IMPAVIDO.....	24
<i>goodsense aspirin</i>	6	HIZENTRA.....	67	<i>incassia</i>	61
<i>goodsense aspirin adult low st</i>	6	HUMALOG MIX 50/50		INCONTROL ULTICARE PEN	
<i>goodsense aspirin low dose</i>	6	KWIKPEN.....	45	NEEDLES.....	75
<i>goodsense bisacodyl laxative</i>	52	HUMATIN.....	11	INCRELEX.....	58
<i>goodsense clearlax</i>	52	HUMULIN R U-500 KWIKPEN.....	45	<i>indapamide</i>	33
<i>goodsense magnesium citrate</i>	52	HUMULIN R U-500 VIAL.....	45	<i>indomethacin</i>	7
<i>goodsense nicotine</i>	8	HYCAMTIN.....	21	<i>indomethacin er</i>	7
<i>granisetron hcl</i>	17	<i>hydralazine hcl</i>	33	INFANRIX.....	70
<i>griseofulvin microsize</i>	18	<i>hydrochlorothiazide</i>	33	INFLECTRA.....	68
<i>griseofulvin ultramicrosize</i>	18	<i>hydrocodone bitartrate er</i>	3	INLYTA.....	21
<i>guanfacine hcl</i>	33	<i>hydrocodone bit-homatrop mbr</i>	81	INPEN 100-BLUE-LILLY-	
<i>guanfacine hcl er</i>	36	<i>hydrocodone-acetaminophen</i>	3	HUMALOG.....	43
GUARDIAN 4 GLUCOSE		<i>hydrocodone-ibuprofen</i>	3, 4	INPEN 100-BLUE-NOVOLOG-	
SENSOR.....	43	<i>hydrocortisone</i>	40, 56, 72	FIASP.....	43
GUARDIAN 4 TRANSMITTER.....	43	<i>hydrocortisone (perianal)</i>	72	INPEN 100-GREY-LILLY-	
GUARDIAN CONNECT		<i>hydrocortisone ace-pramoxine</i>	72	HUMALOG.....	43
TRANSMITTER.....	43	<i>hydrocortisone butyrate</i>	40	INPEN 100-GREY-	
GUARDIAN LINK 3		<i>hydrocortisone valerate</i>	40	NOVOLOG-FIASP.....	43
TRANSMITTER.....	43	<i>hydrocortisone-acetic acid</i>	81	INPEN 100-PINK-LILLY-	
GUARDIAN REAL-TIME		<i>hydromet</i>	81	HUMALOG.....	43
CHARGER.....	43	<i>hydromorphone hcl</i>	4	INPEN 100-PINK-NOVOLOG-	
GUARDIAN REAL-TIME		<i>hydromorphone hcl er</i>	4	FIASP.....	43
REPLACE PED.....	43	<i>hydromorphone hcl pf</i>	4	INSPIREASE.....	75
GUARDIAN REAL-TIME TEST		<i>hydroxocobalamin acetate</i>	47	INSPIREASE RESERVOIR	
PLUG.....	43	<i>hydroxychloroquine sulfate</i>	24	BAGS.....	75
GUARDIAN SENSOR 3.....	43	<i>hydroxyurea</i>	21	INSULIN DEGLUDEC.....	45
GYNAZOLE-1.....	18	<i>hydroxyzine hcl</i>	30	INSULIN DEGLUDEC	
<i>habitrol</i>	8	<i>hydroxyzine pamoate</i>	30	FLEXTOUCH.....	45

INSULIN GLARGINE-YFGN.....	45	KAMELEON LUBRICATED.....	75	<i>lacosamide</i>	14
INSULIN PEN NEEDLES.....	75	<i>kariva</i>	61	<i>lactic acid</i>	40
INSULIN SYRINGES.....	45	<i>kelnor 1/35</i>	61	<i>lactic acid e</i>	40
INTELENCE.....	28	<i>kelnor 1/50</i>	61	<i>lactulose</i>	53
INTRAROSA.....	55	KENALOG-10.....	56	<i>lactulose encephalopathy</i>	53
<i>introvale</i>	61	KENALOG-80.....	56	LAGEVRIO.....	28
INVEGA HAFYERA.....	26	KESIMPTA.....	37	<i>lamivudine</i>	28
INVEGA SUSTENNA.....	26	<i>ketoconazole</i>	18	<i>lamivudine-zidovudine</i>	28
INVEGA TRINZA.....	26	KETO-DIASTIX.....	43	<i>lamotrigine</i>	14
<i>iodine strong</i>	47	KETONE CARE.....	43	<i>lamotrigine er</i>	14
<i>iodine tincture</i>	12	KETONE TEST.....	43	LANCETS.....	43
IPOL.....	71	<i>ketoprofen</i>	7	LANCETS 28G THIN.....	44
<i>ipratropium bromide</i>	81, 83	<i>ketorolac tromethamine</i>	7, 79	LANCETS SUPER THIN.....	44
<i>ipratropium-albuterol</i>	83	KETOSTIX.....	43	<i>lansoprazole</i>	50
<i>irbesartan</i>	33	KIMONO.....	75	<i>lanthanum carbonate</i>	55
<i>irbesartan-hydrochlorothiazide</i> ..	33	KIMONO COLORS.....	75	<i>lapatinib ditosylate</i>	22
ISENTRESS.....	28	KIMONO MAXX-LARGE		<i>larin 1.5/30</i>	61
ISENTRESS HD.....	28	FLARE.....	75	<i>larin 1/20</i>	61
<i>isibloom</i>	61	KIMONO MICRO THIN.....	75	<i>larin 24 fe</i>	61
<i>isoniazid</i>	20	KIMONO MICRO THIN PLUS...	75	<i>larin fe 1.5/30</i>	61
<i>isosorbide dinitrate</i>	33	KIMONO PLUS.....	75	<i>larin fe 1/20</i>	61
<i>isosorbide mononitrate</i>	33	KIMONO PS.....	76	<i>latanoprost</i>	80
<i>isosorbide mononitrate er</i>	33	KIMONO PS PLUS.....	76	<i>laxative</i>	53
<i>isotretinoin</i>	40	KIMONO SENSATION.....	76	<i>layolis fe</i>	61
<i>itraconazole</i>	18	KIMONO SENSATION PLUS...	76	<i>leena</i>	62
<i>ivabradine hcl</i>	33	KIMONO SPECIAL.....	76	<i>leflunomide</i>	68
<i>ivermectin</i>	24, 40	KINERET.....	68	<i>lenalidomide</i>	22
IXEMPRA KIT.....	21	KINRIX.....	71	LENVIMA.....	22
<i>jaimiess</i>	61	KISQALI (200 MG DOSE).....	22	<i>lessina</i>	62
JAKAFI.....	21, 22	KISQALI (400 MG DOSE).....	22	<i>letrozole</i>	22
<i>jantoven</i>	13	KISQALI (600 MG DOSE).....	22	<i>leucovorin calcium</i>	22
JANUMET.....	41	<i>klayesta</i>	18	LEUKERAN.....	22
JANUMET XR.....	41, 42	<i>klor-con</i>	47	LEUKINE.....	31
JANUVIA.....	42	<i>klor-con 10</i>	47	<i>leuprolide acetate</i>	58
JARDIANCE.....	42	<i>klor-con m10</i>	47	<i>levalbuterol hcl</i>	83
<i>jasmiel</i>	61	<i>klor-con m15</i>	47	<i>levetiracetam</i>	14
<i>jencycla</i>	61	<i>klor-con m20</i>	47	<i>levetiracetam er</i>	14
JENTADUETO.....	42	KLOXXADO.....	8	<i>levobunolol hcl</i>	80
JENTADUETO XR.....	42	<i>kls aspirin low dose</i>	7	<i>levocarnitine</i>	47
<i>jinteli</i>	61	<i>kls laxaclear</i>	53	<i>levocarnitine sf</i>	47
<i>jolessa</i>	61	<i>kls quit2</i>	8	<i>levocetirizine dihydrochloride</i> ...	81
<i>joyeaux</i>	61	<i>kls quit4</i>	8	<i>levofloxacin</i>	12
J-TIP KIT W/VIAL ADAPTERS.	75	KOSELUGO.....	22	<i>levonest</i>	62
<i>juleber</i>	61	KOURZEQ.....	38	<i>levonorgest-eth est & eth est</i> ...	62
JULUCA.....	28	<i>kp aspirin</i>	7	<i>levonorgest-eth estrad 91-day</i> ..	62
<i>junel 1.5/30</i>	61	<i>kp bisacodyl</i>	53	<i>levonorgest-eth estradiol-iron</i> ...	62
<i>junel 1/20</i>	61	<i>kp folic acid</i>	47	<i>levonorgestrel</i>	62
<i>junel fe 1.5/30</i>	61	<i>kp prenatal multivitamins</i>	47	<i>levonorgestrel-ethinyl estrad</i>	62
<i>junel fe 1/20</i>	61	K-PHOS.....	47	<i>levonorg-eth estrad triphasic</i>	62
<i>junel fe 24</i>	61	<i>k-tan plus</i>	47	<i>levora 0.15/30 (28)</i>	62
<i>kaitlib fe</i>	61	<i>kurvelo</i>	61	<i>levo-t</i>	65
<i>kalliga</i>	61	KYLEENA.....	61	<i>levothyroxine sodium</i>	65
KALYDECO.....	84	<i>labetalol hcl</i>	33	<i>levoxyl</i>	65

<i>l</i> -glutamine.....	76	LYSODREN.....	22	<i>methocarbamol</i>	85
<i>lidocaine</i>	8	<i>lyza</i>	62	<i>methotrexate sodium</i>	68
<i>lidocaine hcl urethral/mucosal</i>	8	<i>mafenide acetate</i>	12	<i>methotrexate sodium (pf)</i>	68
<i>lidocaine viscous hcl</i>	38	<i>magnesium citrate</i>	53	<i>methoxsalen rapid</i>	40
<i>lidocaine-prilocaine</i>	8	<i>malathion</i>	24	<i>methscopolamine bromide</i>	53
LILETTA (52 MG).....	62	<i>mannitol</i>	33	<i>methsuximide</i>	14
<i>linezolid</i>	12	<i>maraviroc</i>	28	<i>methylidopa</i>	33
<i>linezolid in sodium chloride</i>	12	<i>marlissa</i>	62	<i>methylergonovine maleate</i>	76
LINZESS.....	53	MARPLAN.....	16	<i>methylphenidate hcl</i>	36
<i>liothyronine sodium</i>	65	MASK VORTEX.....	76	<i>methylphenidate hcl er</i>	36
<i>liraglutide</i>	42	MASK VORTEX/CHILD/FROG.....	76	<i>methylphenidate hcl er (osm)</i>	36
<i>lisdexamfetamine dimesylate</i>	36	MASK		<i>methylprednisolone</i>	57
<i>lisinopril</i>	33	VORTEX/TODDLER/LADYBU		<i>methylprednisolone acetate</i>	57
<i>lisinopril-hydrochlorothiazide</i>	33	G.....	76	<i>metoclopramide hcl</i>	17
<i>lithium</i>	30	MASONATAL.....	48	<i>metolazone</i>	33
<i>lithium carbonate</i>	30	MATULANE.....	22	<i>metoprolol succinate er</i>	34
<i>lithium carbonate er</i>	30	MAVYRET.....	28	<i>metoprolol tartrate</i>	34
LO LOESTRIN FE.....	62	MAXX.....	76	<i>metronidazole</i>	12, 40
<i>lofexidine hcl</i>	8	MAXX PLUS.....	76	<i>metyrosine</i>	34
<i>lojaimiess</i>	62	MAYZENT.....	37	<i>mexiletine hcl</i>	34
<i>loperamide hcl</i>	53	MAYZENT STARTER PACK.....	37	<i>mibelas 24 fe</i>	62
<i>lopinavir-ritonavir</i>	28	<i>meclizine hcl</i>	17	<i>miconazole 3</i>	18
<i>lorazepam</i>	30	<i>meclofenamate sodium</i>	7	MICROCHAMBER.....	76
<i>lorazepam intensol</i>	30	<i>medroxyprogesterone acetate</i> ..	62	<i>microgestin 1.5/30</i>	62
<i>loryna</i>	62	<i>mefenamic acid</i>	7	<i>microgestin 1/20</i>	62
<i>losartan potassium</i>	33	<i>mefloquine hcl</i>	24	<i>microgestin fe 1.5/30</i>	62
<i>losartan potassium-hctz</i>	33	<i>megestrol acetate</i>	62	<i>microgestin fe 1/20</i>	62
<i>lovastatin</i>	33	MEKINIST.....	22	MICROSPACER.....	76
<i>low-ogestrel</i>	62	<i>meloxicam</i>	7	<i>midazolam hcl</i>	30
<i>loxapine succinate</i>	26	<i>melphalan hcl</i>	22	<i>midodrine hcl</i>	34
<i>lo-zumandimine</i>	62	<i>memantine hcl</i>	15	<i>mifepristone</i>	58
<i>lubiprostone</i>	53	<i>memantine hcl er</i>	15	<i>miglustat</i>	55
LUCEMYRA.....	8	MENEST.....	62	<i>mili</i>	62
LULICONAZOLE.....	18	MENOPUR.....	58	<i>mimvey</i>	62
LUMIGAN.....	80	MENQUADFI.....	71	<i>mineral oil heavy</i>	53
LUPRON DEPOT (1-MONTH)..	58	MENVEO.....	71	MINIMED 630G GUARDIAN	
LUPRON DEPOT (3-MONTH)..	58	<i>meperidine hcl</i>	4	PRESS.....	44
LUPRON DEPOT (4-MONTH)		<i>meprobamate</i>	30	MINOCIN.....	12
INTRAMUSCULAR KIT 30MG..	58	<i>mercaptapurine</i>	22	<i>minocycline hcl</i>	12
LUPRON DEPOT (6-MONTH)		<i>merzee</i>	62	<i>minoxidil</i>	34
INTRAMUSCULAR KIT 45MG..	58	<i>mesalamine</i>	72	<i>minzoya</i>	62
LUPRON DEPOT-PED (1-		<i>mesalamine er</i>	72	<i>mirabegron er</i>	55
MONTH).....	58	<i>mesna</i>	22	MIRENA (52 MG).....	63
LUPRON DEPOT-PED (3-		MESNEX.....	22	<i>mirtazapine</i>	16
MONTH).....	58	<i>metaxalone</i>	85	<i>misoprostol</i>	50
LUPRON DEPOT-PED (6-		<i>metformin hcl er</i>	42	<i>mitigo</i>	4
MONTH).....	58	<i>metformin hcl ir</i>	42	<i>mitomycin</i>	22
<i>lurasidone hcl</i>	26	<i>methadone hcl</i>	4	<i>mitoxantrone hcl</i>	22
<i>lutea</i>	62	<i>methadone hcl intensol</i>	4	<i>mm aspirin</i>	7
<i>lyleq</i>	62	<i>methamphetamine hcl</i>	36	<i>mm clearlax</i>	53
<i>lyllana</i>	62	<i>methenamine hippurate</i>	12	M-M-R II.....	71
LYNPARZA.....	22	METHERGINE.....	76	<i>modafinil</i>	85
LYSIPLEX PLUS.....	48	<i>methimazole</i>	65		

MODERNA COVID-19 VAC			
6M-11Y	71		
mometasone furoate	40, 81		
MONDOXYNE NL	12		
mono-lynyah	63		
montelukast sodium	83		
morphine sulfate	4		
morphine sulfate (concentrate)	4		
morphine sulfate (pf)	4		
morphine sulfate er	4		
MOTEGRITY	53		
MOTOFEN	53		
MOUNJARO	42		
moxifloxacin hcl	12, 79		
moxifloxacin hcl (2x day)	79		
moxifloxacin hcl in nacl	12		
multi prenatal	48		
MULTISTIX 10 SG	44		
multivitamin w/fluoride	48		
multivitamin/fluoride	48		
multi-vitamin/fluoride	48		
multi-vitamin/fluoride/iron	48		
mupirocin	12		
MUTAMYCIN	22		
my choice	63		
my way	63		
MYALEPT	55		
mycophenolate mofetil	68		
mycophenolate mofetil hcl	68		
mycophenolate sodium	68		
mycophenolic acid	68		
MYLERAN	22		
MYRBETRIQ	56		
na ferric gluc cplx in sucrose	48		
na sulfate-k sulfate-mg sulf	53		
NABI-HB	68		
nabumetone	7		
nadolol	34		
nafcillin sodium	12		
naftifine hcl	18		
naloxone hcl	8		
naltrexone hcl	8		
naproxen	7		
naproxen sodium	7		
naratriptan hcl	19		
NARCAN	9		
NASCOBAL	48		
NATACYN	79		
NATAZIA	63		
nateglinide	42		
NAYZILAM	14		
nebivolol hcl	34		
necon 0.5/35 (28)	63		
nefazodone hcl	16		
neomycin sulfate	12		
neomycin-bacitracin zn-polymyx	80		
neomycin-polymyxin-dexameth	79		
neomycin-polymyxin-gramicidin	80		
neomycin-polymyxin-hc	79, 81		
NEONATAL PRENATAL	48		
NEONATAL VITAMIN	48		
NEO-POLYCIN	80		
NEO-POLYCIN HC	80		
neostigmine methylsulfate	20		
neostigmine methylsulfate rfid	20		
NEO-SYNALAR	40		
nephronex	48		
neuac	40		
NEULASTA	31		
NEULASTA ONPRO	31		
NEUPRO	25		
nevirapine	28		
nevirapine er	28		
new day	63		
NEXPLANON	63		
NEXTSTELLIS	63		
niacin er (antihyperlipidemic)	34		
NICODERM CQ	9		
NICORETTE	9		
NICORETTE MINI	9		
NICORETTE STARTER KIT	9		
nicotine	9		
nicotine mini	9		
nicotine polacrilex	9		
nicotine polacrilex mini	9		
nicotine step 1	9		
nicotine step 2	9		
nicotine step 3	9		
NICOTROL	9		
NICOTROL NS	9		
nifedipine er	34		
nifedipine er osmotic release	34		
nikki	63		
nilutamide	22		
nimodipine	34		
NINLARO	22		
nitazoxanide	24		
nitisinone	55		
nitrofurantoin macrocrystal	12		
nitrofurantoin monohydrate macrocrystals	12		
nitroglycerin	34		
NIVESTYM	31		
nizatidine	50		
nora-be	63		
NORDITROPIN FLEXPEN	58		
norelgestromin-eth estradiol	63		
norethin ace-eth estrad-fe	63		
norethindrone	63		
norethindrone acetate	63		
norethindrone acet-ethinyl est	63		
norethindrone-eth estradiol	63		
norethin-eth estradiol-fe	63		
norgestimate-eth estradiol	63		
norgestimate-ethinyl estradiol triphasic	63		
norlyroc	63		
nortrel 0.5/35 (28)	63		
nortrel 1/35 (21)	63		
nortrel 1/35 (28)	63		
nortrel 7/7/7	63		
nortriptyline hcl	16		
NORVIR	28		
NOVAREL	58		
NOVAVAX COVID-19 VACCINE	71		
NOVOFINE PEN NEEDLE	76		
NOVOFINE PLUS PEN NEEDLE	76		
NOVOLIN 70/30 FLEXPEN	45		
NOVOLIN 70/30 FLEXPEN RELION	45		
NOVOLIN 70/30 RELION	45		
NOVOLIN 70/30 VIAL	45		
NOVOLIN N FLEXPEN	45		
NOVOLIN N FLEXPEN RELION	45		
NOVOLIN N RELION	45		
NOVOLIN N VIAL	45		
NOVOLIN R FLEXPEN	46		
NOVOLIN R FLEXPEN RELION	46		
NOVOLIN R RELION	46		
NOVOLIN R VIAL	46		
NOVOLOG 70/30 FLEXPEN RELION	46		
NOVOLOG FLEXPEN	46		
NOVOLOG FLEXPEN RELION	46		
NOVOLOG MIX 70/30 FLEXPEN	46		
NOVOLOG MIX 70/30 RELION	46		
NOVOLOG MIX 70/30 VIAL	46		
NOVOLOG PENFILL	46		
NOVOLOG RELION	46		
NOVOLOG U-100 VIAL	46		

NOVOPEN ECHO.....	44	ONETOUCH DELICA SAFETY	<i>oxymorphone hcl</i>	5
<i>np thyroid</i>	65	LANCING.....	<i>oxymorphone hcl er</i>	5
NUCALA.....	83	ONETOUCH ULTRA 2 KIT	<i>oxytocin</i>	58
NUCYNTA.....	4	W/DEVICE.....	<i>paclitaxel</i>	22
NUCYNTA ER.....	4	ONETOUCH ULTRA BLUE	<i>paliperidone er</i>	26
NUFOL.....	48	TEST.....	<i>palonosetron hcl</i>	17
NURTEC.....	19	ONETOUCH ULTRA	<i>pamidronate disodium</i>	72
NUTRIFAC ZX.....	48	CONTROL.....	PANDA MASK LARGE.....	76
NUTROPIN AQ NUSPIN 10.....	58	ONETOUCH ULTRA TEST	PANDA MASK MEDIUM.....	76
NUTROPIN AQ NUSPIN 20.....	58	STRIPS.....	PANDA MASK SMALL.....	76
NUTROPIN AQ NUSPIN 5.....	58	ONETOUCH VERIO FLEX	<i>pantoprazole sodium</i>	50
<i>nyamyc</i>	18	SYSTEM.....	PARAGARD INTRAUTERINE	
<i>nylia 1/35</i>	63	ONETOUCH VERIO KIT	COPPER.....	63
<i>nylia 7/7/7</i>	63	W/DEVICE.....	PARI VORTEX ADULT MASK..	76
<i>nystatin</i>	18, 19	ONETOUCH VERIO	<i>paricalcitol</i>	72
<i>nystatin-triamcinolone</i>	19	REFLECT KIT W/DEVICE.....	<i>paroxetine hcl</i>	16
<i>nystop</i>	19	ONUREG.....	PAXLOVID (150/100).....	28
OICALIVA.....	55	<i>opcicon one-step</i>	PAXLOVID (300/100).....	28
<i>ocella</i>	63	OPILL.....	<i>pazopanib hcl</i>	22
<i>octreotide acetate</i>	58	OPSUMIT.....	PEDIARIX.....	71
ODEFSEY.....	28	OPTICHAMBER DIAMOND.....	PEDIATRIC PANDA MASK.....	76
OFEV.....	83	OPTICHAMBER DIAMOND-	PEDVAX HIB.....	71
<i>ofloxacin</i>	12, 79, 81	LG MASK.....	<i>peg 3350</i>	53
OGSIVEO.....	22	OPTICHAMBER DIAMOND-	<i>peg 3350-kcl-na bicarb-nacl</i>	53
<i>olanzapine</i>	26	MD MASK.....	<i>peg-3350/electrolytes</i>	53
<i>olmesartan medoxomil</i>	34	OPTICHAMBER DIAMOND-	<i>peg-3350/electrolytes/ascorbat</i>	53
<i>olmesartan medoxomil-hctz</i>	34	SM MASK.....	PEGASYS.....	28
<i>olopatadine hcl</i>	79, 81	<i>option 2</i>	<i>peg-kcl-nacl-nasulf-na asc-c</i>	53
OMECLAMOX-PAK.....	53	OPTIONS GYNOL II	PEN NEEDLE/5-BEVEL TIP.....	76
<i>omega-3-acid ethyl esters</i>	34	CONTRACEPTIVE.....	PENBRAYA.....	71
<i>omeprazole</i>	50	OPVEE.....	<i>penciclovir</i>	28
OMNIFLEX DIAPHRAGM.....	76	ORALONE.....	<i>penicillamine</i>	56
OMNIPOD 5 DEXG7G6		ORENCIA.....	<i>penicillin g potassium</i>	12
INTRO GEN 5.....	76	ORENCIA CLICKJECT.....	<i>penicillin v potassium</i>	12
OMNIPOD 5 DEXG7G6 PODS		ORFADIN.....	PENTACEL.....	71
GEN 5.....	76	ORGOVYX.....	<i>pentazocine-naloxone hcl</i>	5
OMNIPOD 5 LIBRE2 PLUS G6		ORKAMBI.....	PENTIPS GENERIC PEN	
OMNIPOD 5 LIBRE2 PLUS G6		<i>orphenadrine citrate er</i>	NEEDLES.....	76
PODS.....	76	<i>orphenadrine-aspirin-caffeine</i> ...	<i>pentobarbital sodium</i>	14
OMNIPOD DASH INTRO		ORSERDU.....	<i>pentoxifylline er</i>	34
(GEN 4).....	76	<i>oseltamivir phosphate</i>	PERFECT POINT SAFETY	
OMNIPOD DASH PDM (GEN		OSPHENA.....	LANCETS.....	44
4).....	76	OTEZLA.....	<i>perigard</i>	38
OMNIPOD DASH PODS (GEN		OVIDREL.....	<i>permethrin</i>	24
4).....	76	<i>oxaprozin</i>	<i>perphenazine</i>	17
OMNITROPE.....	58	<i>oxazepam</i>	<i>perphenazine-amitriptyline</i>	16
<i>ondansetron hcl</i>	17	<i>oxcarbazepine</i>	PFIZER COVID-19 VAC-TRIS	
<i>ondansetron odt</i>	17	<i>oxiconazole nitrate</i>	5-11Y.....	71
ONE VITE WOMENS.....	48	<i>oxybutynin chloride</i>	PFIZER COVID-19 VAC-TRIS	
ONE-A-DAY WOMENS		<i>oxybutynin chloride er</i>	6M-4Y.....	71
PRENATAL 1.....	48	<i>oxycodone hcl</i>	<i>phenazopyridine hcl</i>	56
ONETOUCH DELICA PLUS		<i>oxycodone-acetaminophen</i>	<i>phenelzine sulfate</i>	16
LANCING.....	44	OXYCONTIN.....	<i>phenobarbital</i>	14

<i>phenobarbital sodium</i>	14	<i>prasugrel hcl</i>	25	PROCARE SPACER/CHILD
<i>phenoxybenzamine hcl</i>	34	<i>pravastatin sodium</i>	34	MASK.....
<i>phenylephrine hcl</i>	80	<i>praziquantel</i>	24	PROCHAMBER VHC.....
<i>phenytek</i>	14	<i>prazosin hcl</i>	34	<i>prochlorperazine</i>
<i>phenytoin</i>	14	<i>prednisolone</i>	57	<i>prochlorperazine maleate</i>
<i>phenytoin infatabs</i>	14	<i>prednisolone acetate</i>	79	<i>procto-med hc</i>
<i>phenytoin sodium</i>	15	<i>prednisolone sodium</i>		PROCTOSOL HC.....
<i>phenytoin sodium extended</i> 14,	15	<i>phosphate</i>	57, 79	<i>progesterone</i>
PHEXXI.....	77	<i>prednisone</i>	57	PROLASTIN-C.....
<i>philith</i>	63	<i>pregabalin</i>	37	PROLEUKIN.....
PHOSPHOLINE IODIDE.....	80	PREGNYL.....	58	PROLIA.....
PHOSPHO-TRIN K500.....	48	PREMARIN.....	64	PROMACTA.....
<i>phytonadione</i>	48	PREMPHASE.....	64	<i>promethazine hcl</i>
PIFELTRO.....	28	PREMPRO.....	64	PROMETHEGAN.....
<i>pilocarpine hcl</i>	38, 80	<i>prenatal</i>	49	<i>propafenone hcl</i>
<i>pimecrolimus</i>	41	<i>prenatal (w/iron & fa)</i>	48	<i>propranolol hcl</i>
<i>pimozide</i>	26	<i>prenatal 19</i>	48	<i>propranolol hcl er</i>
<i>pimtrea</i>	63	<i>prenatal complete</i>	48	<i>propylthiouracil</i>
<i>pindolol</i>	34	<i>prenatal formula</i>	48	PROQUAD.....
<i>pioglitazone hcl</i>	42	<i>prenatal forte</i>	49	<i>protriptyline hcl</i>
PIP PEN NEEDLES 31G X		<i>prenatal gummies/dha & fa</i>	49	<i>prucalopride succinate</i>
5MM.....	77	<i>prenatal multi +dha</i>	49	PULMOZYME.....
PIP PEN NEEDLES 32G X		PRENATAL MULTIVITAMIN +		PURE COMFORT SAFETY
4MM.....	77	DHA.....	49	PEN NEEDLE.....
<i>piperacillin sod-tazobactam</i>		<i>prenatal multivitamin plus dha</i> ..	49	PURE COMFORT SPACER
<i>sod</i>	12	<i>prenatal one daily</i>	49	CHAMBER.....
PIQRAY.....	22	<i>prenatal plus</i>	49	<i>purevit dualfe plus</i>
<i>pirfenidone</i>	83	<i>prenatal plus vitamin/mineral</i>	49	<i>pyrazinamide</i>
<i>piroxicam</i>	7	<i>prenatal vitamin and mineral</i>	49	<i>pyridostigmine bromide</i>
PLENVU.....	53	<i>prenatal vitamins</i>	49	<i>pyridoxine hcl</i>
<i>plerixafor</i>	31	<i>prenatal/folic acid+dha</i>	49	<i>pyrimethamine</i>
PNEUMOVAX 23.....	71	<i>prenatal/iron</i>	49	PYRUKYND.....
<i>pnv-dha</i>	48	PRETOMANID.....	20	PYRUKYND TAPER PACK.....
<i>pnv-dha+docusate</i>	48	<i>prevalite</i>	34	<i>qc aspirin low dose</i>
<i>pnv-omega</i>	48	PREVIDENT.....	38	<i>qc childrens aspirin</i>
<i>pnv-select</i>	48	PREVNAR 20.....	71	<i>qc folic acid</i>
POCKET CHAMBER.....	77	PREZCOBIX.....	28	<i>qc gentle laxative</i>
POCKET SPACER.....	77	PREZISTA.....	28	<i>qc gentle laxative womens</i>
<i>podofilox</i>	41	PRIFTIN.....	20	<i>qc laxative</i>
POLYCIN.....	80	<i>primaquine phosphate</i>	24	<i>qc magnesium citrate</i>
<i>polyethylene glycol 3350</i>	53	<i>primidone</i>	15	<i>qc natura-lax</i>
<i>polyethylene glycol 3350-grx</i>	53	PRIORIX.....	71	<i>qc nicotine transdermal system</i> ..
<i>polymyxin b sulfate</i>	12	PRO COMFORT SPACER		<i>qc prenatal</i>
<i>polymyxin b-trimethoprim</i>	80	ADULT.....	77	QINLOCK.....
<i>polysaccharide iron forte</i>	48	PRO COMFORT SPACER		QUADRACEL.....
POMALYST.....	23	CHILD.....	77	<i>quazepam</i>
<i>portia-28</i>	64	PRO COMFORT SPACER		<i>quetiapine fumarate</i>
<i>potassium chloride</i>	48	INFANT.....	77	<i>quetiapine fumarate er</i>
<i>potassium chloride crys er</i>	48	<i>probenecid</i>	19	QUICK TOUCH INSULIN PEN
<i>potassium chloride er</i>	48	<i>procainamide hcl</i>	34	NEEDLE.....
<i>potassium citrate er</i>	48	PROCARE SPACER/ADULT		<i>quinapril hcl</i>
PRADAXA.....	13	MASK.....	77	<i>quinapril-hydrochlorothiazide</i>
<i>pramipexole dihydrochloride</i>	25			<i>quinidine sulfate</i>

<i>quinine sulfate</i>	24	<i>ribavirin</i>	28	<i>sildenafil citrate</i>	85
QVAR REDIHALER.....	83	<i>rifabutin</i>	20	<i>silodosin</i>	56
<i>ra aspirin adult low dose</i>	7	<i>rifampin</i>	20	<i>silver sulfadiazine</i>	12
<i>ra aspirin adult low strength</i>	7	<i>riluzole</i>	37	SIMBRINZA.....	80
<i>ra aspirin childrens</i>	7	<i>rimantadine hcl</i>	28	SIMILAC PRENATAL EARLY	
<i>ra aspirin ec</i>	7	RINVOQ.....	69	SHIELD.....	49
<i>ra aspirin ec adult low st</i>	7	<i>risedronate sodium</i>	72	<i>simliya</i>	64
<i>ra folic acid</i>	49	<i>risperidone</i>	26	<i>simpesse</i>	64
<i>ra laxative</i>	54	RITEFLO.....	77	SIMPONI.....	69
<i>ra magnesium citrate</i>	54	<i>ritonavir</i>	28	SIMPONI ARIA.....	69
<i>ra mini nicotine</i>	9	<i>rivastigmine</i>	15	<i>simvastatin</i>	35
<i>ra nicotine</i>	9	<i>rivastigmine tartrate</i>	15	<i>sirolimus</i>	69
<i>ra nicotine gum</i>	9	<i>rivelsa</i>	64	SIRTURO.....	20
<i>ra nicotine polacrilex</i>	9	RIVIVE.....	9	SKYCLARYS.....	35
<i>ra prenatal</i>	49	<i>rizatriptan benzoate</i>	19	SKYLA.....	64
<i>ra prenatal formula</i>	49	<i>roflumilast</i>	83	SKYRIZI.....	69
<i>ra womens laxative</i>	54	<i>ropinirole hcl</i>	25	SKYRIZI PEN.....	69
<i>rabeprazole sodium</i>	50	<i>ropinirole hcl er</i>	25	SLYND.....	64
<i>raloxifene hcl</i>	58	<i>rosuvastatin calcium</i>	35	<i>sm aspirin adult low strength</i>	7
<i>ramelteon</i>	86	ROTARIX.....	71	<i>sm aspirin ec low strength</i>	7
<i>ramipril</i>	35	ROTATEQ.....	71	<i>sm folic acid</i>	49
<i>ranolazine er</i>	35	<i>roweepra</i>	15	<i>sm gentle laxative</i>	54
<i>rasagiline mesylate</i>	25	ROZLYTREK.....	23	<i>sm nicotine</i>	9
RAYA SURE PEN NEEDLE.....	77	<i>rufinamide</i>	15	<i>sm nicotine polacrilex</i>	9
<i>react</i>	64	RUKOBIA.....	28	<i>sm one daily prenatal</i>	49
REALITY LATEX CONDOMS... 77		RUXIENCE.....	23	<i>sm prenatal vitamins</i>	49
REALITY LATEX/ULTRA		RYDAPT.....	23	<i>smooth lax</i>	54
TEXTURED.....	77	SAFETY PEN NEEDLES.....	77	<i>sod benz-sod phenylacet</i>	55
REALITY LATEX/ULTRA THIN	77	SAJAZIR.....	69	<i>sod citrate-citric acid</i>	49
REBLOZYL.....	31	SANTYL.....	41	<i>sodium acetate</i>	49
REBYOTA.....	54	<i>sapropterin dihydrochloride</i>	55	<i>sodium chloride</i>	81
<i>reclipsen</i>	64	SAVAYSA.....	13	<i>sodium fluoride</i>	38, 49
RECOMBIMATE.....	31	SAVELLA.....	37	<i>sodium fluoride 5000 plus</i>	38
RECOMBIVAX HB.....	71	SAVELLA TITRATION PACK... 37		<i>sodium fluoride 5000 ppm</i>	38
RECTIV.....	35	<i>sb bisacodyl laxative ec</i>	54	<i>sodium phenylbutyrate</i>	55
REGRANEX.....	41	<i>sb childrens aspirin</i>	7	<i>sodium polystyrene sulfonate</i> ... 49	
RELENZA DISKHALER.....	28	<i>sb gentle lax-women</i>	54	<i>solifenacin succinate</i>	56
RELION KETONE TEST.....	44	<i>sb low dose asa ec</i>	7	SOLIQUA.....	42
RENACIDIN.....	56	<i>sb magnesium citrate</i>	54	SOLIRIS.....	31
<i>repaglinide</i>	42	<i>sb polyethylene glycol 3350</i>	54	SOLU-CORTEF.....	57
REPATHA.....	35	<i>scopolamine</i>	18	SOMAVERT.....	58
REPATHA PUSHTRONEX		<i>selegiline hcl</i>	25	<i>sorafenib tosylate</i>	23
SYSTEM.....	35	<i>selenium sulfide</i>	41	<i>sorbitol-mannitol</i>	77
REPATHA SURECLICK.....	35	SELZENTRY.....	29	<i>sotalol hcl</i>	35
RETACRIT.....	31	SEREVENT DISKUS.....	83	<i>sotalol hcl (af)</i>	35
REVCОВI.....	55	<i>sertraline hcl</i>	16	SOVALDI.....	29
REVLIMID.....	23	<i>se-tan plus</i>	49	SPEVIGO.....	69
REXTOVY.....	9	<i>setlakin</i>	64	SPIKEVAX.....	71
REXULTI.....	26	<i>sevelamer carbonate</i>	56	<i>spinosad</i>	24
REYATAZ.....	28	SFROWASA.....	72	SPIRIVA HANDIHALER.....	83
REZVOGLAR KWIKPEN.....	46	<i>sharobel</i>	64	SPIRIVA RESPIMAT.....	83
RHOPHYLAC.....	69	SHINGRIX.....	71	<i>spironolactone</i>	35
RHOPRESSA.....	80	SIGNIFOR.....	58	<i>spironolactone-hctz</i>	35

<i>sprintec 28</i>	64	TASIGNA.....	23	<i>tolterodine tartrate er</i>	56
SPRYCEL.....	23	<i>taysofy</i>	64	<i>topiramate</i>	15
SPS (SODIUM		<i>tazarotene</i>	41	<i>toremifene citrate</i>	23
POLYSTYRENE SULF).....	49	<i>tazicef</i>	13	<i>torpenz</i>	23
<i>sronyx</i>	64	TDVAX.....	71	<i>torse mide</i>	35
<i>ssid</i>	12	TECHLITE LANCETS 26G.....	44	TRACLEER.....	85
ST JOSEPH ASPIRIN.....	7	TECHLITE PLUS PEN		TRADJENTA.....	42
ST JOSEPH LOW DOSE.....	7	NEEDLES.....	77	<i>tramadol hcl (er biphasic)</i>	5
STELARA.....	69	<i>telmisartan</i>	35	<i>tramadol hcl er</i>	5
STIOLTO RESPIMAT.....	83	<i>temazepam</i>	86	<i>tramadol hcl ir</i>	5
STIVARGA.....	23	<i>temozolomide</i>	23	<i>tramadol-acetaminophen</i>	5
<i>streptomycin sulfate</i>	12	<i>temsirolimus</i>	69	<i>trandolapril</i>	35
STRIVERDI RESPIMAT.....	83	TENIVAC.....	71	<i>tranylcypramine sulfate</i>	16
STUART ONE.....	49	<i>tenofovir disoproxil fumarate</i>	29	<i>travoprost (bak free)</i>	80
SUBOXONE.....	9	<i>terazosin hcl</i>	56	<i>trazodone hcl</i>	16
<i>subvenite</i>	15	<i>terbinafine hcl</i>	19	TRECTOR.....	20
SUCRAID.....	55	<i>terconazole</i>	19	TRELEGY ELLIPTA.....	84
<i>sucralfate</i>	50	<i>teriflunomide</i>	37	TREMFYA.....	69, 70
SULCONAZOLE NITRATE.....	19	TERIPARATIDE.....	72	<i>treprostinil</i>	85
<i>sulfacetamide sodium</i>	79	<i>testosterone</i>	57	<i>tretinoin</i>	23, 41
<i>sulfacetamide sodium (acne)</i>	41	<i>testosterone cypionate</i>	57	<i>triamcinolone acetonide</i> 38, 41, 57	
<i>sulfacetamide-prednisolone</i>	80	<i>testosterone enanthate</i>	57	TRIAMCINOLONE	
<i>sulfadiazine</i>	12	TETANUS-DIPHThERIA		ACETONIDE.....	57
<i>sulfamethoxazole-trimethoprim</i> . 12		TOXOIDS TD.....	71	<i>triamterene-hctz</i>	35
<i>sulfasalazine</i>	72	<i>tetrabenazine</i>	37	<i>triazolam</i>	30
<i>sulfatrim pediatric</i>	13	<i>tetracycline hcl</i>	13	<i>triderm</i>	41
<i>sulfurated lime</i>	24	THALOMID.....	23	<i>trientine hcl</i>	49
<i>sulindac</i>	7	<i>theophylline er</i>	84	<i>tri-estarylla</i>	64
<i>sumatriptan</i>	19	<i>thiamine hcl</i>	49	<i>trifluoperazine hcl</i>	26
<i>sumatriptan succinate</i>	20	<i>thioridazine hcl</i>	26	<i>trifluridine</i>	79
<i>sunitinib malate</i>	23	<i>thiothixene</i>	26	<i>trigels-f forte</i>	49
SUNOSI.....	86	THRIVE.....	9	<i>trihexyphenidyl hcl</i>	25
<i>syeda</i>	64	<i>thyroid</i>	65	<i>tri-legest fe</i>	64
SYFOVRE.....	80	<i>tiadylt er</i>	35	<i>tri-linyah</i>	64
SYMBICORT.....	83	<i>tiagabine hcl</i>	15	<i>tri-lo-estarylla</i>	64
SYMPROIC.....	54	<i>tilia fe</i>	64	<i>tri-lo-marzia</i>	64
SYMTUZA.....	29	<i>timolol maleate</i>	80	<i>tri-lo-mili</i>	64
SYNAGIS.....	69	<i>tinidazole</i>	13	<i>tri-lo-sprintec</i>	64
SYNAREL.....	58	<i>tiopronin</i>	56	<i>trimethoprim</i>	13
SYNJARDY.....	42	<i>tiotropium bromide</i>		<i>tri-mili</i>	64
SYNJARDY XR.....	42	<i>monohydrate</i>	84	<i>trimipramine maleate</i>	16
TABRECTA.....	23	TIVICAY.....	29	TRINTELLIX.....	16
<i>tacrolimus</i>	41, 69	TIVICAY PD.....	29	<i>triphrocaps</i>	49
<i>tadalafil</i>	56	<i>tizanidine hcl</i>	85	<i>tri-sprintec</i>	64
<i>tadalafil (pah)</i>	85	TOBRADEX.....	79	TRIUMEQ.....	29
TAFINLAR.....	23	TOBRADEX ST.....	79	<i>tri-vite/fluoride</i>	49
<i>tafluprost (pf)</i>	80	<i>tobramycin</i>	79, 84	<i>trivora (28)</i>	64
TAGRISSO.....	23	<i>tobramycin-dexamethasone</i>	79	<i>tri-vylibra</i>	64
<i>take action</i>	64	TOBEX.....	79	<i>tri-vylibra lo</i>	64
<i>tamoxifen citrate</i>	23	TODAY SPONGE.....	77	TROJAN ENZ.....	77
<i>tamsulosin hcl</i>	56	<i>tolcapone</i>	25	TROJAN MAGNUM.....	77
<i>tarina 24 fe</i>	64	<i>tolmetin sodium</i>	7	TROJAN ULTRA RIBBED	
<i>tarina fe 1/20 eq</i>	64	<i>tolterodine tartrate</i>	56	LUBRICATED.....	77

TROJAN ULTRA THIN.....	77	TYVASO STARTER KIT.....	85	VERIFINE SAFE LANCET	
TROJAN ULTRA		ULTICARE INSULIN SYR 1/2		MINI 23G.....	44
THIN/SPERMICIDAL.....	77	UNIT.....	46	VERIFINE SAFE LANCET	
TROJAN-ENZ LUBRICATED...	77	ULTIGUARD SAFEPACK		MINI 28G.....	44
TROJAN-ENZ/SPERMICIDAL..	77	SYR/NEEDLE.....	46	VERIFINE SAFE LANCET	
<i>trosipium chloride</i>	56	ULTOMIRIS.....	31	MINI 30G.....	44
TRUE COMFORT SAFETY		UNIFINE PROTECT PEN		VERZENIO.....	23
PEN NEEDLE.....	77	NEEDLE.....	78	<i>vestura</i>	65
TRUE COVER.....	77	UNISTIK NORMAL.....	44	<i>vienna</i>	65
TRUE FOLIC ACID.....	50	<i>unithroid</i>	65	<i>vilazodone hcl</i>	17
<i>true laxative</i>	54	UPTRAVI.....	85	<i>viorele</i>	65
TRULICITY.....	42	UPTRAVI TITRATION.....	85	VIRACEPT.....	29
TRUMENBA.....	71	<i>ursodiol</i>	54	VIREAD.....	29
TRUSTEX COLOR		VABOMERE.....	13	VISTOGARD.....	78
CONDOMS + LUBE.....	77	<i>valacyclovir hcl</i>	29	VITA S FORTE.....	50
TRUSTEX		<i>valganciclovir hcl</i>	29	VITACEL.....	50
LUB/RIBBED/STUDDED.....	77	<i>valproate sodium</i>	15	<i>vitamin d (ergocalciferol)</i>	50
TRUSTEX LUB/SPERMICIDE		<i>valproic acid</i>	15	<i>vitamin k1</i>	50
EX ST.....	77	<i>valsartan</i>	35	VIVAGUARD LANCETS 30G...	44
TRUSTEX LUB/SPERMICIDE		<i>valsartan-hydrochlorothiazide</i> ...	35	VIVAGUARD SAFETY	
XL.....	77	<i>valtya 1/50</i>	65	LANCETS 28G.....	44
TRUSTEX LUBRICATED.....	77	<i>vancomycin hcl</i>	13	VIVITROL.....	9
TRUSTEX LUBRICATED EX		VAQTA.....	71	<i>volnea</i>	65
LARGE.....	78	<i>varenicline tartrate</i>	9	VORANIGO.....	23
TRUSTEX LUBRICATED		<i>varenicline tartrate (starter)</i>	9	<i>voriconazole</i>	19
EXTRA ST.....	78	<i>varenicline tartrate(continue)</i>	9	VORTEX HOLD	
TRUSTEX		VARIVAX.....	71	CHMBR/MASK/CHILD.....	78
LUBRICATED/SPERMICIDE....	78	<i>vasopressin</i>	58	VORTEX HOLD	
TRUSTEX NATURAL		<i>vasopressin +rfd</i>	58	CHMBR/MASK/TODDLER.....	78
CONDOMS + LUBE.....	78	VAXELIS.....	71	VORTEX VALVE CHAMBER-	
TRUSTEX NON-LUBRICATED	78	VAXNEUVANCE.....	71	PEDI MASK.....	78
TRUSTEX RIA		<i>v-c forte</i>	50	VORTEX VALVED HOLDING	
LUB/SPERMICIDE.....	78	VCF VAGINAL		CHAMBER.....	78
TRUSTEX RIA LUBRICATED..	78	CONTRACEPTIVE.....	78	VOTRIENT.....	23
TRUSTEX RIA NON-		<i>velivet</i>	65	<i>vyfemla</i>	65
LUBRICATED.....	78	VELPHORO.....	56	<i>vylibra</i>	65
TRUSTEX-NONOXYNOL-		VEMLIDY.....	29	VYNDAMAX.....	35
9/RIB/STUD.....	78	VENCLEXTA.....	23	<i>warfarin sodium</i>	13
TUKYSA.....	23	VENCLEXTA STARTING		<i>wera</i>	65
TURALIO.....	23	PACK.....	23	<i>wescaps</i>	50
<i>turqoz</i>	64	<i>venlafaxine hcl</i>	16	WESTAB ONE.....	50
TWINRIX.....	71	<i>venlafaxine hcl er</i>	17	WIDE-SEAL DIAPHRAGM 60..	78
TWIRLA.....	65	VENTAVIS.....	85	WIDE-SEAL DIAPHRAGM 65..	78
TYBLUME.....	65	VEOPOZ.....	70	WIDE-SEAL DIAPHRAGM 70..	78
TYBOST.....	29	<i>verapamil hcl</i>	35	WIDE-SEAL DIAPHRAGM 75..	78
TYSABRI.....	37	<i>verapamil hcl er</i>	35	WIDE-SEAL DIAPHRAGM 80..	78
TYVASO.....	85	VERIFINE INSULIN PEN		WIDE-SEAL DIAPHRAGM 85..	78
TYVASO DPI INSTITUTIONAL		NEEDLE.....	78	WIDE-SEAL DIAPHRAGM 90..	78
KIT.....	85	VERIFINE INSULIN SYRINGE..	46	WIDE-SEAL DIAPHRAGM 95..	78
TYVASO DPI MAINTENANCE		VERIFINE PLUS PEN		<i>wixela inhub</i>	84
KIT.....	85	NEEDLE.....	78	<i>womans laxative</i>	54
TYVASO DPI TITRATION KIT..	85	VERIFINE SAFE LANCET		<i>womens laxative</i>	54
TYVASO REFILL KIT.....	85	MINI 21G.....	44	<i>wymzya fe</i>	65

XALKORI.....	23
<i>xarah fe</i>	65
XARELTO.....	13
XARELTO STARTER PACK.....	13
XCOPRI.....	15
XELJANZ.....	70
XELJANZ XR.....	70
XGEVA.....	72
XIAFLEX.....	78
XIFAXAN.....	13
XIGDUO XR.....	42
XOLAIR.....	84
XOLREMDI.....	31
XTAMPZA ER.....	5
XTANDI.....	23
<i>xulane</i>	65
XULTOPHY.....	42
<i>yargesa</i>	55
<i>yl folic acid</i>	50
<i>yuvaferm</i>	65
<i>zafemy</i>	65
<i>zafirlukast</i>	84
<i>zaleplon</i>	86
ZANOSAR.....	23
ZELBORAF.....	23
<i>zenatane</i>	41
ZENPEP.....	55
ZEPATIER.....	29
ZERVIAE.....	79
<i>zidovudine</i>	29
<i>zileuton er</i>	84
ZIMHI.....	9
<i>ziprasidone hcl</i>	26
ZOKINVY.....	78
<i>zoledronic acid</i>	72
ZOLINZA.....	23
<i>zolmitriptan</i>	20
<i>zolpidem tartrate</i>	86
<i>zolpidem tartrate er</i>	86
<i>zonisamide</i>	15
ZONTIVITY.....	25
<i>zovia 1/35 (28)</i>	65
ZUBSOLV.....	9
<i>zumandimine</i>	65
ZYDELIG.....	23
ZYKADIA.....	24
ZYLET.....	80