



2026 Large Group Premium Drug Formulary Iowa/Minnesota/Wisconsin

QuartzBenefits.com

This document includes a list of drugs covered by your prescription drug benefit with Quartz (the formulary). This listing is updated monthly and is subject to change. All previous versions are no longer in effect. This formulary applies to large group (50 employees or more) commercial plans sold in the states of Iowa, Minnesota, and Wisconsin including Quartz HMO, Quartz POS, and Quartz PPO plan offerings. The formulary can be viewed on the Quartz public website at <https://quartzbenefits.com/formulary>. To view your benefit plan documents please visit Quartz MyChart at <https://QuartzBenefits.com/mychart> or search for them at <https://apps.QuartzBenefits.com/sbc>.



January 1, 2026

2026 Quartz Large Group Premium Drug Formulary – Iowa, Minnesota, and Wisconsin Information

This Formulary serves members with a Quartz Large Group Commercial (51 employees or more) employer-sponsored health plan based in the states of Iowa, Minnesota, or Wisconsin.

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

This document should be used as a tool to help you understand how specific drugs are covered under the Quartz Prescription Drug benefit and is not a guarantee of coverage. The inclusion of a drug on the Quartz formulary does not guarantee that your provider will prescribe it for your health condition.

The formulary is subject to change at any time during the benefit period. Changes may include updates to covered drugs or covered dose forms of a drug, tier placement of a drug on the formulary, and changes in drug restrictions (requirement for prior authorization, quantity limits, etc.). The health plan posts an updated formulary document quarterly. The most recent version is available at www.QuartzBenefits.com/formulary, or can be requested in hard copy format by calling (800) 362-3310. For a listing of what has changed visit the [Formulary Updates](#) page at **QuartzBenefits.com**.

For a detailed explanation of the pharmacy benefit, refer to the [Pharmacy Frequently Asked Questions](#) page available on the website, your Schedule of Benefits, or call Member Services at (800) 496-7509.

The formulary is the list of medications covered by Quartz through the prescription drug benefit when filled at a network pharmacy. To find a network pharmacy including retail and mail order pharmacies, please use the **Find a Pharmacy** tool at **QuartzBenefits.com** then take, or have your prescribing provider submit, your prescription to them.

Some state and federal laws require Quartz to cover specific drugs for some benefits that are excluded for others. This formulary includes drugs covered for ALL fully insured Iowa, Minnesota, and Wisconsin large group commercial policies. Certain drugs on the formulary may not be covered by your specific plan.

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

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

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

Your Quartz plan also covers drugs administered by a health care provider in a clinic, infusion center, by home health services, or other medical sites of care, referred to as “medical benefit” coverage. For information about drug coverage on the medical benefit including a list of restricted medical benefit drugs and the prior authorization criteria for coverage, please go to the [Medication Prior Authorization – clinically administered prior authorization list](#) page on [QuartzBenefits.com](#).

Using the Formulary Document

To search the formulary document press “CTRL-F” on your keyboard to open the “Find” box at the top of the document and enter the brand or generic drug name. The name may be listed multiple times in the document. Press “Enter” to tab through each entry. You may also search for a drug by its therapeutic category (e.g. Diabetes or Cardiovascular).

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. The generic form of a brand name drug will also be listed separately in the alphabetized list if it is included in the formulary. 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 (e.g. Fulphila, Hadlima, etc.), are also listed in capitalized text. If the plan only covers the generic equivalent of a drug, the brand name may not be listed so you should also try searching by the drug’s generic name to see if it is included in the formulary.

The **Drug Tier** column identifies which plan cost share applies to the drug. The table below includes a description of each formulary tier and how the tiers align with drug plan benefit cost shares.

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

Tier Abbreviation	Tier Description
\$0	Zero-dollar cost share – covered at \$0
LCG	Low Cost Generic drugs – covered at the low cost generic cost share
T1	Preferred Generic drugs – covered at the tier 1 cost share
T2	Preferred Brand drugs – covered at the tier 2 cost share
T3	Non-Preferred drugs – includes brand formulations and high-cost generics – covered at the tier 3 cost share
T4	Specialty drugs – covered at the tier 4 cost share

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

Note: Some plans may have separate cost share for preferred diabetes drugs and preferred diabetes supplies. Please refer to your Summary of Benefits and Coverage (SBC) document in [MyChart](#) or contact Member Services at (800) 496-7509 to check to see if your plan has this benefit.

General Drug Coverage Concepts

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

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

Generic Substitution Policy: Quartz encourages the use of generic medications and biosimilars when they are available to help lower health care costs. When a generic or biosimilar is available for a drug, the brand product or reference biologic may be Non-formulary and not covered. Requests for coverage of a non-formulary 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.

Non-formulary Drug Exception Requests

Exception requests can be submitted using the Medication Coverage Request form on the Quartz website, 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 or member's designee will be notified of the coverage decision. If a request is denied, the notifications will include documentation on how to appeal the denial with the health plan. If you would like to discuss the specifics of an exception request decision with a pharmacist, or have general questions about the coverage decision, please call Member Services at (800) 496-7509.

Oral Oncology Drug cost share: For drugs taken at home to treat cancer, the state of Wisconsin has regulations that set the maximum cost share that can be applied to these medications at \$100 per 30-day fill after any benefit deductible has been met. The cost share may be less than \$100 depending on your benefit structure. The states of Iowa and Minnesota have laws that affect oncology drug cost share as well. The maximum cost share that will 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 on the formulary document

Preventive 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 preventive drugs and the qualification for coverage is included in this formulary. Some drugs may have coverage indicators in the **Notes** column that will describe what uses are included.

Formulary Notes – Coverage Indicators

The **Notes** column contains indicators that may limit coverage of specific drugs or provide other coverage information. An explanation of each type of requirement or parameter is listed below, including its corresponding indicator in parentheses.

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 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 a request is denied, the notifications will include documentation on how to appeal the denial with the health plan. 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, Emplify Health pharmacies, and Advocate Health 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 a step therapy exception.

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

Zero Dollar Cost Share Before Deductible (HDHP): Drugs with a HDHP listing are covered at a \$0 cost share before a plan deductible has been met for some Internal Revenue Service (IRS) qualified high-deductible health plans (HDHP) with a health savings account (HSA). Please refer to the plan Summary of Benefits and Coverage document 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/formulary
To find a Quartz network retail or mail order pharmacy near you	Use the Find a Pharmacy tool at 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 Emplify Health Pharmacy: (877) 208-1096 Advocate Health Specialty Pharmacy: (844) 820-5600

Preventive care medications for Large Group Premium Formularies

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, 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
- 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
- This list, including generic or brand status of drugs, 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 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"> • Apretude • 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 Letrozole 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. OTC contraceptives (except for male condoms) are covered without a prescription for plans sold in Illinois.

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
	Afirmelle, Aubra, Aviane, Delyla, Falmina, Lessina, Levorgestrel/ethinyl estradiol, Lutera, Sronyx, Vienva	Alesse
		Tyblume

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

Contraception type	Covered generic drug name	Equivalent brand drug name*
	Levonorgestrel/ethinyl estradiol, Joyeaux, Minzoya	Balcoltra
	Drospirenone/ethinyl estradiol	Beyaz
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, Valtya 1/50	Demulen 1/50
	Apri, Cyred, Desogestrel/ethinyl estradiol, Enskyce, Isibloom, Juleber, Kalliga, Reclipsen	Desogen-28, Ortho-Cept
	Norethindrone/ethinyl estradiol FE, Tilia FE, Tri-Legest FE, Xarah FE	Estrostep FE
	Norethindrone/ethinyl estradiol FE chew, Wymzya FE chew, Xelria FE	Femcon FE
	Galbriela, Kaitlib FE chew, Layolis FE chew, Norethindrone/ethinyl estradiol FE chew	Generess FE
	Aurovela 24 FE, Blisovi 24 FE, Hailey 24 FE, Junel 24 FE, Larin 24 FE, Tarina 24 FE	Loestrin 24 FE
		Femlyv
	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, Feirza 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, Feirza 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, Turqoz	Lo/Ovral-28
	Camrese Lo, Levonorgestrel/ethinyl estradiol, Lojaimiess	LoSeasonique
	Amethyst, Dolishale, Levonorgestrel/ethinyl estradiol 90-20 mcg	Lybrel

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

Contraception type	Covered generic drug name	Equivalent brand drug name*
	Charlotte 24 FE, Finzala FE, Mibelas 24 FE, Norethindrone/ethinyl estradiol FE	Minastrin 24 FE
	Azurette, Desogestrel/ethinyl estradiol, Kariva, Pimtrea, Simliya, Viorele, Volnea	Mircette 28 day
		Averi
	Altavera, Ayuna, Chateal, Kurvelo, Levonorgestrel/ ethinyl estradiol, Levora-28, Marlissa, Portia-28	Nordette-28
	Estarylla, Mili, Mono-Linyah, Norgestimate/ethinyl estradiol, Nymyo, Sprintec-28, Vylibra	Ortho-Cyclen
	Alyacen 1/35, Dasetta 1/35, Necon 1/35, Nortrel 1/35, Nyliya 1/35	Ortho-Novum 1/35
	Alyacen 7/7/7, Dasetta 7/7/7, Nortrel 7/7/7, Nyliya 7/7/7	Ortho-Novum 7/7/7
	Norgestimate/ethinyl estradiol, Tri-Estarylla, Tri-Linyah, Tri-Mili, Tri-Nymyo, Tri-Sprintec, Tri-Vylibra	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
Combination birth control pills (continued)	Fayosim, Levonorgestrel/ethinyl estradiol, Rivelsa, Riosyrah	Quartette
	Drospirenone/ethinyl estradiol, Tydemy	Safyral
	Iclevia, Introvale, Jolessa, levonorgestrel/ethinyl estradiol, Setlakin	Seasonale
	Amethia, 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

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

Contraception type	Covered generic drug name	Equivalent brand drug name*
Progestin only birth control pills	Camila, Debiltane, Errin, Emzahh, Heather, Incassia, Jencycla, Lyleq, Lyza, Meleya, Nora-BE, norethindrone, Norlyroc, Orquidea, Sharobel	Micronor, Nor-QD
		Opill (OTC)
Birth control rings		Annovera
	EluRyng, EnilloRing, etonogestrel/ethinyl estradiol, Haloette	NuvaRing
Birth control patches	Norelgestromin/ethinyl estradiol, Xulane, Zafemy	Ortho Evra
Birth control shots	Medroxyprogesterone 150	Depo-Provera
Emergency birth control		Ella
	Aftera, Curae, EContra OS, Her Style, levonorgestrel, My Choice, My Way, New Day, Opcicon, Option 2, React, Take Action (OTC)	Plan B
Contraceptive films		VCF vaginal (OTC)
Contraceptive foams		VCF vaginal (OTC)
Contraceptive gels		Gynol II, VCF vaginal (OTC)
Contraceptive suppository		Encare (OTC)
Condoms		Aimsco, Durex, Fantasy, Kameleon, Kimono, MAXX, Trojan, Trustex, FC2 Female (OTC)
Sponges		Today (OTC)
Intrauterine devices (IUDs) and implants		Kyleena
		Liletta
		Mirena
		Nexplanon
		Miudella. Paragard
		Skyla

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

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 2025-26, mNEXSPIKE, Novavax, Spikevax)	
Dengue Fever (Dengvaxia)	For persons aged 9-16 years
Flu/Influenza (Afluria, Fluad, Fluarix, Flublok, Flucelvax, Flulaval, FluMist, Fluzone High-Dose, Fluzone)	<ul style="list-style-type: none"> FluMist is covered for persons aged 2-49 years Fluad and Fluzone HD are covered for persons aged 65 years and older
Haemophilus influenzae B (ActHIB, Hiberix, Pedivax HIB)	Covered for persons age 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
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)	
Measles, Mumps, Rubella, Varicella (ProQuad)	
Meingococcal (Bexsero, Menquadfi, Menveo, Penbraya, Penmenvy, Trumenba)	
Pneumococcal (Capvaxive, Pneumovax 23, Prevnar 20, Vaxneuvance)	
Poliovirus (Ipol)	
Respiratory Syncytial Virus/RSV (Abrysvo, Arexvy, Beyfortus, mRESVIA)	<ul style="list-style-type: none"> Abrysvo is covered for persons aged 50 years and older or when the pharmacy enters a submission clarification code confirming pregnancy Arexvy and mRESVIA are covered for persons aged 50 years and older Beyfortus is covered for persons aged 24 months and younger
Rotavirus (Rotarix, Rotateq)	Covered for persons aged 8 months and younger
Smallpox Mpox (Jynneos)	Covered for persons aged 18 years and older

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 OTC = available over-the-counter

Disease (vaccine name)	Coverage limits (if applicable)
Tetanus, diphtheria/Td (TDVAX, Tenivac)	
Tetanus, diphtheria, pertussis/Tdap (Adacel, Boostrix, Daptacel)	
Tetanus, diphtheria, pertussis, polio (Kinrix, Quadracel)	
Tetanus, diphtheria, pertussis, hepatitis B, polio (Pediarix)	
Tetanus, diphtheria, pertussis, polio, haemophilus influenzae B (Pentacel)	
Tetanus, diphtheria, pertussis, hepatitis B, polio, haemophilus influenzae B (Infanrix, 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 Member Services at **(800) 496-7509 (TTY: 711)** if you have questions about coverage.

Quartz Large Group Premium Non-IL Formulary

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Drug Name	Drug Tier	Notes
Analgesics - Drugs for Pain		
<i>acetaminophen intravenous solution</i>	T1	
<i>acetaminophen-codeine oral solution</i>	T1	QL (136 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	T1	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	T1	QL (10 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	T1	QL (5 EA per 1 day)
ALLZITAL	T3	PA
<i>apap-caff-dihydrocodeine</i>	T1	QL (12 EA per 1 day)
<i>ascomp-codeine</i>	T1	
<i>bac (butalbital-acetamin-caff)</i>	T1	
BELBUCA	T2	PA; QL (2 EA per 1 day)
<i>buprenorphine</i>	T1	PA; QL (0.15 EA per 1 day)
<i>buprenorphine hcl injection</i>	T1	
<i>butalbital-acetaminophen oral capsule</i>	T1	PA
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	T1	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	T1	PA
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	T1	
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	T1	PA
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION	T3	PA
<i>butalbital-apap-caffeine oral tablet</i>	T1	
<i>butalbital-asa-caff-codeine</i>	T1	
<i>butalbital-aspirin-caffeine</i>	T1	
<i>butorphanol tartrate injection</i>	T1	
<i>butorphanol tartrate nasal</i>	T1	QL (2.5 ML per 1 fill)
<i>codeine sulfate oral tablet 15 mg</i>	T1	QL (21 EA per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	T1	QL (10 EA per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	T1	QL (5 EA per 1 day)
DEMEROL	T3	
DILAUDID INJECTION	T3	
DURAMORPH	T3	
<i>endocet oral tablet 10-325 mg</i>	T1	QL (3 EA per 1 day)
<i>endocet oral tablet 2.5-325 mg</i>	T1	QL (12 EA per 1 day)

Drug Name	Drug Tier	Notes
<i>endocet oral tablet 5-325 mg</i>	T1	QL (6 EA per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	T1	QL (4 EA per 1 day)
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 250 MCG/5ML	T3	
<i>fentanyl citrate solution prefilled syringe 100 mcg/2ml injection</i>	T1	
FENTANYL CITRATE-NAACL INTRAVENOUS SOLUTION 1.25-0.9 MG/250ML-%	T3	
FENTANYL CITRATE-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 5-0.9 MCG/ML-%, 550-0.9 MCG/55ML-%	T3	
FENTANYL CITRATE-NAACL SOLUTION PREFILLED SYRINGE 1000-0.9 MCG/50ML-% INTRAVENOUS	T3	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 75 mcg/hr</i>	T1	PA; QL (1 EA per 1 day)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	T1	PA; QL (0.5 EA per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	T1	PA; QL (2 EA per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg</i>	T1	PA; QL (4 EA per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T1	PA; QL (1 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml</i>	T1	QL (73.5 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	T1	QL (98 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	T1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	T1	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	T1	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	T1	QL (6 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	T1	QL (4 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	T1	QL (9 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	T1	QL (6 EA per 1 day)
<i>hydromorphone hcl er</i>	T1	PA; QL (2 EA per 1 day)

Drug Name	Drug Tier	Notes
<i>hydromorphone hcl injection solution 0.25 mg/0.5ml, 4 mg/ml</i>	T1	
HYDROMORPHONE HCL INJECTION SOLUTION 0.5 MG/ML	T3	
<i>hydromorphone hcl oral liquid</i>	T1	QL (10 ML per 1 day)
<i>hydromorphone hcl oral tablet 2 mg</i>	T1	QL (5 EA per 1 day)
<i>hydromorphone hcl oral tablet 4 mg</i>	T1	QL (2 EA per 1 day)
<i>hydromorphone hcl oral tablet 8 mg</i>	T1	QL (1 EA per 1 day)
<i>hydromorphone hcl pf</i>	T1	
<i>hydromorphone hcl solution 0.2 mg/ml injection</i>	T1	
HYDROMORPHONE HCL SOLUTION 0.2 MG/ML INJECTION	T3	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	T3	
<i>hydromorphone hcl solution 1 mg/ml injection</i>	T1	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INTRAVENOUS	T3	
<i>hydromorphone hcl solution 2 mg/ml injection</i>	T1	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 6-0.9 MG/30ML-%	T3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.2-0.9 MG/0.2ML-%, 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 2-0.9 MG/ML-%, 5-0.9 MG/25ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	T3	
HYDROMORPHONE HCL-NACL SOLUTION 20-0.9 MG/100ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION 50-0.9 MG/50ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION PREFILLED SYRINGE 15-0.9 MG/30ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION PREFILLED SYRINGE 25-0.9 MG/50ML-% INTRAVENOUS	T3	
HYDROMORPHONE HCL-NACL SOLUTION PREFILLED SYRINGE 50-0.9 MG/50ML-% INTRAVENOUS	T3	
HYSINGLA ER	T2	PA; QL (1 EA per 1 day)
INFUMORPH 200	T3	

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Drug Name	Drug Tier	Notes
INFUMORPH 500	T3	
JOURNAVX	T3	QL (2.5 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	T1	PA; QL (2 EA per 1 day)
<i>levorphanol tartrate oral tablet 3 mg</i>	T1	PA; QL (1 EA per 1 day)
<i>meperidine hcl injection</i>	T1	
<i>meperidine hcl oral solution</i>	T1	QL (49 ML per 1 day)
<i>meperidine hcl tablet 50 mg oral</i>	T1	QL (9 EA per 1 day)
<i>meperidine hcl tablet 50 mg oral</i>	T1	PA; QL (9 EA per 1 day)
<i>methadone hcl injection</i>	T1	
<i>methadone hcl intensol</i>	T1	
<i>methadone hcl oral concentrate</i>	T1	
<i>methadone hcl oral solution</i>	T1	PA
<i>methadone hcl oral tablet</i>	T1	PA
<i>methadone hcl oral tablet soluble</i>	T1	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	T3	
METHADOSE ORAL CONCENTRATE 10 MG/ML	T3	
<i>methadose oral tablet soluble</i>	T1	
METHADOSE SUGAR-FREE	T3	
<i>mitigo</i>	T1	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	T1	QL (2.4 ML per 1 day)
<i>morphine sulfate (pf)</i>	T1	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	T1	PA; QL (2 EA per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	T1	PA; QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	T1	PA; QL (2 EA per 1 day)
<i>morphine sulfate er oral tablet extended release</i>	T1	PA; QL (3 EA per 1 day)
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	T3	
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	T1	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	T3	
<i>morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	T1	

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Drug Name	Drug Tier	Notes
<i>morphine sulfate oral solution 10 mg/5ml</i>	T1	QL (24.5 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	T1	QL (12.25 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	T1	QL (3 EA per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	T1	QL (1 EA per 1 day)
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	T3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%, 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 4-0.9 MG/ML-%, 55-0.9 MG/55ML-%	T3	
<i>nalbuphine hcl injection</i>	T1	
NALOCET	T3	PA; QL (13 EA per 1 day)
<i>oxycodone hcl oral capsule</i>	T1	QL (6 EA per 1 day)
<i>oxycodone hcl oral concentrate</i>	T1	QL (1.6 ML per 1 day)
<i>oxycodone hcl oral solution</i>	T1	QL (32.6 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>	T1	QL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	T1	QL (2 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	T1	QL (1 EA per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>	T1	QL (6 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	T3	PA; QL (16.3 ML per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	T3	QL (32.6 ML per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG	T3	PA; QL (3 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T1	QL (3 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	T3	PA; QL (13 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	T1	QL (12 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG	T3	PA; QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	T1	QL (6 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 7.5-300 MG	T3	PA; QL (4 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	T1	QL (4 EA per 1 day)
OXYCONTIN	T2	PA; QL (4 EA per 1 day)
<i>oxymorphone hcl er</i>	T1	PA; QL (4 EA per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	T1	QL (1 EA per 1 day)

Drug Name	Drug Tier	Notes
<i>oxymorphone hcl oral tablet 5 mg</i>	T1	QL (3 EA per 1 day)
<i>pentazocine-naloxone hcl</i>	T1	QL (5 EA per 1 day)
PROLATE ORAL SOLUTION	T3	PA; QL (16.3 ML per 1 day)
PROLATE ORAL TABLET 10-300 MG	T3	PA; QL (3 EA per 1 day)
PROLATE ORAL TABLET 5-300 MG	T3	PA; QL (6 EA per 1 day)
PROLATE ORAL TABLET 7.5-300 MG	T3	PA; QL (4 EA per 1 day)
<i>remifentanil hcl</i>	T1	
TENCON	T3	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	T1	PA; QL (1 EA per 1 day)
<i>tramadol hcl er</i>	T1	PA; QL (1 EA per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	T1	QL (2 EA per 1 day)
<i>tramadol hcl oral tablet 25 mg</i>	T1	PA; QL (8 EA per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	T1	QL (5 EA per 1 day)
<i>tramadol hcl oral tablet 75 mg</i>	T1	PA; QL (3 EA per 1 day)
<i>tramadol-acetaminophen</i>	T1	QL (6 EA per 1 day)
TREZIX	T3	QL (12 EA per 1 day)
ULTIVA	T3	
XTAMPZA ER	T2	PA; QL (4 EA per 1 day)
Analgesics - Drugs for Pain and Inflammation		
ANAPROX DS	T3	PA
CALDOLOR	T3	
<i>celecoxib oral</i>	T1	QL (2 EA per 1 day)
COMBOGESIC INTRAVENOUS	T3	
COMBOGESIC ORAL	T3	PA
<i>diclofenac potassium oral capsule</i>	T1	ST
<i>diclofenac potassium oral tablet 25 mg</i>	T1	PA
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac-misoprostol</i>	T1	PA
<i>diflunisal oral</i>	T1	
DOLOBID	T3	PA
EC-NAPROSYN	T3	PA
<i>etodolac</i>	T1	
<i>etodolac er</i>	T1	
<i>fenoprofen calcium oral</i>	T1	PA
<i>flurbiprofen oral</i>	T1	

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Drug Name	Drug Tier	Notes
<i>ibuprofen lysine</i>	T1	
<i>ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml</i>	T1	
<i>ibuprofen oral tablet 300 mg</i>	T1	PA
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	LCG	
INDOCIN	T3	ST
<i>indomethacin er</i>	T1	
<i>indomethacin oral capsule 25 mg</i>	LCG	
<i>indomethacin oral capsule 50 mg</i>	T1	
<i>indomethacin oral suspension</i>	T1	ST
<i>indomethacin rectal suppository 50 mg</i>	T1	ST
<i>indomethacin sodium</i>	T1	
<i>ketoprofen er</i>	T1	PA
<i>ketoprofen oral capsule 25 mg</i>	T1	PA
<i>ketoprofen oral capsule 50 mg</i>	T1	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	T1	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	T1	
<i>ketorolac tromethamine oral</i>	T1	QL (20 EA per 1 fill)
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	T1	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	T3	
LODINE	T3	
LOFENA	T3	ST
LURBIRO	T3	
<i>meclofenamate sodium oral</i>	T1	PA
<i>mefenamic acid oral</i>	T1	PA
<i>meloxicam oral capsule</i>	T1	PA
MELOXICAM ORAL SUSPENSION	T3	ST
<i>meloxicam oral tablet</i>	LCG	
<i>nabumetone oral</i>	T1	
NAPRELAN	T3	PA
NAPROSYN	T3	PA
<i>naproxen dr</i>	T1	PA
<i>naproxen oral suspension</i>	T1	PA
<i>naproxen oral tablet 250 mg</i>	T1	
<i>naproxen oral tablet 375 mg, 500 mg</i>	LCG	

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Drug Name	Drug Tier	Notes
<i>naproxen oral tablet delayed release</i>	T1	PA
<i>naproxen sodium er</i>	T1	PA
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>naproxen-esomeprazole mg</i>	T1	PA; QL (2 EA per 1 day)
NEOPROFEN	T3	
<i>oxaprozin oral tablet</i>	T1	
<i>piroxicam oral</i>	T1	
<i>sulindac oral</i>	T1	
<i>tolmetin sodium</i>	T1	PA
ZYNRELEF	T3	
Anesthetics		
ARTICADENT DENTAL	T3	
<i>bupivacaine hcl (pf)</i>	T1	
<i>bupivacaine hcl (pf)</i>	T1	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)	T3	
<i>bupivacaine hcl solution 0.25 % injection</i>	T1	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	T3	
<i>bupivacaine hcl solution 0.5 % injection</i>	T1	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	T3	
<i>bupivacaine-epinephrine</i>	T1	
<i>bupivacaine-epinephrine (pf)</i>	T1	
<i>chloroprocaine hcl (pf)</i>	T1	
COCAINE HCL NASAL	T3	
<i>ethyl chloride</i>	T1	
EXPAREL	T3	
<i>glydo</i>	T1	
L.E.T.	T3	
L.E.T. (RACEPINEPHRINE)	T3	
<i>lidocaine external patch 5 %</i>	T1	
LIDOCAINE HCL (BUFFERED)	T3	
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 200 MG/10ML, 60 MG/3ML	T3	
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml</i>	T1	
<i>lidocaine hcl (cardiac) pf</i>	T1	

Drug Name	Drug Tier	Notes
LIDOCAINE HCL (CARDIAC) SOLUTION PREFILLED SYRINGE 100 MG/5ML INTRAVENOUS	T3	
<i>lidocaine hcl (pf)</i>	T1	
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine hcl injection solution 0.5 %</i>	T1	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 100 MG/10ML, 200 MG/10ML, 9 MG/ML	T3	
<i>lidocaine hcl solution 1 % injection</i>	T1	
LIDOCAINE HCL SOLUTION 1 % INJECTION	T3	
<i>lidocaine hcl solution 2 % injection</i>	T1	
LIDOCAINE HCL SOLUTION 2 % INJECTION	T3	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 10 MG/ML INJECTION	T3	
<i>lidocaine hcl solution prefilled syringe 100 mg/5ml injection</i>	T1	
LIDOCAINE HCL SOLUTION PREFILLED SYRINGE 100 MG/5ML INJECTION	T3	
<i>lidocaine hcl urethral/mucosal</i>	T1	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	T3	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml- %, 8-5 mg/ml-%</i>	T1	
<i>lidocaine ointment 5 % external</i>	T1	
LIDOCAINE-EPINEPHRINE (3 ML)	T3	
<i>lidocaine-epinephrine (pf)</i>	T1	
<i>lidocaine-epinephrine injection solution 0.5 %- 1:200000, 2 %-1:100000</i>	T1	
LIDOCAINE-EPINEPHRINE INJECTION SOLUTION 2 %-1:200000	T3	
<i>lidocaine-epinephrine solution 1 %-1:100000 injection</i>	T1	
LIDOCAINE-EPINEPHRINE SOLUTION 1 %- 1:100000 INJECTION	T3	
<i>lidocaine-prilocaine external cream</i>	T1	
LIDOCAINE-SODIUM BICARBONATE	T3	
LIDO-RACEPINEPHRINE-TETRACAINE	T3	
MARCAINE	T3	
MARCAINE PRESERVATIVE FREE	T3	
MARCAINE/EPINEPHRINE	T3	

Drug Name	Drug Tier	Notes
MARCAINE/EPINEPHRINE PF	T3	
MONOJECT BONE MARROW BIOPSY	T3	
NAROPIN SOLUTION 10 MG/ML INJECTION	T3	
NAROPIN SOLUTION 5 MG/ML INJECTION	T3	
NAROPIN SOLUTION 7.5 MG/ML INJECTION	T3	
NESACAINE	T3	
NESACAINE-MPF	T3	
ORABLOC	T3	
POLOCAINE	T3	
POLOCAINE-MPF	T3	
PREPIV SUPPLY	T3	
<i>ropivacaine hcl injection</i>	T1	
ROPIVACAINE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE 0.5-0.9 %	T3	
ROPIVACAINE HCL-NACL SOLUTION 0.2-0.9 % INJECTION	T3	
SENSORCAINE	T3	
SENSORCAINE/EPINEPHRINE	T3	
SENSORCAINE-MPF	T3	
SENSORCAINE-MPF/EPINEPHRINE	T3	
STERILE TOPICAL L.E.T. GEL	T3	
TOPICAL L.E.T.	T3	
VENIPUNCTURE PX1 PHLEBOTOMY	T3	
XYLOCAINE	T3	
XYLOCAINE MPF +RFID	T3	
XYLOCAINE/EPINEPHRINE	T3	
XYLOCAINE-MPF	T3	
XYLOCAINE-MPF +RFID	T3	
XYLOCAINE-MPF/EPINEPHRINE	T3	
Anti-Addiction / Substance Abuse Treatment Agents		
<i>acamprosate calcium</i>	T1	
BRIXADI	T4	
BRIXADI (WEEKLY)	T4	
<i>buprenorphine hcl sublingual</i>	T1	
<i>buprenorphine hcl-naloxone hcl</i>	T1	
<i>bupropion hcl er (smoking det)</i>	T1	\$0 for 180 days/year; QL (180 day supply per 365 days)
<i>disulfiram oral</i>	T1	

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Drug Name	Drug Tier	Notes
<i>ft naloxone hcl</i>	T1	
<i>gnp naloxone hcl</i>	T1	
KLOXXADO	T2	
<i>lofexidine hcl</i>	T1	QL (16 EA per 1 day)
LUCEMYRA	T3	ST; QL (16 EA per 1 day)
NALMEFENE HCL	T3	
<i>naloxone hcl injection</i>	T1	
<i>naloxone hcl nasal</i>	T1	
<i>naltrexone hcl oral</i>	T1	
NARCAN	T2	
NICOTROL INHALATION INHALER 10 MG	T3	\$0 for 180 days/year; QL (180 day supply per 365 days)
NICOTROL NS	T3	\$0 for 180 days/year; QL (180 day supply per 365 days)
OPVEE	T2	
REXTOVY	T2	
SUBLOCADE	T4	
<i>varenicline tartrate</i>	T1	\$0 for 180 days/year; QL (180 day supply per 365 days)
<i>varenicline tartrate (starter)</i>	T1	\$0 for 180 days/year; QL (180 day supply per 365 days)
<i>varenicline tartrate(continue)</i>	T1	\$0 for 180 days/year; QL (180 day supply per 365 days)
VIVITROL	T4	
ZIMHI	T3	
ZUBSOLV	T2	
ZURNAI	T3	
Antibacterials		
<i>amikacin sulfate injection</i>	T1	
<i>amoxicillin</i>	LCG	
<i>amoxicillin-potassium clavulanate</i>	T1	
<i>amoxicillin-potassium clavulanate er</i>	T1	
<i>ampicillin</i>	T1	
<i>ampicillin sodium</i>	T1	
<i>ampicillin-sulbactam sodium</i>	T1	
ARIKAYCE	T4	PA
AUGMENTIN	T3	
AUGMENTIN ES-600	T3	
AVIDOXY	T3	ST

Drug Name	Drug Tier	Notes
AVYCAZ	T3	
AZACTAM	T3	
<i>azithromycin intravenous</i>	T1	
<i>azithromycin oral</i>	LCG	
<i>aztreonam</i>	T1	
BACTRIM	T3	
BACTRIM DS	T3	
BAXDELA	T3	PA
<i>benzalkonium chloride external solution</i>	T1	
BICILLIN C-R	T3	
BICILLIN C-R 900/300	T3	
BICILLIN L-A	T3	
<i>cefaclor</i>	T1	
<i>cefaclor er</i>	T1	
<i>cefadroxil</i>	T1	
CEFAZOLIN IN SODIUM CHLORIDE	T3	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE	T3	
<i>cefazolin sodium injection solution reconstituted</i>	T1	
<i>cefazolin sodium intravenous solution reconstituted</i>	T1	
CEFAZOLIN SODIUM SOLUTION PREFILLED SYRINGE 1 GM/10ML INTRAVENOUS	T3	
CEFAZOLIN SODIUM SOLUTION PREFILLED SYRINGE 2 GM/20ML INTRAVENOUS	T3	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%</i>	T1	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	T3	
<i>cefazolin sodium-dextrose intravenous solution reconstituted</i>	T1	
<i>cefdinir</i>	T1	
<i>cefepime hcl injection</i>	T1	
<i>cefepime hcl intravenous solution</i>	T1	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	T1	
<i>cefepime-dextrose</i>	T1	
<i>cefixime</i>	T1	
CEFOTAXIME SODIUM	T3	

Drug Name	Drug Tier	Notes
<i>cefotetan disodium</i>	T1	
<i>cefoxitin sodium</i>	T1	
CEFOXITIN SODIUM-DEXTROSE	T3	
<i>cefpodoxime proxetil</i>	T1	
<i>cefprozil</i>	T1	
<i>ceftazidime injection</i>	T1	
<i>ceftazidime intravenous</i>	T1	
<i>ceftriaxone sodium in dextrose</i>	T1	
<i>ceftriaxone sodium injection</i>	T1	
<i>ceftriaxone sodium intravenous</i>	T1	
<i>ceftriaxone sodium-dextrose</i>	T1	
<i>cefuroxime axetil</i>	T1	
<i>cefuroxime sodium</i>	T1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	LCG	
<i>cephalexin oral capsule 750 mg</i>	T1	PA
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>cephalexin oral tablet</i>	T1	
<i>chloramphenicol sod succinate</i>	T1	
CIPRO ORAL SUSPENSION RECONSTITUTED	T3	
CIPRO ORAL TABLET	T3	PA
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	LCG	
<i>ciprofloxacin hcl oral tablet 750 mg</i>	T1	
<i>ciprofloxacin in d5w</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
CLEOCIN ORAL	T3	
CLEOCIN PHOSPHATE	T3	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phosphate in d5w</i>	T1	
CLINDAMYCIN PHOSPHATE IN NACL	T3	
<i>clindamycin phosphate injection</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
CLINDESSE	T3	
<i>colistimethate sodium (cba)</i>	T1	
COLY-MYCIN M	T3	
DALVANCE	T3	

Drug Name	Drug Tier	Notes
<i>daptomycin</i>	T1	
DAPTOMYCIN-SODIUM CHLORIDE	T3	
<i>demeclocycline hcl</i>	T1	
<i>dicloxacillin sodium</i>	LCG	
DIFICID	T3	
<i>doxy 100</i>	T1	
<i>doxycycline hyclate intravenous</i>	T1	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	T1	PA
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	T1	PA
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	T1	PA
<i>doxycycline monohydrate oral suspension reconstituted</i>	T1	
<i>doxycycline monohydrate oral tablet</i>	T1	
E.E.S. 400	T3	
E.E.S. GRANULES	T3	
EMBLAVEO	T3	
<i>ertapenem sodium</i>	T1	
ERYPED 400	T3	
ERYTHROCIN LACTOBIONATE	T3	
<i>erythromycin base oral</i>	T1	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	T1	
<i>erythromycin lactobionate</i>	T1	
<i>erythromycin oral</i>	T1	
EXTENCILLINE	T3	
FETROJA	T3	
<i>fidaxomicin</i>	T1	
FIRVANQ	T3	
<i>fosfomicin tromethamine</i>	T1	
<i>gentamicin in saline</i>	T1	
<i>gentamicin sulfate external</i>	T1	
<i>gentamicin sulfate injection</i>	T1	
HIPREX	T3	

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Drug Name	Drug Tier	Notes
HUMATIN	T2	
<i>hydrogen peroxide</i>	T1	
<i>imipenem-cilastatin</i>	T1	
KIMYRSA	T3	
LENTOCILIN	T3	
<i>levofloxacin in d5w</i>	T1	
<i>levofloxacin intravenous</i>	T1	
<i>levofloxacin oral</i>	T1	
LINCOCIN	T3	
<i>lincomycin hcl injection</i>	T1	
<i>linezolid in sodium chloride</i>	T1	
<i>linezolid intravenous</i>	T1	
<i>linezolid oral suspension reconstituted</i>	T1	QL (32.2 ML per 1 day)
<i>linezolid oral tablet</i>	T1	QL (28 EA per 30 days)
LUGOLS STRONG IODINE	T3	
MACROBID	T3	PA
MACRODANTIN	T3	
<i>meropenem</i>	T1	
MEROPENEM-SODIUM CHLORIDE	T3	
<i>methenamine hippurate</i>	T1	
<i>metronidazole intravenous</i>	T1	
<i>metronidazole oral capsule</i>	T1	PA
<i>metronidazole oral tablet 125 mg</i>	T1	PA
<i>metronidazole oral tablet 250 mg, 500 mg</i>	LCG	
<i>metronidazole vaginal</i>	T1	
MINOCIN	T3	
<i>minocycline hcl er</i>	T1	PA
<i>minocycline hcl oral capsule</i>	T1	
<i>minocycline hcl oral tablet</i>	T1	PA
MONDOXYNE NL	T3	ST
<i>moxifloxacin hcl in nacl</i>	T1	
MOXIFLOXACIN HCL INTRAVENOUS	T3	
<i>moxifloxacin hcl oral</i>	T1	
<i>mupirocin cream</i>	T1	PA
<i>mupirocin ointment</i>	T1	
<i>nafcillin sodium</i>	T1	
NAFCILLIN SODIUM IN DEXTROSE	T3	
<i>neomycin sulfate oral</i>	LCG	

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Drug Name	Drug Tier	Notes
<i>nitrofurantoin macrocrystal</i>	T1	
<i>nitrofurantoin monohydrate macrocrystals</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml</i>	T1	PA
NUZYRA INTRAVENOUS	T3	
NUZYRA ORAL	T3	QL (30 EA per 14 days)
<i>ofloxacin oral</i>	T1	
ORBACTIV	T3	
<i>oxacillin sodium</i>	T1	
OXACILLIN SODIUM IN DEXTROSE	T3	
PENICILLIN G POT IN DEXTROSE	T3	
<i>penicillin g potassium</i>	T1	
<i>penicillin g sodium</i>	T1	
<i>penicillin v potassium</i>	LCG	
PFIZERPEN	T3	
<i>piperacillin sod-tazobactam sod</i>	T1	
<i>polymyxin b sulfate injection</i>	T1	
PRIMAXIN IV	T3	
RECARBRIO	T3	
SEYSARA	T3	ST
<i>silver sulfadiazine external</i>	T1	
SIVEXTRO INTRAVENOUS	T3	QL (6 EA per 30 days)
SIVEXTRO ORAL	T3	PA; QL (0.2 EA per 1 day)
SOLOSEC	T3	ST
<i>ssd</i>	T1	
<i>streptomycin sulfate intramuscular</i>	T1	
<i>sulfadiazine oral</i>	T1	
<i>sulfamethoxazole-trimethoprim intravenous</i>	T1	
<i>sulfamethoxazole-trimethoprim oral</i>	LCG	
SULFAMYLON	T3	PA
<i>sulfatrim pediatric</i>	LCG	
<i>tazicef injection</i>	T1	
TAZICEF INTRAVENOUS SOLUTION	T3	
<i>tazicef intravenous solution reconstituted</i>	T1	
TEFLARO	T3	
<i>tetracycline hcl oral capsule</i>	T1	
TETRACYCLINE HCL ORAL TABLET	T3	PA
<i>tigecycline</i>	T1	

Drug Name	Drug Tier	Notes
<i>tinidazole oral</i>	T1	
<i>tobramycin sulfate injection</i>	T1	
<i>trimethoprim oral</i>	LCG	
TYGACIL	T3	
UNASYN	T3	
VABOMERE	T3	
VANCOCIN	T3	PA
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	T3	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	T1	
<i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i>	T1	
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	T3	
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1.75-0.9 GM/250ML-%, 750-0.9 MG/250ML-%	T3	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%</i>	T1	
VANCOMYCIN HCL IN NAACL SOLUTION 1.5-0.9 GM/500ML-% INTRAVENOUS	T3	
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	T3	
<i>vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous</i>	T1	
<i>vancomycin hcl intravenous</i>	T1	
<i>vancomycin hcl oral</i>	T1	
VANDAZOLE	T3	ST
VIBATIV	T3	
XACDURO	T3	PA
XACIATO	T3	
XERAVA	T3	
XIFAXAN ORAL TABLET 550 MG	T3	PA
ZEMDRI	T3	
ZERBAXA	T3	
ZEVERTA	T3	
ZITHROMAX	T3	
ZITHROMAX TRI-PAK	T3	

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Drug Name	Drug Tier	Notes
ZITHROMAX Z-PAK	T3	
ZOSYN	T3	
ZYVOX INTRAVENOUS	T3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	T3	QL (32.2 ML per 1 day)
ZYVOX ORAL TABLET	T3	PA; QL (28 EA per 30 days)
Anticoagulants		
ACD FORMULA A	T3	
ACD-A NOCLOT-50	T3	
ANTICOAGULANT SODIUM CITRATE	T3	
<i>argatroban solution 50 mg/50ml intravenous</i>	T1	
ARIXTRA	T3	
<i>bivalirudin trifluoroacetate intravenous solution reconstituted</i>	T1	
<i>dabigatran etexilate mesylate</i>	T1	QL (2 EA per 1 day)
DEFENCATH	T3	
ELIQUIS DVT/PE STARTER PACK	T2	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET	T2	QL (2 EA per 1 day)
<i>enoxaparin sodium</i>	T1	
<i>fondaparinux sodium</i>	T1	
FRAGMIN	T3	
<i>heparin (porcine) in nacl intravenous solution</i>	T1	
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	T3	
<i>heparin sod (porcine) in d5w</i>	T1	
<i>heparin sodium (porcine)</i>	T1	
<i>heparin sodium (porcine) pf</i>	T1	
<i>jantoven</i>	LCG	
LOVENOX	T3	
PRADAXA ORAL CAPSULE	T2	QL (2 EA per 1 day)
PRADAXA ORAL PACKET 110 MG, 30 MG, 40 MG, 50 MG	T3	QL (4 EA per 1 day)
PRADAXA ORAL PACKET 150 MG, 20 MG	T3	QL (2 EA per 1 day)
<i>rivaroxaban oral suspension reconstituted</i>	T1	QL (20 ML per 1 day)
<i>rivaroxaban oral tablet</i>	T1	QL (2 EA per 1 day)
SAVAYSA	T3	QL (1 EA per 1 day)
SODIUM CITRATE IN VITRO	T3	

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Drug Name	Drug Tier	Notes
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION	T3	
TRICITRASOL	T3	
<i>warfarin sodium oral</i>	LCG	
XARELTO ORAL SUSPENSION RECONSTITUTED	T2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	T2	QL (2 EA per 1 day)
XARELTO STARTER PACK	T2	QL (102 EA per 365 days)
Anticonvulsants - Drugs for Seizures		
BANZEL	T3	PA
BRIVIACT INTRAVENOUS	T3	
BRIVIACT ORAL	T3	ST
<i>carbamazepine er</i>	T1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	T1	
<i>carbamazepine oral suspension 200 mg/10ml</i>	T1	PA
<i>carbamazepine oral tablet</i>	LCG	
<i>carbamazepine oral tablet chewable 100 mg</i>	T1	
<i>carbamazepine oral tablet chewable 200 mg</i>	T1	PA
CELONTIN	T3	PA
CEREBYX	T3	
<i>clobazam oral suspension 2.5 mg/ml</i>	T1	PA
<i>clobazam oral tablet</i>	T1	PA
DIACOMIT	T4	PA
<i>diazepam rectal</i>	T1	QL (2 EA per 1 fill)
DILANTIN ORAL CAPSULE 30 MG	T3	
<i>divalproex sodium er</i>	T1	
<i>divalproex sodium oral</i>	T1	
EPIDIOLEX	T4	PA
<i>eslicarbazepine acetate</i>	T1	
<i>ethosuximide oral</i>	T1	
<i>felbamate</i>	T1	
FELBATOL	T3	PA
FINTEPLA	T4	PA
<i>fosphenytoin sodium</i>	T1	
FYCOMPA	T3	

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Drug Name	Drug Tier	Notes
<i>gabapentin oral capsule</i>	T1	
<i>gabapentin oral solution</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
KEPPRA INTRAVENOUS	T3	
<i>lacosamide</i>	T1	
LAMICTAL XR ORAL KIT	T3	
<i>lamotrigine er</i>	T1	
<i>lamotrigine oral</i>	T1	
<i>lamotrigine starter kit-blue</i>	T1	
<i>lamotrigine starter kit-green</i>	T1	
<i>lamotrigine starter kit-orange</i>	T1	
<i>levetiracetam er</i>	T1	
<i>levetiracetam in nacl</i>	T1	
<i>levetiracetam intravenous</i>	T1	
<i>levetiracetam oral solution</i>	T1	
<i>levetiracetam oral tablet</i>	T1	
<i>methsuximide</i>	T1	
MOTPOLY XR	T3	ST
MYSOLINE	T3	PA
NAYZILAM	T3	QL (0.34 EA per 1 day)
<i>oxcarbazepine</i>	T1	
<i>oxcarbazepine er</i>	T1	ST
<i>pentobarbital sodium injection</i>	T1	
<i>perampanel</i>	T1	
<i>phenobarbital elixir 20 mg/5ml oral</i>	T1	
<i>phenobarbital elixir 20 mg/5ml oral</i>	T1	PA
<i>phenobarbital elixir 30 mg/7.5ml oral</i>	T1	
<i>phenobarbital elixir 30 mg/7.5ml oral</i>	T1	PA
<i>phenobarbital elixir 60 mg/15ml oral</i>	T1	
<i>phenobarbital elixir 60 mg/15ml oral</i>	T1	PA
<i>phenobarbital oral tablet</i>	T1	
<i>phenobarbital sodium injection</i>	T1	
<i>phenytek</i>	T1	
<i>phenytoin infatabs</i>	T1	
<i>phenytoin oral</i>	T1	
<i>phenytoin sodium extended</i>	T1	
<i>phenytoin sodium injection</i>	T1	
<i>primidone oral tablet 125 mg</i>	T1	PA

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Drug Name	Drug Tier	Notes
<i>primidone oral tablet 250 mg, 50 mg</i>	LCG	
<i>roweepra</i>	T1	
<i>rufinamide</i>	T1	PA
SEZABY	T3	
<i>subvenite</i>	T1	
<i>subvenite starter kit-blue</i>	T1	
<i>subvenite starter kit-green</i>	T1	
<i>subvenite starter kit-orange</i>	T1	
SYMPAZAN	T3	PA
<i>tiagabine hcl</i>	T1	
<i>topiramate er oral capsule er 24 hour sprinkle</i>	T1	
<i>topiramate er oral capsule extended release 24 hour</i>	T1	ST
<i>topiramate oral</i>	T1	
<i>valproate sodium intravenous</i>	T1	
<i>valproic acid oral capsule</i>	LCG	
<i>valproic acid oral solution 500 mg/10ml</i>	LCG	PA
<i>valproic acid solution 250 mg/5ml oral</i>	LCG	
<i>valproic acid solution 250 mg/5ml oral</i>	LCG	PA
VALTOCO 10 MG DOSE	T3	QL (0.34 EA per 1 day)
VALTOCO 15 MG DOSE	T3	QL (0.67 EA per 1 day)
VALTOCO 20 MG DOSE	T3	QL (0.67 EA per 1 day)
VALTOCO 5 MG DOSE	T3	QL (0.34 EA per 1 day)
<i>vigabatrin</i>	T4	PA
VIGAFYDE	T4	PA
XCOPRI	T3	ST
ZARONTIN	T3	
<i>zonisamide oral</i>	T1	
ZTALMY	T4	PA
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
ARICEPT	T3	PA
<i>donepezil hcl</i>	T1	
EXELON	T3	PA
<i>galantamine hydrobromide</i>	T1	
<i>galantamine hydrobromide er</i>	T1	
<i>memantine hcl er</i>	T1	QL (1 EA per 1 day)
<i>memantine hcl oral solution 10 mg/5ml</i>	T1	PA
<i>memantine hcl oral solution 2 mg/ml</i>	T1	

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Drug Name	Drug Tier	Notes
<i>memantine hcl oral tablet</i>	T1	
<i>memantine hcl-donepezil hcl</i>	T1	QL (1 EA per 1 day)
NAMENDA TITRATION PAK	T3	PA
<i>rivastigmine</i>	T1	PA
<i>rivastigmine tartrate</i>	T1	
Antidepressants		
<i>amitriptyline hcl oral</i>	LCG	
<i>amoxapine</i>	T1	
ANAFRANIL	T3	PA
APLENZIN	T3	ST; QL (1 EA per 1 day)
<i>bupropion hcl er (sr)</i>	T1	QL (2 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	T1	QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	T1	QL (1 EA per 1 day)
<i>bupropion hcl oral</i>	T1	
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	T1	HDHP
<i>citalopram hydrobromide oral solution 20 mg/10ml</i>	T1	PA; HDHP
<i>citalopram hydrobromide oral tablet</i>	LCG	HDHP
<i>clomipramine hcl oral</i>	T1	
<i>desipramine hcl oral</i>	T1	
DESVENLAFAXINE ER	T3	ST; QL (1 EA per 1 day)
<i>desvenlafaxine succinate er</i>	T1	QL (1 EA per 1 day)
<i>doxepin hcl oral capsule</i>	LCG	
<i>doxepin hcl oral concentrate</i>	LCG	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 40 MG, 60 MG	T3	ST; QL (2 EA per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG	T3	ST; QL (3 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</i>	T1	QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	T1	QL (3 EA per 1 day)
EMSAM	T3	QL (1 EA per 1 day)
<i>escitalopram oxalate oral solution 10 mg/10ml</i>	T1	PA; HDHP
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	T1	HDHP

Drug Name	Drug Tier	Notes
<i>escitalopram oxalate oral tablet</i>	T1	HDHP
FETZIMA	T3	ST; QL (1 EA per 1 day)
FETZIMA TITRATION	T3	ST; QL (56 EA per 365 days)
<i>fluoxetine hcl (pmd)</i>	T1	PA
<i>fluoxetine hcl oral capsule</i>	LCG	HDHP
<i>fluoxetine hcl oral capsule delayed release</i>	T1	HDHP; QL (0.15 EA per 1 day)
<i>fluoxetine hcl oral solution</i>	T1	HDHP
<i>fluoxetine hcl oral tablet 10 mg</i>	LCG	HDHP
<i>fluoxetine hcl oral tablet 20 mg</i>	T1	PA; HDHP
<i>fluoxetine hcl oral tablet 60 mg</i>	T1	HDHP
<i>fluvoxamine maleate</i>	T1	
<i>fluvoxamine maleate er</i>	T1	QL (2 EA per 1 day)
<i>imipramine hcl oral</i>	T1	
<i>imipramine pamoate</i>	T1	
MARPLAN	T3	
<i>mirtazapine oral tablet</i>	LCG	
<i>mirtazapine oral tablet dispersible 15 mg</i>	LCG	
<i>mirtazapine oral tablet dispersible 30 mg, 45 mg</i>	T1	
NARDIL	T3	PA
<i>nefazodone hcl</i>	T1	
NORPRAMIN	T3	
<i>nortriptyline hcl oral capsule</i>	LCG	
<i>nortriptyline hcl oral solution</i>	T1	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	T1	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	T1	QL (3 EA per 1 day)
PAMELOR	T3	PA
PARNATE	T3	PA
<i>paroxetine hcl er</i>	T1	
<i>paroxetine hcl oral suspension</i>	T1	HDHP
<i>paroxetine hcl oral tablet</i>	LCG	HDHP
<i>paroxetine mesylate</i>	T1	PA; QL (1 EA per 1 day)
<i>perphenazine-amitriptyline</i>	T1	
<i>phenelzine sulfate oral</i>	T1	
<i>protriptyline hcl</i>	T1	
RALDESY	T3	PA
REMERON	T3	PA
REMERON SOLTAB	T3	

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Drug Name	Drug Tier	Notes
<i>sertraline hcl oral capsule</i>	T1	PA
<i>sertraline hcl oral concentrate</i>	T1	HDHP
<i>sertraline hcl oral tablet</i>	T1	HDHP
SPRAVATO (56 MG DOSE)	T4	PA
SPRAVATO (84 MG DOSE)	T4	PA
SYMBYAX	T3	QL (3 EA per 1 day)
<i>tranylcypromine sulfate</i>	T1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg</i>	LCG	
<i>trazodone hcl oral tablet 300 mg</i>	T1	
<i>trimipramine maleate oral</i>	T1	
TRINTELLIX	T3	ST; QL (1 EA per 1 day)
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	T1	QL (2 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	T1	QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	T1	QL (3 EA per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	T1	PA
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	T1	
VIIBRYD	T3	ST; QL (1 EA per 1 day)
<i>vilazodone hcl</i>	T1	QL (1 EA per 1 day)
ZURZUVAE	T3	PA; QL (14 day supply per 1 fill)
Antiemetics - Drugs for Nausea and Vomiting		
AKYNZEO (READY-TO-USE)	T3	
AKYNZEO (TO-BE-DILUTED)	T3	
AKYNZEO INTRAVENOUS	T3	
AKYNZEO ORAL	T3	QL (0.07 EA per 1 day)
ANZEMET	T3	QL (0.07 EA per 1 day)
APONVIE	T3	
<i>aprepitant oral capsule 125 mg</i>	T1	QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	T1	QL (1 EA per 30 days)
<i>aprepitant pak 80 & 125mg</i>	T1	QL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	T1	QL (4 EA per 30 days)
BARHEMSYS	T3	
BONJESTA	T3	PA; QL (2 EA per 1 day)
CINVANTI	T3	

Drug Name	Drug Tier	Notes
COMPRO	T3	
DICLEGIS	T3	PA; QL (4 EA per 1 day)
<i>dimenhydrinate injection</i>	T1	
<i>doxylamine-pyridoxine</i>	T1	PA; QL (4 EA per 1 day)
<i>dronabinol</i>	T1	PA; QL (2 EA per 1 day)
<i>droperidol injection</i>	T1	
EMEND BIPACK	T3	PA; QL (4 EA per 30 days)
EMEND INTRAVENOUS	T3	
EMEND ORAL	T3	QL (0.1 EA per 1 day)
EMEND TRIPACK	T3	PA; QL (6 EA per 30 days)
FOCINVEZ	T3	
<i>fosaprepitant dimeglumine</i>	T1	
<i>granisetron hcl intravenous</i>	T1	
<i>granisetron hcl oral</i>	T1	QL (0.14 EA per 1 day)
MARINOL	T3	PA; QL (2 EA per 1 day)
<i>meclizine hcl oral tablet 50 mg</i>	T1	
<i>meclizine hcl tablet 12.5 mg oral (rx)</i>	LCG	
<i>meclizine hcl tablet 25 mg oral (rx)</i>	LCG	
<i>metoclopramide hcl injection</i>	T1	
<i>metoclopramide hcl oral solution</i>	LCG	
<i>metoclopramide hcl oral tablet</i>	LCG	
<i>metoclopramide hcl oral tablet dispersible</i>	T1	
<i>ondansetron hcl +rfid</i>	T1	
<i>ondansetron hcl injection</i>	T1	
<i>ondansetron hcl oral solution</i>	T1	QL (4 ML per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	T1	PA; QL (0.07 EA per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	
<i>ondansetron odt</i>	T1	
<i>palonosetron hcl</i>	T1	
<i>perphenazine oral</i>	T1	
PHENERGAN	T3	
POSFREA	T3	PA
<i>prochlorperazine</i>	T1	
<i>prochlorperazine edisylate injection</i>	T1	
<i>prochlorperazine maleate oral tablet 10 mg</i>	LCG	
<i>prochlorperazine maleate oral tablet 5 mg</i>	T1	
<i>promethazine hcl injection</i>	T1	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	LCG	

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Drug Name	Drug Tier	Notes
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	T1	
<i>promethazine hcl oral tablet 25 mg</i>	LCG	
<i>promethazine hcl rectal</i>	T1	
<i>promethazine hcl solution 6.25 mg/5ml oral</i>	LCG	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG	T3	PA
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
REGLAN	T3	PA
<i>scopolamine</i>	T1	
SUSTOL	T3	QL (0.03 ML per 1 day)
SYNDROS	T3	PA; QL (4 ML per 1 day)
TIGAN	T3	
<i>trimethobenzamide hcl oral</i>	T1	
VARUBI (180 MG DOSE)	T3	QL (0.15 EA per 1 day)
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	T3	
AMBISOME	T3	
<i>amphotericin b intravenous</i>	T1	
<i>amphotericin b liposome</i>	T1	
ANCOBON	T3	
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 70 MG	T3	
<i>caspofungin acetate</i>	T1	
<i>ciclodan</i>	T1	
<i>ciclopirox external</i>	T1	
<i>ciclopirox olamine external</i>	T1	
<i>clotrimazole external</i>	LCG	
<i>clotrimazole mouth/throat</i>	T1	
<i>clotrimazole-betamethasone</i>	T1	
CRESEMBA INTRAVENOUS	T3	
CRESEMBA ORAL	T3	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	T3	
<i>econazole nitrate external cream</i>	T1	
ECOZA	T3	PA
ERAXIS	T3	
ERTACZO	T3	PA

Drug Name	Drug Tier	Notes
EXELDERM	T3	PA
EXODERM EXTERNAL LOTION	T3	
<i>fluconazole in sodium chloride</i>	T1	
<i>fluconazole oral</i>	LCG	
<i>flucytosine oral</i>	T1	
<i>griseofulvin microsize oral</i>	T1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	T1	
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	T1	PA
GYNAZOLE-1	T3	
<i>itraconazole oral</i>	T1	PA
<i>ketoconazole external cream</i>	T1	
<i>ketoconazole external foam</i>	T1	PA
<i>ketoconazole external shampoo</i>	T1	
<i>ketoconazole oral</i>	LCG	
<i>ketodan</i>	T1	PA
<i>klayesta</i>	T1	
LULICONAZOLE	T3	PA
LUZU	T3	PA
<i>micafungin sodium</i>	T1	
MICAFUNGIN SODIUM-NACL	T3	
<i>miconazole 3</i>	T1	
MICONAZOLE-ZINC OXIDE-PETROLAT	T3	PA
MYCAMINE	T3	
<i>naftifine hcl</i>	T1	PA
NAFTIN	T3	PA
NOXAFIL INTRAVENOUS	T3	
NOXAFIL ORAL	T3	PA
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG	T3	PA
<i>nyamyc</i>	T1	
<i>nystatin external cream</i>	LCG	
<i>nystatin external ointment</i>	T1	
<i>nystatin external powder</i>	T1	
<i>nystatin mouth/throat</i>	T1	
<i>nystatin oral</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
<i>nystop</i>	T1	
ORAVIG	T3	PA

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Drug Name	Drug Tier	Notes
<i>oxiconazole nitrate</i>	T1	PA
OXISTAT	T3	PA
<i>posaconazole intravenous</i>	T1	
<i>posaconazole oral</i>	T1	PA
REZZAYO	T4	PA
SPORANOX	T3	PA
SULCONAZOLE NITRATE	T3	PA
<i>tavaborole</i>	T1	PA
<i>terbinafine hcl oral</i>	LCG	QL (84 day supply per 180 days)
<i>terconazole</i>	T1	
VFEND	T3	PA
VFEND IV	T3	
<i>voriconazole intravenous</i>	T1	
<i>voriconazole oral</i>	T1	PA
VUSION	T3	PA
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	LCG	
<i>allopurinol oral tablet 200 mg</i>	T1	PA
<i>allopurinol sodium</i>	T1	
ALOPRIM	T3	
<i>colchicine oral</i>	T1	
<i>colchicine-probenecid</i>	T1	
<i>febuxostat</i>	T1	ST
<i>probenecid</i>	T1	
ULORIC	T3	ST
Antimigraine Agents		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	T2	PA; QL (0.04 ML per 1 day)
AIMOVIG	T2	PA; QL (0.07 ML per 1 day)
<i>almotriptan malate</i>	T1	PA; QL (0.4 EA per 1 day)
BREKIYA	T3	
<i>diclofenac potassium(migraine)</i>	T1	ST
<i>dihydroergotamine mesylate injection</i>	T1	PA; QL (0.86 ML per 1 day)
<i>dihydroergotamine mesylate nasal</i>	T1	PA; QL (0.27 ML per 1 day)
<i>eletriptan hydrobromide</i>	T1	QL (12 EA per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	T2	PA; QL (0.04 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	PA; QL (0.1 ML per 1 day)

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Drug Name	Drug Tier	Notes
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	T2	PA; QL (0.04 ML per 1 day)
ERGOMAR	T3	PA; QL (0.72 EA per 1 day)
<i>ergotamine-caffeine</i>	T1	PA; QL (0.86 EA per 1 day)
FROVA	T3	PA; QL (0.4 EA per 1 day)
<i>frovatriptan succinate</i>	T1	PA; QL (0.4 EA per 1 day)
MIGERGOT	T3	PA; QL (0.72 EA per 1 day)
<i>naratriptan hcl</i>	T1	QL (0.3 EA per 1 day)
NURTEC	T2	PA; QL (0.54 EA per 1 day)
QULIPTA	T2	PA; QL (1 EA per 1 day)
<i>rizatriptan benzoate oral tablet 10 mg</i>	T1	QL (0.4 EA per 1 day)
<i>rizatriptan benzoate oral tablet 5 mg</i>	T1	QL (0.6 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg</i>	T1	QL (0.4 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 5 mg</i>	T1	QL (0.6 EA per 1 day)
<i>sumatriptan nasal</i>	T1	QL (0.4 EA per 1 day)
<i>sumatriptan succinate oral</i>	T1	QL (0.3 EA per 1 day)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	T1	QL (0.17 ML per 1 day)
<i>sumatriptan succinate subcutaneous</i>	T1	QL (0.17 ML per 1 day)
<i>sumatriptan-naproxen sodium</i>	T1	ST; QL (0.3 EA per 1 day)
UBRELVY	T2	PA; QL (0.54 EA per 1 day)
VYEPTI	T3	PA; QL (3 ML per 81 days)
ZAVZPRET	T3	PA; QL (0.2 EA per 1 day)
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	T3	ST; QL (0.4 EA per 1 day)
<i>zolmitriptan nasal solution 5 mg</i>	T1	QL (0.4 EA per 1 day)
<i>zolmitriptan oral</i>	T1	QL (0.4 EA per 1 day)
ZOMIG NASAL	T3	ST; QL (0.4 EA per 1 day)
Antimigraine Agents - Drugs for Migraines		
SYMBRAVO	T3	PA; QL (0.3 EA per 1 day)
Antimyasthenic Agents		
BLOXIVERZ	T3	
MESTINON	T3	PA
<i>neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml</i>	T1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	T3	

Drug Name	Drug Tier	Notes
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML	T3	
<i>neostigmine methylsulfate rfid intravenous solution</i>	T1	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 5 MG/5ML INTRAVENOUS	T3	
<i>pyridostigmine bromide er oral tablet extended release</i>	T1	
<i>pyridostigmine bromide oral</i>	T1	
REGONOL	T3	
VYVGART	T4	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	T4	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; QL (0.8 ML per 1 day)
Antimycobacterials		
<i>cycloserine oral</i>	T1	
<i>dapsone oral</i>	T1	
<i>ethambutol hcl oral</i>	T1	
<i>isoniazid injection</i>	T1	
<i>isoniazid oral syrup</i>	T1	
<i>isoniazid oral tablet 100 mg</i>	T1	
<i>isoniazid oral tablet 300 mg</i>	LCG	
PRETOMANID	T3	
PRIFTIN	T3	
<i>pyrazinamide oral</i>	T1	
<i>rifabutin</i>	T1	
RIFADIN	T3	
<i>rifampin intravenous</i>	T1	
<i>rifampin oral</i>	T1	
SIRTURO	T3	
Antineoplastics - Drugs for Cancer		
<i>abiraterone acetate</i>	T4	PA; SP-QTZ
ABIRTEGA	T4	PA; SP-QTZ
ABRAXANE	T4	
ADCETRIS	T4	PA
<i>adriamycin</i>	T4	
ALECENSA	T4	PA; SP-QTZ

Drug Name	Drug Tier	Notes
ALIMTA	T4	
ALUNBRIG ORAL TABLET 180 MG, 90 MG	T4	PA; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG	T4	PA; QL (4 EA per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK	T4	PA; QL (30 EA per 365 days)
<i>anastrozole oral</i>	T1	\$0 for breast cancer PX
AROMASIN	T3	PA
ARRANON	T4	
<i>arsenic trioxide intravenous</i>	T4	
ARZERRA	T4	PA
ASPARLAS	T4	
AUGTYRO	T4	PA
AVASTIN	T4	PA
AVMAPKI FAKZYNJA CO-PACK	T4	PA
AXTLE	T4	
AYVAKIT	T4	PA; QL (1 EA per 1 day)
<i>azacitidine</i>	T4	
BALVERSA	T4	PA
BAVENCIO	T4	PA
BELEODAQ	T4	PA
<i>bendamustine hcl intravenous solution reconstituted</i>	T4	PA
BENDEKA	T4	PA
BESPONSА	T4	PA
BESREMI	T4	PA
<i>bexarotene</i>	T4	PA; SP-QTZ
<i>bicalutamide</i>	T1	
<i>bleomycin sulfate</i>	T4	
BLINCYTO	T4	PA
<i>bortezomib</i>	T4	PA
BORUZU	T4	PA
BOSULIF	T4	PA; SP-QTZ
BRAFTOVI	T4	PA
BRUKINSA	T4	PA
<i>busulfan</i>	T4	
BUSULFEX	T4	
CABOMETYX ORAL TABLET 20 MG	T4	PA; SP-QTZ; QL (1 EA per 1 day)
CABOMETYX ORAL TABLET 40 MG, 60 MG	T4	PA; SP-QTZ
CALQUENCE	T4	PA

Drug Name	Drug Tier	Notes
CAMCEVI	T4	PA; QL (0.006 EA per 1 day)
CAMPTOSAR	T4	
<i>capecitabine</i>	T4	SP-QTZ
CAPRELSA ORAL TABLET 100 MG	T4	PA; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	T4	PA
<i>carboplatin</i>	T4	
<i>carmustine</i>	T4	
CASODEX	T3	
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml</i>	T4	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	T4	
<i>cisplatin solution 50 mg/50ml intravenous</i>	T4	
CISPLATIN SOLUTION 50 MG/50ML INTRAVENOUS	T4	
<i>cladribine</i>	T4	
<i>clofarabine</i>	T4	
COLUMVI	T4	PA
COMETRIQ	T4	PA; SP-ORx
COPIKTRA	T4	PA; SP-ORx
COTELLIC	T4	PA; SP-QTZ
<i>cyclophosphamide injection</i>	T4	
CYCLOPHOSPHAMIDE INTRAVENOUS	T4	
<i>cyclophosphamide oral capsule</i>	T1	
CYCLOPHOSPHAMIDE ORAL TABLET	T2	
CYRAMZA	T4	PA
<i>cytarabine</i>	T4	
<i>cytarabine (pf)</i>	T4	
<i>dacarbazine</i>	T4	
<i>dactinomycin</i>	T4	
DANYELZA	T4	PA
DANZITEN	T4	PA
DARZALEX	T4	PA
<i>dasatinib</i>	T4	PA; SP-QTZ
<i>daunorubicin hcl</i>	T4	
DAURISMO	T4	PA; SP-ORx
<i>decitabine</i>	T4	
<i>dexrazoxane</i>	T4	
<i>dexrazoxane hcl</i>	T4	

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Drug Name	Drug Tier	Notes
<i>docetaxel</i>	T4	
DOCIVYX	T4	
DOXIL	T4	
<i>doxorubicin hcl</i>	T4	
<i>doxorubicin hcl liposomal</i>	T4	
DROXIA	T3	
ELITEK	T4	
ELLENC	T4	
ELREXFIO	T4	PA
EMPLICITI	T4	PA
EMRELIS	T4	PA
ENHERTU	T4	PA
ENSACOVE	T4	PA
EPKINLY	T4	PA
ERBITUX	T4	PA
<i>eribulin mesylate</i>	T4	PA
ERIVEDGE	T4	PA; SP-QTZ
ERLEADA	T4	PA
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	T4	PA; SP-QTZ
<i>erlotinib hcl oral tablet 25 mg</i>	T4	PA; SP-QTZ; QL (3 EA per 1 day)
ETOPOPHOS	T4	
<i>etoposide intravenous</i>	T4	
<i>etoposide oral</i>	T4	
EULEXIN	T3	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP-QTZ; QL (1 EA per 1 day)
<i>everolimus oral tablet soluble</i>	T4	PA; SP-QTZ
EVOMELA	T4	
<i>exemestane</i>	T1	\$0 for breast cancer PX
FARESTON	T3	PA
FASLODEX	T4	PA
FEMARA	T3	PA
<i>floxuridine</i>	T4	
<i>fludarabine phosphate</i>	T4	
<i>fluorouracil intravenous</i>	T4	
FOLOTYN	T4	PA
FRINDOVYX	T4	
FRUZAQLA	T4	PA

Drug Name	Drug Tier	Notes
<i>fulvestrant</i>	T4	
FYARRO	T4	PA
GAVRETO	T4	PA; SP-ORx
GAZYVA	T4	PA
<i>gefitinib</i>	T4	PA; SP-QTZ
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 1.5 gm/15ml, 2 gm/20ml, 200 mg/2ml, 200 mg/5.26ml</i>	T4	
<i>gemcitabine hcl intravenous solution reconstituted</i>	T4	
GILOTRIF	T4	PA; SP-QTZ; QL (1 EA per 1 day)
GLEOSTINE	T4	
GOMEKLI	T4	PA
HALAVEN	T4	PA
HERCEPTIN	T4	PA
HERCEPTIN HYLECTA	T4	PA
HYCAMTIN INTRAVENOUS	T4	
HYCAMTIN ORAL	T4	SP-QTZ
HYDREA	T3	PA
<i>hydroxyurea oral</i>	T1	
IBRANCE	T4	PA; SP-QTZ
IBTROZI	T4	PA
ICLUSIG ORAL TABLET 10 MG, 15 MG	T4	PA; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG	T4	PA
IDAMYCIN PFS	T4	
<i>idarubicin hcl</i>	T4	
IDHIFA	T4	PA; QL (1 EA per 1 day)
IFEX	T4	
<i>ifosfamide</i>	T4	
<i>imatinib mesylate oral</i>	T4	PA; SP-QTZ
IMBRUVICA ORAL CAPSULE 140 MG	T4	PA; SP-QTZ; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	T4	PA; SP-QTZ; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION	T4	PA; SP-QTZ
IMBRUVICA ORAL TABLET 420 MG	T4	PA; SP-QTZ; QL (1 EA per 1 day)
IMDELLTRA	T4	PA
IMFINZI	T4	PA
IMJUDO	T4	PA
IMKELDI	T4	PA
INLYTA	T4	PA; SP-QTZ

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Drug Name	Drug Tier	Notes
INREBIC	T4	PA; SP-QTZ
IRESSA	T4	PA; SP-QTZ
<i>irinotecan hcl</i>	T4	
ISTODAX	T4	PA
ITOVEBI ORAL TABLET 3 MG	T4	PA; QL (2 EA per 1 day)
ITOVEBI ORAL TABLET 9 MG	T4	PA
IXEMPRA KIT	T4	
JAKAFI ORAL TABLET 10 MG, 5 MG	T4	PA; SP-QTZ; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG	T4	PA; SP-QTZ
JAYPIRCA ORAL TABLET 100 MG	T4	PA; SP-ORx
JAYPIRCA ORAL TABLET 50 MG	T4	PA; SP-ORx; QL (1 EA per 1 day)
JEMPERLI	T4	PA
JEVTANA	T4	PA
KADCYLA	T4	PA
KANJINTI	T4	PA
KEYTRUDA	T4	PA
KHAPZORY	T4	
KIMMTRAK	T4	PA
KISQALI (200 MG DOSE)	T4	PA; SP-QTZ
KISQALI (400 MG DOSE)	T4	PA; SP-QTZ
KISQALI (600 MG DOSE)	T4	PA; SP-QTZ
KOSELUGO	T4	PA; SP-QTZ
KRAZATI	T4	PA
KYPROLIS	T4	PA
<i>lapatinib ditosylate</i>	T4	PA; SP-QTZ
LAZCLUZE ORAL TABLET 240 MG	T4	PA
LAZCLUZE ORAL TABLET 80 MG	T4	PA; QL (2 EA per 1 day)
<i>lenalidomide</i>	T4	PA; SP-QTZ
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	T4	PA; SP-ORx
<i>letrozole oral</i>	T1	\$0 for breast cancer PX
<i>leucovorin calcium injection</i>	T1	
<i>leucovorin calcium oral</i>	T1	
LEUKERAN	T4	
<i>levoleucovorin calcium</i>	T4	
<i>levoleucovorin calcium pf</i>	T4	
LIBTAYO	T4	PA

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Drug Name	Drug Tier	Notes
LONSURF	T4	PA; SP-QTZ
LOQTORZI	T4	PA
LORBRENA	T4	PA; SP-ORx
LUMAKRAS ORAL TABLET 120 MG, 320 MG	T4	PA; SP-ORx
LUMAKRAS ORAL TABLET 240 MG	T4	PA
LUNSUMIO	T4	PA
LYNPARZA	T4	PA; SP-QTZ
LYSODREN	T2	
LYTGOBI (12 MG DAILY DOSE)	T4	PA
LYTGOBI (16 MG DAILY DOSE)	T4	PA
LYTGOBI (20 MG DAILY DOSE)	T4	PA
MARGENZA	T4	PA
MATULANE	T4	
MEKINIST	T4	PA; SP-QTZ
MEKTOVI	T4	PA
<i>melphalan hcl</i>	T4	
<i>mercaptopurine oral suspension</i>	T4	
<i>mercaptopurine oral tablet</i>	T1	
<i>mesna</i>	T4	
MESNEX	T4	
<i>mitomycin intravenous</i>	T4	PA
<i>mitoxantrone hcl</i>	T4	PA
MONJUVI	T4	PA
MUTAMYCIN	T4	PA
MVASI	T4	PA
MYLERAN	T2	
MYLOTARG	T4	PA
<i>nelarabine</i>	T4	
NERLYNX	T4	PA; SP-ORx; QL (6 EA per 1 day)
NEXAVAR	T4	PA; SP-QTZ
NILANDRON	T4	SP-QTZ
NILOTINIB D-TARTRATE	T4	
<i>nilotinib hcl</i>	T4	PA; SP-QTZ
<i>nilutamide</i>	T4	SP-QTZ
NINLARO	T4	PA; SP-QTZ
NIPENT	T4	
NUBEQA	T4	PA; SP-QTZ
ODOMZO	T4	PA; SP-QTZ

Drug Name	Drug Tier	Notes
OGSIVEO	T4	PA
OJEMDA	T4	PA
ONCASPAR	T4	
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML	T4	
ONUREG	T4	PA; SP-QTZ
OPDIVO	T4	PA
OPDUALAG	T4	PA
ORGOVYX	T4	PA
ORSERDU	T4	PA
<i>oxaliplatin</i>	T4	
<i>paclitaxel</i>	T4	
<i>paclitaxel protein-bound part</i>	T4	
PADCEV	T4	PA
PANRETIN	T3	
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML	T4	
<i>pazopanib hcl</i>	T4	PA; SP-QTZ
PEMETREXED	T4	
PEMETREXED DIPOTASSIUM	T4	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	T4	
<i>pemetrexed disodium intravenous solution reconstituted</i>	T4	
PEMFEXY	T4	
PEMRYDI RTU	T4	
PERJETA	T4	PA
PHESGO	T4	PA
PHOTOFRIN	T4	
PIQRAY	T4	PA; SP-QTZ
POLIVY	T4	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG	T4	PA; SP-QTZ; QL (1 EA per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG	T4	PA; SP-QTZ
PORTRAZZA	T4	PA
POTELIGEO	T4	PA
PROLEUKIN	T4	
PURIXAN	T4	
QINLOCK	T4	PA
RETEVMO ORAL TABLET 120 MG, 160 MG	T4	PA; SP-QTZ

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Drug Name	Drug Tier	Notes
RETEVMO ORAL TABLET 40 MG	T4	PA; SP-QTZ; QL (3 EA per 1 day)
RETEVMO ORAL TABLET 80 MG	T4	PA; SP-QTZ; QL (2 EA per 1 day)
REVLIMID	T4	PA; SP-QTZ
REVUFORJ	T4	PA
RITUXAN	T4	PA
RITUXAN HYCELA	T4	PA
<i>romidepsin</i>	T4	PA
ROMVIMZA	T4	PA
ROZLYTREK	T4	PA; SP-QTZ
RUXIENCE	T4	PA
RYBREVAANT	T4	PA
RYDAPT	T4	PA
RYTELO	T4	PA
SARCLISA	T4	PA
SCEMBLIX ORAL TABLET 100 MG	T4	PA
SCEMBLIX ORAL TABLET 20 MG	T4	PA; QL (2 EA per 1 day)
SCEMBLIX ORAL TABLET 40 MG	T4	PA; QL (8 EA per 1 day)
SIKLOS	T3	PA
SOLTAMOX	T3	\$0 for breast cancer PX
<i>sorafenib tosylate</i>	T4	PA; SP-QTZ
STIVARGA	T4	PA; SP-QTZ
<i>sunitinib malate</i>	T4	PA; SP-QTZ
SYLVANT	T4	PA
TABLOID	T4	
TABRECTA	T4	PA; SP-QTZ
TAFINLAR	T4	PA; SP-QTZ
TAGRISSO ORAL TABLET 40 MG	T4	PA; SP-QTZ; QL (1 EA per 1 day)
TAGRISSO ORAL TABLET 80 MG	T4	PA; SP-QTZ
TALVEY	T4	PA
<i>tamoxifen citrate oral</i>	T1	\$0 for breast cancer PX
TARCEVA	T4	PA; SP-QTZ
TARGRETIN EXTERNAL	T4	PA; SP-QTZ
TASIGNA	T4	PA; SP-QTZ
TECENTRIQ	T4	PA
TECENTRIQ HYBREZA	T4	PA
TECVAYLI	T4	PA
TEMODAR	T4	
<i>temozolomide</i>	T4	PA

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Drug Name	Drug Tier	Notes
TEPADINA INJECTION	T4	
TEPYLUTE	T4	
THALOMID	T4	PA; SP-QTZ
<i>thiotepa injection</i>	T4	
TIBSOVO	T4	PA
TIVDAK	T4	PA
<i>topotecan hcl</i>	T4	
<i>toremifene citrate</i>	T1	
<i>torpenz</i>	T4	PA; SP-QTZ; QL (1 EA per 1 day)
TRAZIMERA	T4	PA
<i>tretinoin oral</i>	T4	
TRISENOX	T4	
TRODELVY	T4	PA
TRUQAP	T4	PA; SP-QTZ
TUKYSA	T4	PA; SP-QTZ
TURALIO	T4	PA
TYKERB	T4	PA; SP-QTZ
UNITUXIN	T4	PA
UVADEX	T3	
VALCHLOR	T4	PA; SP-ORx
VANFLYTA	T4	PA
VECTIBIX	T4	
VELCADE	T4	PA
VENCLEXTA	T4	PA; SP-QTZ
VENCLEXTA STARTING PACK	T4	PA; SP-QTZ
VERZENIO	T4	PA; SP-QTZ
VIDAZA	T4	
VIJOICE ORAL PACKET	T4	PA; QL (1 EA per 1 day)
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	T4	PA; QL (1 EA per 1 day)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	T4	PA; QL (2 EA per 1 day)
<i>vinblastine sulfate</i>	T4	
<i>vincristine sulfate</i>	T4	
<i>vinorelbine tartrate</i>	T4	
VITRAKVI	T4	PA
VIZIMPRO ORAL TABLET 15 MG	T4	PA; SP-ORx; QL (1 EA per 1 day)
VIZIMPRO ORAL TABLET 30 MG, 45 MG	T4	PA; SP-ORx
VONJO	T4	PA; SP-QTZ

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Drug Name	Drug Tier	Notes
VORANIGO ORAL TABLET 10 MG	T4	PA; SP-QTZ; QL (2 EA per 1 day)
VORANIGO ORAL TABLET 40 MG	T4	PA; SP-QTZ
VORAXAZE	T3	
VOTRIENT	T4	PA; SP-QTZ
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	T4	PA
VYXEOS	T4	PA
WELIREG	T4	PA
XELODA	T4	PA; SP-QTZ
XOFIGO	T2	
XOSPATA	T4	PA
XPOVIO (100 MG ONCE WEEKLY)	T4	PA
XPOVIO (40 MG ONCE WEEKLY)	T4	PA
XPOVIO (40 MG TWICE WEEKLY)	T4	PA
XPOVIO (60 MG ONCE WEEKLY)	T4	PA
XPOVIO (60 MG TWICE WEEKLY)	T4	PA
XPOVIO (80 MG ONCE WEEKLY)	T4	PA
XPOVIO (80 MG TWICE WEEKLY)	T4	PA
XROMI	T3	PA
XTANDI	T4	PA; SP-QTZ
YERVOY	T4	PA
YONDELIS	T4	
ZALTRAP	T4	PA
ZEJULA ORAL TABLET 100 MG	T4	PA; SP-QTZ; QL (1 EA per 1 day)
ZEJULA ORAL TABLET 200 MG, 300 MG	T4	PA; SP-QTZ
ZELBORAF	T4	PA; SP-QTZ
ZEPZELCA	T4	PA
ZEVALIN Y-90	T4	
ZIIHERA	T4	PA
ZIRABEV	T4	PA
ZOLINZA	T4	PA; SP-QTZ
ZYDELIG	T4	PA; SP-QTZ
ZYKADIA	T4	PA; SP-QTZ
ZYNLONTA	T4	PA
ZYNYZ	T4	PA
Antiparasitics		
<i>albendazole oral</i>	T1	PA
ARAKODA	T3	

Drug Name	Drug Tier	Notes
ARTESUNATE	T3	
<i>atovaquone</i>	T1	
<i>atovaquone-proguanil hcl</i>	T1	
BENZNIDAZOLE	T3	
BILTRICIDE	T2	
<i>chloroquine phosphate oral</i>	T1	
COARTEM	T3	
CROTAN	T3	PA
DARAPRIM	T4	PA
EGATEN	T3	
ELIMITE	T3	
EMVERM	T2	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 300 mg, 400 mg</i>	T1	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	LCG	
IMPAVIDO	T3	
<i>ivermectin oral tablet 3 mg</i>	T1	
<i>ivermectin oral tablet 6 mg</i>	T1	PA
KRINTAFEL	T3	
LAMPIT	T3	
MALARONE	T3	
<i>malathion</i>	T1	
<i>mefloquine hcl</i>	T1	
MEPRON	T3	
NEBUPENT	T3	
<i>nitazoxanide oral</i>	T1	
OVIDE	T3	
PENTAM	T3	
<i>pentamidine isethionate</i>	T1	
<i>permethrin external</i>	T1	
<i>praziquantel oral</i>	T1	
<i>primaquine phosphate</i>	T1	
PRURADIK	T3	PA
<i>pyrimethamine oral</i>	T4	PA
PYRIMETHAMINE-LEUCOVORIN	T3	
<i>quinine sulfate</i>	T1	PA
<i>spinosad</i>	T1	
STROMECTOL	T3	

Drug Name	Drug Tier	Notes
<i>sulfurated lime</i>	T1	
Antiparkinson Agents		
<i>amantadine hcl oral</i>	T1	
APOKYN	T4	PA; SP-ORx; QL (3 ML per 1 day)
<i>apomorphine hcl subcutaneous</i>	T4	PA; SP-ORx; QL (3 ML per 1 day)
AZILECT	T3	PA
<i>benztropine mesylate injection</i>	T1	
<i>benztropine mesylate oral</i>	LCG	
<i>bromocriptine mesylate oral</i>	T1	
<i>carbidopa oral</i>	T1	
<i>carbidopa-levodopa</i>	T1	
<i>carbidopa-levodopa er</i>	T1	
<i>carbidopa-levodopa-entacapone</i>	T1	
CREXONT	T3	ST
<i>entacapone</i>	T1	
INBRIJA	T4	PA
LODOSYN	T3	PA
NEUPRO	T3	
NOURIANZ	T3	PA
ONAPGO	T4	PA; QL (3 ML per 1 day)
ONGENTYS	T3	ST
PARLODEL	T3	
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er</i>	T1	PA
<i>rasagiline mesylate oral</i>	T1	
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T1	
RYTARY	T3	ST
<i>selegiline hcl oral</i>	T1	
SINEMET	T3	PA
TASMAR	T3	
<i>tolcapone</i>	T1	
<i>trihexyphenidyl hcl oral solution</i>	T1	
<i>trihexyphenidyl hcl oral tablet 2 mg</i>	LCG	
<i>trihexyphenidyl hcl oral tablet 5 mg</i>	T1	
VYALEV	T4	PA
XADAGO	T3	ST; QL (1 EA per 1 day)
ZELAPAR	T3	PA

Drug Name	Drug Tier	Notes
Antiplatelets		
AGGRASTAT	T3	
<i>aspirin-dipyridamole er</i>	T1	
CABLIVI	T4	PA; SP-QTZ; QL (1 EA per 1 day)
<i>cilostazol</i>	T1	
<i>clopidogrel bisulfate oral</i>	T1	
<i>dipyridamole oral</i>	T1	
EFFIENT	T3	PA
<i>eptifibatide</i>	T1	
KENGREAL	T3	
<i>prasugrel hcl</i>	T1	
TAVALISSE	T4	PA; SP-ORx
<i>ticagrelor</i>	T1	
<i>tirofiban hcl in nacl</i>	T1	
ZONTIVITY	T3	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY ASIMTUFII	T3	
ABILIFY MAINTENA	T3	
ABILIFY MYCITE MAINTENANCE KIT	T3	PA; QL (1 EA per 1 day)
ABILIFY MYCITE STARTER KIT	T3	PA; QL (60 EA per 365 days)
ADASUVE	T3	PA
<i>aripiprazole oral solution</i>	T1	QL (25 ML per 1 day)
<i>aripiprazole oral tablet</i>	T1	QL (1 EA per 1 day)
<i>aripiprazole oral tablet dispersible</i>	T1	QL (2 EA per 1 day)
ARISTADA	T3	
ARISTADA INITIO	T3	
<i>asenapine maleate</i>	T1	QL (2 EA per 1 day)
CAPLYTA	T3	ST; QL (1 EA per 1 day)
<i>chlorpromazine hcl injection</i>	T1	
<i>chlorpromazine hcl oral</i>	T1	
<i>clozapine oral tablet 100 mg, 25 mg</i>	T1	QL (9 EA per 1 day)
<i>clozapine oral tablet 200 mg</i>	T1	QL (4 EA per 1 day)
<i>clozapine oral tablet 50 mg</i>	T1	QL (6 EA per 1 day)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	T1	QL (9 EA per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg</i>	T1	QL (3 EA per 1 day)
<i>clozapine oral tablet dispersible 150 mg</i>	T1	QL (6 EA per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	T1	QL (4 EA per 1 day)
CLOZARIL	T3	PA; QL (9 EA per 1 day)

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Drug Name	Drug Tier	Notes
COBENFY	T3	ST; QL (2 EA per 1 day)
COBENFY STARTER PACK	T3	ST; QL (102 EA per 365 days)
ERZOFRI	T3	
FANAPT	T3	ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK A	T3	ST; QL (16 EA per 365 days)
FANAPT TITRATION PACK B	T3	ST; QL (24 EA per 365 days)
FANAPT TITRATION PACK C	T3	ST; QL (16 EA per 365 days)
<i>fluphenazine decanoate injection</i>	T1	
<i>fluphenazine hcl</i>	T1	
GEODON INTRAMUSCULAR	T3	
GEODON ORAL	T3	PA; QL (2 EA per 1 day)
<i>haloperidol decanoate intramuscular</i>	T1	
<i>haloperidol lactate injection</i>	T1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	T1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 5 mg</i>	LCG	
<i>haloperidol oral tablet 10 mg, 20 mg</i>	T1	
INVEGA HAFYERA	T3	ST
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG	T3	PA; QL (1 EA per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	T3	PA; QL (2 EA per 1 day)
INVEGA SUSTENNA	T3	
INVEGA TRINZA	T3	
<i>loxapine succinate</i>	T1	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	T1	QL (1 EA per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	T1	QL (2 EA per 1 day)
<i>molindone hcl</i>	T1	
NUPLAZID	T3	PA
<i>olanzapine intramuscular</i>	T1	
<i>olanzapine oral</i>	T1	QL (1 EA per 1 day)
OPIPZA ORAL FILM 10 MG, 5 MG	T3	ST; QL (3 EA per 1 day)
OPIPZA ORAL FILM 2 MG	T3	ST; QL (1 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T1	QL (1 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T1	QL (2 EA per 1 day)
PERSERIS	T3	
<i>pimozide</i>	T1	

Drug Name	Drug Tier	Notes
<i>quetiapine fumarate er</i>	T1	QL (2 EA per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	T1	QL (3 EA per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	T1	QL (2 EA per 1 day)
REXULTI	T3	QL (1 EA per 1 day)
RISPERDAL CONSTA	T3	ST
<i>risperidone microspheres er</i>	T1	
<i>risperidone oral solution</i>	T1	QL (8 ML per 1 day)
<i>risperidone oral tablet</i>	T1	QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible</i>	T1	QL (2 EA per 1 day)
RYKINDO	T3	
<i>thioridazine hcl tablet 10 mg oral</i>	T1	PA
<i>thioridazine hcl tablet 10 mg oral</i>	T1	
<i>thioridazine hcl tablet 100 mg oral</i>	T1	PA
<i>thioridazine hcl tablet 100 mg oral</i>	T1	
<i>thioridazine hcl tablet 25 mg oral</i>	T1	PA
<i>thioridazine hcl tablet 25 mg oral</i>	T1	
<i>thioridazine hcl tablet 50 mg oral</i>	T1	PA
<i>thioridazine hcl tablet 50 mg oral</i>	T1	
<i>thiothixene</i>	T1	
<i>trifluoperazine hcl</i>	T1	
UZEDY	T3	
VERSACLOZ	T3	QL (18 ML per 1 day)
VRAYLAR	T3	QL (1 EA per 1 day)
<i>ziprasidone hcl</i>	T1	QL (2 EA per 1 day)
<i>ziprasidone mesylate</i>	T1	
ZYPREXA RELPREVV	T3	
Antivirals		
<i>abacavir sulfate</i>	T1	SP-QTZ
<i>abacavir sulfate-lamivudine</i>	T1	SP-QTZ
<i>acyclovir external cream</i>	T1	PA; QL (0.17 GM per 1 day)
<i>acyclovir external ointment</i>	T1	QL (1 GM per 1 day)
<i>acyclovir oral capsule</i>	LCG	
<i>acyclovir oral suspension 800 mg/20ml</i>	T1	PA
<i>acyclovir oral tablet</i>	LCG	
<i>acyclovir sodium</i>	T1	
<i>acyclovir suspension 200 mg/5ml oral</i>	T1	PA
<i>acyclovir suspension 200 mg/5ml oral</i>	T1	

Drug Name	Drug Tier	Notes
<i>adefovir dipivoxil</i>	T1	
APRETUDE	T3	\$0 copay for HIV PX
APTIVUS	T2	SP-QTZ
<i>atazanavir sulfate</i>	T1	SP-QTZ
BARACLUDE ORAL SOLUTION	T3	QL (630 ML per 30 days)
BIKTARVY	T3	SP-QTZ
CABENUVA	T2	
<i>cidofovir intravenous</i>	T1	
CIMDUO	T2	SP-QTZ
COMPLERA	T3	SP-QTZ
<i>darunavir oral tablet 600 mg</i>	T1	SP-QTZ
<i>darunavir oral tablet 800 mg</i>	T1	SP-QTZ; \$0 copay for HIV PX for MN plans
DELSTRIGO	T3	SP-QTZ
DENAVIR	T3	PA; QL (0.17 GM per 1 day)
DESCOVY ORAL TABLET 120-15 MG	T3	SP-QTZ
DESCOVY ORAL TABLET 200-25 MG	T3	PA; SP-QTZ; \$0 copay for HIV PX
DOVATO	T2	SP-QTZ
EDURANT	T2	SP-QTZ
EDURANT PED	T2	SP-QTZ
<i>efavirenz</i>	T1	SP-QTZ
<i>efavirenz-emtricitab-tenofo df</i>	T1	SP-QTZ
<i>efavirenz-lamivudine-tenofovir</i>	T1	SP-QTZ
<i>emtricitabine</i>	T1	SP-QTZ
<i>emtricitabine-tenofovir df oral tablet 100-150 mg</i>	T1	SP-QTZ; \$0 copay for HIV PX for MN plans
<i>emtricitabine-tenofovir df oral tablet 133-200 mg, 167-250 mg</i>	T1	SP-QTZ
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	T1	SP-QTZ; \$0 copay for HIV PX
<i>emtricitab-rilpivir-tenofov df</i>	T1	SP-QTZ
EMTRIVA ORAL CAPSULE	T3	SP-QTZ
EMTRIVA ORAL SOLUTION	T2	SP-QTZ
<i>entecavir</i>	T1	QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 150-37.5 MG	T4	PA; SP-QTZ; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG	T4	PA; SP-QTZ; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET	T4	PA; SP-QTZ; QL (1 EA per 1 day)
EPIVIR	T3	SP-QTZ
<i>etravirine</i>	T1	SP-QTZ

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Drug Name	Drug Tier	Notes
EVOTAZ	T2	SP-QTZ
<i>famciclovir oral</i>	T1	
<i>fosamprenavir calcium</i>	T1	SP-QTZ
<i>foscarnet sodium</i>	T1	
FOSCAVIR	T3	
FUZEON	T2	SP-QTZ
<i>ganciclovir sodium</i>	T1	
GENVOYA	T3	SP-QTZ
HARVONI ORAL PACKET 33.75-150 MG	T4	PA; SP-QTZ; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG	T4	PA; SP-QTZ; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG	T4	PA; SP-QTZ; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG	T4	PA; SP-QTZ; QL (1 EA per 1 day)
INTELENCE ORAL TABLET 100 MG, 200 MG	T3	PA; SP-QTZ
INTELENCE ORAL TABLET 25 MG	T2	SP-QTZ
ISENTRESS	T2	SP-QTZ; \$0 copay for HIV PX for MN plans
ISENTRESS HD	T2	SP-QTZ
JULUCA	T2	SP-QTZ
KALETRA ORAL SOLUTION	T3	SP-QTZ
KALETRA ORAL TABLET	T3	PA; SP-QTZ
LAGEVRIO	T3	QL (8 EA per 1 day); AL
<i>lamivudine oral solution 10 mg/ml</i>	T1	SP-QTZ
<i>lamivudine oral solution 300 mg/30ml</i>	T1	PA; SP-QTZ
<i>lamivudine oral tablet 100 mg</i>	T1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	T1	SP-QTZ
<i>lamivudine-zidovudine</i>	T1	SP-QTZ
LIVTENCITY	T4	PA
<i>lopinavir-ritonavir</i>	T1	SP-QTZ
<i>maraviroc</i>	T1	PA; SP-QTZ
MAVYRET ORAL PACKET	T4	PA; SP-QTZ; QL (5 EA per 1 day)
MAVYRET ORAL TABLET	T4	PA; SP-QTZ; QL (3 EA per 1 day)
<i>nevirapine</i>	T1	SP-QTZ
<i>nevirapine er</i>	T1	SP-QTZ
NORVIR ORAL PACKET	T2	SP-QTZ
NORVIR ORAL TABLET	T3	SP-QTZ; \$0 copay for HIV PX for MN plans
ODEFSEY	T3	SP-QTZ
<i>oseltamivir phosphate oral capsule 30 mg</i>	T1	QL (40 EA per 365 days)

Drug Name	Drug Tier	Notes
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	T1	QL (20 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	T1	QL (360 ML per 365 days)
PAXLOVID (150/100)	T2	QL (4 EA per 1 day); AL
PAXLOVID (300/100 & 150/100)	T2	QL (11 EA per 56 days); AL
PAXLOVID (300/100)	T2	QL (6 EA per 1 day); AL
PEGASYS	T4	PA; SP-QTZ
<i>penciclovir</i>	T1	PA; QL (0.17 GM per 1 day)
PIFELTRO	T3	SP-QTZ
PREVYMIS	T4	
PREZCOBIX	T2	SP-QTZ
PREZISTA ORAL SUSPENSION	T2	SP-QTZ
PREZISTA ORAL TABLET 150 MG, 75 MG	T2	SP-QTZ
PREZISTA ORAL TABLET 600 MG	T3	PA; SP-QTZ
PREZISTA ORAL TABLET 800 MG	T3	PA; SP-QTZ; \$0 copay for HIV PX for MN plans
RAPIVAB	T3	
RELENZA DISKHALER	T3	QL (40 EA per 365 days)
RETROVIR INTRAVENOUS	T2	
RETROVIR ORAL	T3	SP-QTZ
REYATAZ ORAL CAPSULE	T3	PA; SP-QTZ
REYATAZ ORAL PACKET	T2	SP-QTZ
<i>ribavirin inhalation</i>	T1	
<i>ribavirin oral</i>	T4	
<i>rimantadine hcl</i>	T1	
<i>ritonavir</i>	T1	SP-QTZ; \$0 copay for HIV PX for MN plans
RUKOBIA	T2	SP-QTZ
SELZENTRY ORAL SOLUTION	T2	PA; SP-QTZ
SELZENTRY ORAL TABLET	T3	PA; SP-QTZ
SITAVIG	T3	PA; QL (0.07 EA per 1 day)
SOVALDI ORAL PACKET 150 MG	T4	PA; SP-QTZ; QL (1 EA per 1 day)
SOVALDI ORAL PACKET 200 MG	T4	PA; SP-QTZ; QL (2 EA per 1 day)
SOVALDI ORAL TABLET 200 MG	T4	PA; SP-QTZ; QL (2 EA per 1 day)
SOVALDI ORAL TABLET 400 MG	T4	PA; SP-QTZ; QL (1 EA per 1 day)
STRIBILD	T3	SP-QTZ
SUNLENCA ORAL TABLET	T3	PA; SP-QTZ; QL (8 EA per 365 days)

Drug Name	Drug Tier	Notes
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG	T3	PA; SP-QTZ; QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG	T3	PA; SP-QTZ; QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS	T3	PA; QL (9 ML per 365 days)
SYMFI	T2	SP-QTZ
SYMTUZA	T3	SP-QTZ
TEMBEXA	T3	
<i>tenofovir disoproxil fumarate</i>	T1	SP-QTZ; \$0 copay for HIV PX
TIVICAY	T3	SP-QTZ
TIVICAY PD	T3	SP-QTZ; \$0 copay for HIV PX for MN plans
TPOXX	T3	
TRIUMEQ	T2	SP-QTZ
TRIUMEQ PD	T3	SP-QTZ
TROGARZO	T3	
TYBOST	T2	SP-QTZ
<i>valacyclovir hcl oral</i>	T1	QL (4 EA per 1 day)
VALCYTE	T3	PA
<i>valganciclovir hcl</i>	T1	
VEKLURY	T3	QL (2 EA per 1 day); AL
VIRACEPT	T2	SP-QTZ
VIREAD ORAL POWDER	T2	SP-QTZ
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	SP-QTZ
VIREAD ORAL TABLET 300 MG	T3	PA; SP-QTZ
VOSEVI	T4	PA; SP-QTZ; QL (1 EA per 1 day)
XERESE	T3	PA
XOFLUZA (40 MG DOSE)	T3	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE)	T3	QL (2 EA per 365 days)
YEZTUGO ORAL	T3	PA; SP-QTZ; QL (8 EA per 365 days)
YEZTUGO SUBCUTANEOUS	T3	PA; QL (9 ML per 365 days)
ZEPATIER	T4	PA; SP-QTZ; QL (1 EA per 1 day)
ZIAGEN	T3	SP-QTZ
<i>zidovudine</i>	T1	SP-QTZ
Anxiolytics - Drugs for Anxiety		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	T1	QL (1 EA per 1 day)

Drug Name	Drug Tier	Notes
<i>alprazolam er oral tablet extended release 24 hour 2 mg</i>	T1	QL (5 EA per 1 day)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	T1	QL (3 EA per 1 day)
<i>alprazolam intensol</i>	T1	QL (10 ML per 1 day)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	T1	QL (4 EA per 1 day)
<i>alprazolam oral tablet 2 mg</i>	T1	QL (5 EA per 1 day)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>	T1	PA; QL (4 EA per 1 day)
<i>alprazolam oral tablet dispersible 2 mg</i>	T1	PA; QL (5 EA per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	T1	QL (1 EA per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 2 mg</i>	T1	QL (5 EA per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 3 mg</i>	T1	QL (3 EA per 1 day)
ATIVAN INJECTION	T3	
BUCAPSOL	T3	PA
<i>bupirone hcl oral tablet 10 mg, 5 mg</i>	LCG	
<i>bupirone hcl oral tablet 15 mg, 30 mg, 7.5 mg</i>	T1	
<i>chlordiazepoxide hcl oral capsule 10 mg</i>	T1	QL (30 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	T1	QL (12 EA per 1 day)
<i>chlordiazepoxide hcl oral capsule 5 mg</i>	T1	QL (4 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T1	QL (3 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>	T1	QL (10 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	T1	QL (3 EA per 1 day)
<i>clonazepam oral tablet dispersible 2 mg</i>	T1	QL (10 EA per 1 day)
<i>clorazepate dipotassium oral tablet 15 mg</i>	T1	QL (6 EA per 1 day)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	T1	QL (24 EA per 1 day)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	T1	QL (12 EA per 1 day)
<i>diazepam injection solution 10 mg/2ml</i>	T1	
<i>diazepam intensol</i>	T1	
<i>diazepam oral</i>	T1	
<i>diazepam solution 5 mg/ml injection</i>	T1	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	T3	
<i>estazolam</i>	T1	QL (1 EA per 1 day)
HALCION	T3	QL (2 EA per 1 day)
<i>hydroxyzine hcl intramuscular</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	LCG	

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Drug Name	Drug Tier	Notes
<i>hydroxyzine hcl syrup 10 mg/5ml oral</i>	LCG	
<i>hydroxyzine hcl syrup 10 mg/5ml oral</i>	LCG	PA
<i>hydroxyzine pamoate oral</i>	LCG	
<i>lorazepam injection</i>	T1	
<i>lorazepam intensol</i>	T1	QL (5 ML per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	QL (5 ML per 1 day)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T1	QL (3 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	T1	QL (5 EA per 1 day)
<i>meprobamate</i>	T1	
<i>oxazepam</i>	T1	QL (4 EA per 1 day)
<i>quazepam</i>	T1	QL (1 EA per 1 day)
<i>triazolam</i>	T1	QL (2 EA per 1 day)
Bipolar Agents - Drugs for Mood Disorders		
EQUETRO	T3	
<i>lithium</i>	T1	
<i>lithium carbonate er</i>	LCG	
<i>lithium carbonate oral</i>	LCG	
LITHOBID	T3	PA
Blood Products and Modifiers - Drugs for Blood Disorders		
AFSTYLA	T4	
AGRYLIN	T3	PA
ALHEMO	T4	PA
ALTUVIIIO	T4	
ALVAIZ	T4	PA; SP-QTZ
<i>aminocaproic acid intravenous</i>	T1	
<i>aminocaproic acid oral</i>	T1	
<i>anagrelide hcl</i>	T1	
APHEXDA	T4	
ARANESP (ALBUMIN FREE)	T4	PA
ASTRINGYN	T3	
BALFAXAR	T3	
BKEMV	T4	PA
CYKLOKAPRON	T3	
DOPTELET	T4	PA; SP-ORx
<i>eltrombopag olamine</i>	T4	PA; SP-QTZ
EMPAVELI	T4	PA
ENJAYMO	T4	PA

Drug Name	Drug Tier	Notes
EPYSQLI	T4	PA
FABHALTA	T4	PA; QL (2 EA per 1 day)
FEIBA	T4	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	T4	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED 2 GM	T2	
HEMLIBRA	T4	PA; SP-QTZ
<i>hetastarch-nacl</i>	T1	
HEXTEND	T3	
JIVI	T4	
KCENTRA	T3	
LEUKINE	T4	PA
LMD IN D5W	T3	
LMD IN NAACL	T3	
MIRCERA	T4	PA
MOZOBIL	T4	PA
MULPLETA	T4	PA
NEULASTA	T4	PA
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	T4	PA
NIVESTYM	T4	PA
NOVOEIGHT	T4	
NPLATE	T4	PA
NUWIQ INTRAVENOUS KIT	T4	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT	T4	
<i>plerixafor</i>	T4	
PROCRIT	T4	PA
PROMACTA	T4	PA; SP-QTZ
<i>protamine sulfate intravenous</i>	T1	
PYRUKYND	T4	PA; QL (2 EA per 1 day)
PYRUKYND TAPER PACK	T4	PA; QL (1 EA per 1 day)
QFITLIA	T4	PA
REBLOZYL	T4	PA
RECOTHROM	T3	
RECOTHROM SPRAY KIT	T3	
RETACRIT	T4	PA

Drug Name	Drug Tier	Notes
RIASTAP	T4	
RYZNEUTA	T4	PA
SOLIRIS	T4	PA
THROMBIN-JMI	T3	
THROMBIN-JMI EPISTAXIS	T3	
THROMBOGEN	T3	
<i>tranexamic acid intravenous</i>	T1	
<i>tranexamic acid oral</i>	T1	
<i>tranexamic acid-nacl</i>	T1	
UDENYCA	T4	PA
UDENYCA ONBODY	T4	PA
ULTOMIRIS	T4	PA
VOYDEYA	T4	PA; QL (6 EA per 1 day)
XOLREMDI	T4	PA; QL (4 EA per 1 day)
XYNTHA	T4	
XYNTHA SOLOFUSE	T4	
ZARXIO	T4	PA
Cardiovascular Agents - Drugs for Heart and Circulation Conditions		
ACCUPRIL	T3	
ACCURETIC	T3	
<i>acebutolol hcl oral</i>	T1	HDHP
<i>acetazolamide sodium</i>	T1	
<i>adenosine intravenous</i>	T1	
AKOVAZ	T3	
ALDACTONE	T3	PA
<i>aliskiren fumarate</i>	T1	
ALTOPREV	T3	ST
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	LCG	
<i>amiodarone hcl</i>	T1	
<i>amlodipine besylate oral</i>	LCG	
<i>amlodipine besylate-benazepril hcl</i>	T1	
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-atorvastatin</i>	T1	
<i>amlodipine-olmesartan</i>	T1	
<i>amlodipine-valsartan-hctz</i>	T1	
ARBLI	T3	PA

Drug Name	Drug Tier	Notes
ASCLERA	T3	
ATACAND HCT	T3	PA
<i>atenolol oral</i>	LCG	HDHP
<i>atenolol-chlorthalidone</i>	LCG	HDHP
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	LCG	HDHP; \$0 if age 40-75
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	LCG	HDHP
AVALIDE	T3	PA
<i>benazepril hcl oral</i>	LCG	HDHP
<i>benazepril-hydrochlorothiazide</i>	T1	HDHP
BETAPACE	T3	PA
BETAPACE AF	T3	PA
<i>betaxolol hcl oral</i>	T1	HDHP
BIDIL	T3	
BIORPHEN	T3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	LCG	HDHP
<i>bisoprolol fumarate oral tablet 2.5 mg</i>	T1	PA; HDHP
<i>bisoprolol-hydrochlorothiazide</i>	LCG	HDHP
BREVIBLOC	T3	
BREVIBLOC IN NAACL	T3	
BREVIBLOC PREMIXED	T3	
BREVIBLOC PREMIXED DS	T3	
<i>bumetanide</i>	T1	
BUMEX	T3	
CADUET	T3	PA
<i>candesartan cilexetil</i>	T1	PA
<i>candesartan cilexetil-hctz</i>	T1	PA
<i>captopril oral</i>	T1	HDHP
<i>captopril-hydrochlorothiazide</i>	T1	HDHP
CARDENE IV	T3	
CARDIZEM	T3	PA
CARDIZEM CD	T3	PA
CARDURA	T3	PA
CAROSPIR	T3	PA
<i>cartia xt</i>	T1	
<i>carvedilol</i>	LCG	HDHP
<i>carvedilol phosphate er</i>	T1	PA
<i>chlorothiazide sodium</i>	T1	
<i>chlorthalidone</i>	LCG	

Drug Name	Drug Tier	Notes
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
CLEVIPREX	T3	
<i>clonidine</i>	T1	PA
CLONIDINE ER	T3	PA
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	LCG	
<i>clonidine hcl oral tablet 0.3 mg</i>	T1	
<i>colesevelam hcl oral packet</i>	T1	PA
<i>colesevelam hcl oral tablet</i>	T1	
<i>colestipol hcl</i>	T1	
CORLANOR ORAL SOLUTION	T3	QL (15 ML per 1 day)
CORLANOR ORAL TABLET	T3	PA; QL (2 EA per 1 day)
CORVERT	T3	
DEMSER	T3	PA; QL (16 EA per 1 day)
DIBENZYLINE	T3	PA
<i>digoxin injection</i>	T1	
<i>digoxin oral solution</i>	T1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	LCG	
<i>digoxin oral tablet 62.5 mcg</i>	T1	
<i>diltiazem hcl er beads</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg</i>	T1	PA
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i>	T1	PA
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl er oral capsule extended release 24 hour</i>	T1	
<i>diltiazem hcl er oral tablet extended release 24 hour</i>	T1	PA
<i>diltiazem hcl intravenous</i>	T1	
<i>diltiazem hcl oral</i>	T1	
DILTIAZEM HCL-DEXTROSE SOLUTION 125-5 MG/125ML-% INTRAVENOUS	T3	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 125-0.7 MG/125ML-%	T3	
<i>dilt-xr</i>	T1	

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Drug Name	Drug Tier	Notes
<i>disopyramide phosphate</i>	T1	
DIURIL	T3	
<i>dobutamine hcl</i>	T1	
<i>dobutamine-dextrose</i>	T1	
<i>dofetilide</i>	T1	
<i>dopamine hcl intravenous</i>	T1	
<i>dopamine-dextrose</i>	T1	
<i>doxazosin mesylate oral</i>	LCG	
<i>droxidopa</i>	T4	PA
DYRENIUM	T3	
EDARBI	T3	ST
EDARBYCLOR	T3	ST
EDECIN	T3	PA
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	T3	
<i>enalapril maleate oral solution</i>	T1	PA; HDHP
<i>enalapril maleate oral tablet</i>	LCG	HDHP
<i>enalaprilat</i>	T1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	T1	HDHP
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	LCG	HDHP
ENTRESTO ORAL CAPSULE SPRINKLE	T2	QL (8 EA per 1 day)
EPANED	T3	PA
<i>ephedrine sulfate (pressors) intravenous solution 50 mg/ml</i>	T1	
<i>ephedrine sulfate (pressors) solution prefilled syringe 25 mg/5ml intravenous</i>	T1	
EPHEDRINE SULFATE (PRESSORS) SOLUTION PREFILLED SYRINGE 25 MG/5ML INTRAVENOUS	T3	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%	T3	
EPHEDRINE SULFATE-NACL SOLUTION PREFILLED SYRINGE 25-0.9 MG/5ML-% INTRAVENOUS	T3	
EPHEDRINE SULFATE-NACL SOLUTION PREFILLED SYRINGE 50-0.9 MG/10ML-% INTRAVENOUS	T3	

Drug Name	Drug Tier	Notes
EPHEDRINE SULFATE-NACL SOLUTION PREFILLED SYRINGE 50-0.9 MG/5ML-% INTRAVENOUS	T3	
EPINEPHRINE HCL-DEXTROSE	T3	
EPINEPHRINE HCL-NACL	T3	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	T3	
EPINEPHRINE INTRAVENOUS SOLUTION	T3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	T3	
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	T1	
<i>epinephrine pf</i>	T1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	T3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>eplerenone</i>	T1	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	T1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	T3	
<i>esmolol hcl-sodium chloride</i>	T1	
<i>ethacrynate sodium</i>	T1	
<i>ethacrynic acid</i>	T1	
ETHAMOLIN	T3	
EVKEEZA	T4	PA
EZALLOR SPRINKLE	T3	ST
<i>ezetimibe</i>	T1	
<i>ezetimibe-simvastatin</i>	T1	
<i>felodipine er</i>	T1	
<i>fenofibrate micronized oral capsule 130 mg</i>	T1	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	T1	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	T1	PA
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>fenofibric acid oral capsule delayed release</i>	T1	
<i>fenofibric acid oral tablet</i>	T1	PA
<i>flecainide acetate</i>	T1	

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Drug Name	Drug Tier	Notes
FLOLIPID	T3	ST; \$0 if age 40-75
<i>fluvastatin sodium</i>	T1	PA; HDHP; \$0 if age 40-75
<i>fluvastatin sodium er</i>	T1	PA; HDHP; \$0 if age 40-75
<i>fosinopril sodium</i>	LCG	HDHP
<i>fosinopril sodium-hctz</i>	T1	HDHP
FUROSEMIDE IN SODIUM CHLORIDE	T3	
<i>furosemide injection</i>	T1	
<i>furosemide oral solution 10 mg/ml</i>	LCG	
<i>furosemide oral solution 8 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	LCG	
<i>gemfibrozil oral</i>	LCG	
<i>guanfacine hcl</i>	LCG	
HEMANGEOL	T3	PA
HEMICLOR	T3	PA
<i>hydralazine hcl injection</i>	T1	
<i>hydralazine hcl oral</i>	LCG	
<i>hydrochlorothiazide oral</i>	LCG	
<i>ibutilide fumarate</i>	T1	
<i>icosapent ethyl</i>	T1	PA
IMMPHENTIV	T3	
<i>indapamide</i>	LCG	
INSPRA	T3	PA
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
ISORDIL TITRADOSE	T3	
<i>isosorb dinitrate-hydralazine</i>	T1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide dinitrate oral tablet 40 mg</i>	T1	PA
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg</i>	T1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 30 mg, 60 mg</i>	LCG	
<i>isradipine</i>	T1	
<i>ivabradine hcl</i>	T1	QL (2 EA per 1 day)
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	T4	PA; QL (1 EA per 1 day)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	T4	PA; QL (2 EA per 1 day)

Drug Name	Drug Tier	Notes
LABELTALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>labetalol hcl oral</i>	T1	HDHP
<i>labetalol hcl solution 5 mg/ml intravenous</i>	T1	
LABELTALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	T3	
LANOXIN INJECTION	T3	
LANOXIN ORAL	T2	PA
LANOXIN PEDIATRIC	T3	
LEVOPHED	T3	
LIPOFEN	T3	PA
<i>lisinopril oral</i>	LCG	HDHP
<i>lisinopril-hydrochlorothiazide</i>	LCG	HDHP
LOPID	T3	
LOPRESSOR ORAL TABLET	T3	
<i>losartan potassium oral</i>	LCG	
<i>losartan potassium-hctz</i>	LCG	
LOTENSIN	T3	
LOTENSIN HCT	T3	
<i>lovastatin oral</i>	T1	HDHP; \$0 if age 40-75
<i>mannitol intravenous</i>	T1	
<i>matzim la</i>	T1	PA
<i>methyldopa</i>	LCG	
<i>metolazone</i>	T1	
<i>metoprolol succinate er</i>	T1	HDHP
<i>metoprolol tartrate intravenous</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	LCG	HDHP
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	T1	HDHP
<i>metoprolol-hydrochlorothiazide</i>	T1	HDHP
<i>metyrosine</i>	T1	PA; QL (16 EA per 1 day)
<i>mexiletine hcl oral</i>	T1	
<i>midodrine hcl</i>	T1	
<i>milrinone lactate</i>	T1	
<i>milrinone lactate in dextrose</i>	T1	
<i>minoxidil oral</i>	T1	
<i>moexipril hcl</i>	T1	HDHP
MULTAQ	T3	
<i>nadolol oral</i>	T1	HDHP

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Drug Name	Drug Tier	Notes
<i>nebivolol hcl</i>	T1	HDHP
NEXICLON XR	T3	PA
NEXLETOL	T2	PA; QL (1 EA per 1 day)
NEXLIZET	T2	PA; QL (1 EA per 1 day)
NEXTERONE	T3	
<i>niacin (antihyperlipidemic)</i>	T1	PA
<i>niacin er (antihyperlipidemic)</i>	T1	
<i>niacor</i>	T1	PA
<i>nicardipine hcl in nacl intravenous solution 20-0.9 mg/200ml-%, 40-0.9 mg/200ml-%</i>	T1	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>nicardipine hcl intravenous</i>	T1	
<i>nicardipine hcl oral</i>	T1	PA
<i>nifedipine er</i>	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral capsule</i>	T1	
NIMODIPINE ORAL SOLUTION	T3	
<i>nisoldipine er</i>	T1	PA
NITRO-BID	T3	
NITRO-DUR	T3	PA
<i>nitroglycerin</i>	T1	
<i>nitroglycerin in d5w</i>	T1	
NITROLINGUAL	T3	
<i>nitroprusside sodium</i>	T1	
<i>norepinephrine bitartrate intravenous</i>	T1	
NOREPINEPHRINE-DEXTROSE	T3	
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 16-0.9 MG/250ML-% INTRAVENOUS	T3	
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 4-0.9 MG/250ML-% INTRAVENOUS	T3	
NOREPINEPHRINE-SODIUM CHLORIDE SOLUTION 8-0.9 MG/250ML-% INTRAVENOUS	T3	
NORLIQVA	T3	PA
NORPACE	T3	
NORPACE CR	T2	

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Drug Name	Drug Tier	Notes
NORTHERA	T4	PA
NYMALIZE	T3	
<i>olmesartan medoxomil oral</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>olmesartan-amlodipine-hctz</i>	T1	
<i>omega-3-acid ethyl esters</i>	T1	
OSMITROL	T3	
PACERONE	T3	
<i>pentoxifylline er</i>	T1	
<i>perindopril erbumine</i>	T1	HDHP
<i>phenoxybenzamine hcl oral</i>	T1	PA
<i>phentolamine mesylate injection</i>	T1	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML	T3	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML	T3	
<i>phenylephrine hcl (pressors) solution 10 mg/ml intravenous</i>	T1	
PHENYLEPHRINE HCL (PRESSORS) SOLUTION PREFILLED SYRINGE 1 MG/10ML INTRAVENOUS	T3	
PHENYLEPHRINE HCL INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 10- 0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 20- 0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 25- 0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 40- 0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 50- 0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION 80- 0.9 MG/250ML-% INTRAVENOUS	T3	
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-% INTRAVENOUS	T3	

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Drug Name	Drug Tier	Notes
PHENYLEPHRINE HCL-NACL SOLUTION PREFILLED SYRINGE 0.8-0.9 MG/10ML-% INTRAVENOUS	T3	
<i>pindolol</i>	T1	HDHP
<i>pitavastatin calcium</i>	T1	PA; HDHP; \$0 if age 40-75
<i>pravastatin sodium</i>	T1	HDHP; \$0 if age 40-75
<i>prazosin hcl oral</i>	LCG	
PRESTALIA	T3	
<i>prevalite</i>	T1	
<i>procainamide hcl injection</i>	T1	
PROCARDIA XL	T3	PA
<i>propafenone hcl</i>	T1	
<i>propafenone hcl er</i>	T1	
<i>propranolol hcl er</i>	T1	HDHP
<i>propranolol hcl intravenous</i>	T1	
<i>propranolol hcl oral solution</i>	T1	HDHP
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	LCG	HDHP
<i>propranolol hcl oral tablet 60 mg</i>	T1	HDHP
PROSTIN VR	T3	
QBRELIS	T3	PA
<i>quinapril hcl</i>	LCG	HDHP
<i>quinapril-hydrochlorothiazide</i>	T1	HDHP
<i>quinidine gluconate er</i>	T1	
<i>quinidine sulfate</i>	T1	
<i>ramipril</i>	LCG	HDHP
<i>ranolazine er</i>	T1	
RECTIV	T3	PA
REPATHA	T2	ST; SP-QTZ; QL (0.11 ML per 1 day)
REPATHA SURECLICK	T2	ST; SP-QTZ; QL (0.11 ML per 1 day)
REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML	T3	
<i>rosuvastatin calcium oral</i>	T1	HDHP; \$0 if age 40-75
<i>sacubitril-valsartan</i>	T1	QL (2 EA per 1 day)
<i>simvastatin oral</i>	LCG	HDHP; \$0 if age 40-75
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	T1	
<i>sotalol hcl (af)</i>	T1	

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Drug Name	Drug Tier	Notes
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg</i>	T1	
<i>sotalol hcl oral tablet 80 mg</i>	LCG	
SOTYLIZE	T3	
<i>spironolactone oral suspension</i>	T1	PA
<i>spironolactone oral tablet</i>	LCG	
<i>spironolactone-hctz</i>	LCG	
SULAR	T3	PA
TEKTURNA	T2	
<i>telmisartan</i>	T1	
<i>telmisartan-amlodipine</i>	T1	
<i>telmisartan-hctz</i>	T1	PA
TENORETIC 100	T3	PA
TENORETIC 50	T3	PA
THALITONE	T3	
<i>tiadylt er</i>	T1	
TIAZAC	T3	PA
<i>timolol maleate oral</i>	T1	HDHP
<i>toremide</i>	LCG	
<i>trandolapril</i>	LCG	HDHP
<i>trandolapril-verapamil hcl er</i>	T1	
<i>triamterene oral</i>	T1	
<i>triamterene-hctz</i>	LCG	
TRYNGOLZA	T4	PA; QL (0.03 ML per 1 day)
TRYVIO	T3	PA; QL (1 EA per 1 day)
<i>valsartan oral solution</i>	T1	PA
<i>valsartan oral tablet</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
VARITHENA	T3	
VASCEPA	T2	PA
VASERETIC	T3	PA
VASOTEC	T3	PA
VAZCULEP	T3	
VECAMYL	T3	
<i>verapamil hcl er</i>	T1	
<i>verapamil hcl intravenous</i>	T1	
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	LCG	
<i>verapamil hcl oral tablet 40 mg</i>	T1	
VERQUVO	T3	PA; QL (1 EA per 1 day)

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Drug Name	Drug Tier	Notes
VYNDAMAX	T4	PA; SP-ORx; QL (1 EA per 1 day)
VYNDAQEL	T4	PA; SP-ORx; QL (4 EA per 1 day)
ZESTORETIC	T3	PA
Central Nervous System Agents		
SKYCLARYS	T4	PA; QL (3 EA per 1 day)
Central Nervous System Agents - Drugs for Attention Deficit Disorder		
<i>amphetamine sulfate</i>	T1	QL (6 EA per 1 day)
<i>amphetamine-dextroamphetamine er</i>	T1	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	QL (3 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	T1	QL (2 EA per 1 day)
<i>amphet-dextroamphet 3-bead er</i>	T1	QL (1 EA per 1 day)
APTENSIO XR	T3	ST; QL (1 EA per 1 day)
<i>atomoxetine hcl</i>	T1	QL (1 EA per 1 day)
AZSTARYS	T2	ST; QL (1 EA per 1 day)
<i>clonidine hcl er</i>	T1	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG	T3	ST; QL (6 EA per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG	T3	ST; QL (4 EA per 1 day)
<i>dexmethylphenidate hcl</i>	T1	QL (2 EA per 1 day)
<i>dexmethylphenidate hcl er</i>	T1	QL (1 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	T1	QL (6 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	T1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T1	QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral solution</i>	T1	QL (60 ML per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1	QL (6 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	T1	QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	T1	QL (2 EA per 1 day)
<i>guanfacine hcl er</i>	T1	
JORNAY PM	T3	ST; QL (1 EA per 1 day)
<i>lisdexamfetamine dimesylate</i>	T1	QL (1 EA per 1 day)
<i>methamphetamine hcl</i>	T1	PA; QL (5 EA per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5ML	T3	ST; QL (30 ML per 1 day)

Drug Name	Drug Tier	Notes
METHYLIN ORAL SOLUTION 5 MG/5ML	T3	ST; QL (60 ML per 1 day)
<i>methylphenidate</i>	T1	PA; QL (1 EA per 1 day)
<i>methylphenidate hcl er (cd)</i>	T1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (la)</i>	T1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg</i>	T1	QL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	T1	QL (2 EA per 1 day)
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	T3	ST; QL (1 EA per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	T1	PA; QL (1 EA per 1 day)
<i>methylphenidate hcl er (xr)</i>	T1	QL (1 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	T1	QL (2 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T1	QL (3 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	T1	QL (1 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	T1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	T1	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	T1	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet</i>	T1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	T1	QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	T1	QL (3 EA per 1 day)
ONYDA XR	T3	ST; QL (4 ML per 1 day)
PROCENTRA	T3	ST; QL (60 ML per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG	T3	ST; QL (1 EA per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 36 MG	T3	ST; QL (2 EA per 1 day)
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AVONEX PEN	T4	PA; SP-QTZ; QL (0.04 EA per 1 day)
AVONEX PREFILLED	T4	PA; SP-QTZ; QL (0.04 EA per 1 day)
BETASERON	T4	PA; SP-QTZ; QL (0.5 EA per 1 day)

Drug Name	Drug Tier	Notes
BRIUMVI	T4	PA
<i>dalfampridine er</i>	T4	PA; QL (2 EA per 1 day)
<i>dimethyl fumarate oral</i>	T4	PA; SP-QTZ; QL (2 EA per 1 day)
<i>dimethyl fumarate starter pack</i>	T4	PA; SP-QTZ; QL (120 EA per 365 days)
<i>fingolimod hcl</i>	T4	PA; SP-QTZ; QL (1 EA per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	T4	PA; SP-QTZ; QL (1 EA per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	T4	PA; SP-QTZ; QL (1 ML per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	T4	PA; SP-QTZ; QL (0.43 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	T4	PA; SP-QTZ; QL (1 ML per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	T4	PA; SP-QTZ; QL (0.43 ML per 1 day)
KESIMPTA	T4	PA; SP-QTZ; QL (0.02 ML per 1 day)
LEMTRADA	T4	PA; QL (3.6 ML per 350 days)
MAVENCLAD	T4	PA; SP-ORx; QL (4 EA per 1 lifetime)
MAYZENT ORAL TABLET 0.25 MG	T4	PA; SP-QTZ; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG	T4	PA; SP-QTZ; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	T4	PA; SP-QTZ; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	T4	PA; SP-QTZ; QL (14 EA per 365 days)
OCREVUS	T4	PA
OCREVUS ZUNOVO	T4	PA; QL (180 day supply per 1 fill)
<i>teriflunomide</i>	T4	PA; SP-QTZ; QL (1 EA per 1 day)
TYSABRI	T4	PA; QL (0.54 ML per 1 day)
VUMERITY	T4	PA; SP-QTZ; QL (4 EA per 1 day)
ZEPOSIA	T4	PA; SP-QTZ; QL (1 EA per 1 day)
ZEPOSIA 7-DAY STARTER PACK	T4	PA; SP-QTZ; QL (14 EA per 365 days)
ZEPOSIA STARTER KIT	T4	PA; SP-QTZ; QL (56 EA per 365 days)
Central Nervous System Agents - Miscellaneous		
AMVUTTRA	T4	PA; QL (0.5 ML per 81 days)
ANECTINE	T3	
<i>atracurium besylate</i>	T1	

Drug Name	Drug Tier	Notes
AUSTEDO	T4	PA; QL (4 EA per 1 day)
AUSTEDO XR	T4	PA; QL (1 EA per 1 day)
AUSTEDO XR PATIENT TITRATION	T4	PA; QL (56 EA per 365 days)
<i>caffeine citrate</i>	T1	
CAFFEINE-SODIUM BENZOATE	T3	
<i>cisatracurium besylate</i>	T1	
<i>cisatracurium besylate (pf)</i>	T1	
DOPRAM	T3	
<i>edaravone</i>	T4	PA
<i>gabapentin (once-daily) oral tablet 300 mg</i>	T1	ST; QL (6 EA per 1 day)
<i>gabapentin (once-daily) oral tablet 600 mg</i>	T1	ST; QL (3 EA per 1 day)
GRALISE ORAL TABLET 300 MG	T3	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG	T3	ST; QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG	T3	ST; QL (2 EA per 1 day)
HORIZANT	T3	PA; QL (2 EA per 1 day)
INGREZZA ORAL CAPSULE	T4	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE SPRINKLE	T4	PA; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK	T4	PA; QL (56 EA per 365 days)
NUDEXTA	T3	PA
ONPATTRO	T4	PA
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	T1	ST; QL (3 EA per 1 day)
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	T1	ST; QL (2 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 300 mg</i>	T1	QL (2 EA per 1 day)
<i>pregabalin oral solution</i>	T1	QL (30 ML per 1 day)
QUELICIN	T3	
RADICAVA	T4	PA
RADICAVA ORS	T4	PA
RADICAVA ORS STARTER KIT	T4	PA
<i>riluzole</i>	T1	
<i>rocuronium bromide intravenous solution 50 mg/5ml</i>	T1	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>rocuronium bromide solution 100 mg/10ml intravenous</i>	T1	
SAVELLA	T3	ST; QL (2 EA per 1 day)

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Drug Name	Drug Tier	Notes
SAVELLA TITRATION PACK	T3	ST; QL (110 EA per 365 days)
<i>succinylcholine chloride injection solution prefilled syringe</i>	T1	
SUCCINYLMCHOLINE CHLORIDE INTRAVENOUS	T3	
<i>succinylcholine chloride solution 20 mg/ml injection</i>	T1	
SUCCINYLMCHOLINE CHLORIDE SOLUTION 20 MG/ML INJECTION	T3	
TEGLUTIK	T2	PA; QL (20 ML per 1 day)
<i>tetrabenazine</i>	T4	PA
TIGLUTIK	T2	PA; QL (20 ML per 1 day)
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>vecuronium bromide intravenous solution reconstituted</i>	T1	
WAINUA	T4	PA; QL (0.03 ML per 1 day)
XENAZINE	T4	PA
Dental and Oral Agents - Drugs for Mouth and Throat Conditions		
AQUORAL	T3	
<i>cevimeline hcl</i>	T1	
<i>chlorhexidine gluconate mouth/throat</i>	LCG	
EVOXAC	T3	PA
KEPIVANCE	T4	
KOURZEQ	T3	
<i>lidocaine viscous hcl</i>	LCG	
MI PASTE	T3	
MI PASTE PLUS	T3	
ORALONE	T3	
PERIDEX	T3	
<i>periogard</i>	LCG	
<i>pilocarpine hcl oral</i>	T1	
REMESENSE	T3	
SALAGEN	T3	PA
<i>triamcinolone acetonide mouth/throat</i>	T1	
Dermatological Agents - Drugs for Skin Conditions		
ABSORICA LD	T3	PA
<i>acutane</i>	T1	

Drug Name	Drug Tier	Notes
<i>acitretin</i>	T1	
<i>adapalene-benzoyl peroxide external gel</i>	T1	
ADBRY	T4	PA; SP-ORx; QL (0.15 ML per 1 day)
AKLIEF	T3	PA
<i>ala-cort</i>	T1	
<i>alclometasone dipropionate</i>	T1	
ALLEVYN GENTLE	T3	
<i>amcinonide</i>	T1	PA
<i>ammonium lactate external</i>	T1	
<i>amnesteam</i>	T1	
AMZEEQ	T3	
AQUACEL AG BURN	T3	
ATRAPRO DERMAL SPRAY	T3	
<i>azelaic acid external</i>	T1	
AZELEX	T3	PA
B & C	T3	
<i>balsam peru-castor oil</i>	T1	
<i>benzoyl peroxide-erythromycin</i>	T1	
<i>betamethasone dipropionate aug</i>	T1	
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external</i>	T1	
BPCO	T3	
<i>brimonidine tartrate external</i>	T1	
BRYHALI	T3	PA
<i>calcipotriene external cream</i>	T1	
<i>calcipotriene external ointment</i>	T1	
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T1	PA; QL (13.4 GM per 1 day)
<i>calcipotriene-betameth diprop external suspension</i>	T1	QL (4 GM per 1 day)
CALCITRENE	T3	
<i>calcitriol external</i>	T1	
CIBINQO	T4	PA; QL (1 EA per 1 day)
<i>claravis</i>	T1	
CLEOCIN-T	T3	
<i>clindacin</i>	T1	PA
<i>clindacin etz external swab</i>	T1	
<i>clindacin-p</i>	T1	

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Drug Name	Drug Tier	Notes
<i>clindamycin phos (once-daily)</i>	T1	PA
<i>clindamycin phos (twice-daily)</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i> , 1.2-2.5 %, 1.2-5 %	T1	
<i>clindamycin phosphate external foam</i>	T1	PA
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin-tretinoin</i>	T1	PA
<i>clobetasol propionate e</i>	T1	
<i>clobetasol propionate emulsion</i>	T1	PA
<i>clobetasol propionate external cream 0.05 %</i>	T1	
<i>clobetasol propionate external foam</i>	T1	
<i>clobetasol propionate external gel</i>	T1	
<i>clobetasol propionate external liquid</i>	T1	
<i>clobetasol propionate external lotion</i>	T1	
<i>clobetasol propionate external ointment</i>	T1	
<i>clobetasol propionate external shampoo</i>	T1	
<i>clobetasol propionate external solution</i>	T1	
<i>clocortolone pivalate</i>	T1	PA
<i>clodan</i>	T1	
<i>coal tar external</i>	T1	
CONDYLOX	T3	
CURITY HYPERTONIC NACL STRIP	T3	
CURITY NACL DRESSING 6"X6-3/4"	T3	
<i>dapsone external</i>	T1	PA
DERMA-SMOOTH/FS BODY	T3	
DERMA-SMOOTH/FS SCALP	T3	
<i>desonide external cream</i>	T1	
<i>desonide external gel</i>	T1	PA
<i>desonide external lotion</i>	T1	
<i>desonide external ointment</i>	T1	
DESOWEN EXTERNAL CREAM 0.05 %	T3	
<i>desoximetasone external cream 0.05 %</i>	T1	PA
<i>desoximetasone external cream 0.25 %</i>	T1	
<i>desoximetasone external gel</i>	T1	
<i>desoximetasone external liquid</i>	T1	
<i>desoximetasone external ointment 0.05 %</i>	T1	PA

Drug Name	Drug Tier	Notes
<i>desoximetasone external ointment 0.25 %</i>	T1	
<i>diclofenac sodium gel 3 % external</i>	T1	QL (10 GM per 1 day)
<i>diflorasone diacetate</i>	T1	PA
DIPROLENE	T3	
<i>doxepin hcl external</i>	T1	PA
DRYSOL	T3	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML	T4	PA; SP-QTZ; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T4	PA; SP-QTZ; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T4	PA; SP-QTZ; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SP-QTZ; QL (0.29 ML per 1 day)
EBGLYSS	T4	PA; SP-QTZ; QL (0.15 ML per 1 day)
ENSTILAR	T3	QL (15 GM per 1 day)
EPIDUO FORTE	T3	
EPIFOAM	T3	
ERY PAD 2%	T3	
ERYGEL	T3	
<i>erythromycin external</i>	T1	
EUCRISA	T2	ST
FILSUEVZ	T4	PA; QL (15 GM per 1 day)
FINACEA EXTERNAL FOAM	T3	
<i>fluocinolone acetonide body</i>	T1	
<i>fluocinolone acetonide external</i>	T1	
<i>fluocinolone acetonide scalp</i>	T1	
<i>fluocinonide emulsified base</i>	T1	
<i>fluocinonide external</i>	T1	
<i>fluorouracil external cream 5 %</i>	T1	
<i>fluorouracil external solution</i>	T1	
<i>flurandrenolide</i>	T1	PA
<i>fluticasone propionate external</i>	T1	
GORDOFILM	T3	
<i>halcinonide external cream</i>	T1	PA
HALCINONIDE EXTERNAL SOLUTION	T3	PA
<i>halobetasol propionate external cream</i>	T1	
<i>halobetasol propionate external foam</i>	T1	PA

Drug Name	Drug Tier	Notes
<i>halobetasol propionate external ointment</i>	T1	
<i>hydrocortisone butyrate external cream</i>	T1	
<i>hydrocortisone butyrate external lotion</i>	T1	PA
<i>hydrocortisone butyrate external ointment</i>	T1	
<i>hydrocortisone butyrate external solution</i>	T1	
<i>hydrocortisone cream 1 % external (rx)</i>	T1	
<i>hydrocortisone external cream 2.5 %</i>	LCG	
<i>hydrocortisone external lotion 2 %</i>	T1	PA
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	T1	
<i>hydrocortisone valerate</i>	T1	
HYDROFERA BLUE 4"X4"	T3	
HYDROFERA BLUE 6"X6"	T3	
HYDROFERA BLUE FOAM DRESSING	T3	
HYDROFERA BLUE FOAM/TUNNELING	T3	
HYDROFERA BLUE MRF DRESSING	T3	
HYDROFERA BLUE READY FOAM	T3	
HYDROXATE	T3	PA
HYPOCYN ANTIPRURITIC	T3	
<i>imiquimod external cream 3.75 %</i>	T1	ST
<i>imiquimod external cream 5 %</i>	T1	
<i>imiquimod pump</i>	T1	ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	T1	PA
<i>ivermectin external cream</i>	T1	
KENDALL ALGINATE 12" ROPE	T3	
KENDALL ALGINATE DRESS 2"X2"	T3	
KENDALL ALGINATE DRESS 4"X8"	T3	
KENDALL HYDROGEL GAUZE 2"X2"	T3	
KENDALL HYDROGEL GAUZE 4"X4"	T3	
KENDALL HYDROGEL GAUZE 4"X8"	T3	
KENDALL HYDROGEL WOUND DRESS	T3	
KENDALL ZINC CA ALGINATE 4"X4"	T3	
KERALYT EXTERNAL SHAMPOO	T3	
KLARON	T3	
KLISYRI (250 MG)	T3	ST
KLISYRI (350 MG)	T3	ST

Drug Name	Drug Tier	Notes
<i>lactic acid e</i>	T1	
LEQSELVI	T4	PA; QL (2 EA per 1 day)
LEVULAN KERASTICK	T3	
LITFULO	T4	PA; SP-ORx; QL (1 EA per 1 day)
L-MESITRAN SOFT WOUND	T3	
LUXAMEND	T3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	T3	
MELZARA	T3	
<i>methoxsalen rapid</i>	T1	
METROCREAM	T3	
<i>metronidazole external</i>	T1	
MICROCYN EXTERNAL LIQUID	T3	
MIRVASO	T2	
<i>mometasone furoate external</i>	T1	
NEMLUVIO	T4	PA; SP-QTZ; QL (0.08 EA per 1 day)
NEO-SYNALAR	T3	
<i>neuac</i>	T1	
ONEXTON	T1	
OPZELURA	T2	ST; QL (3.34 GM per 1 day)
PETROLEUM GAUZE NON-WOVEN 3X9"	T3	
<i>pimecrolimus</i>	T1	ST; QL (2 GM per 1 day)
<i>podofilox external</i>	T1	
PRUDOXIN	T3	PA
PYROGALLIC ACID	T3	
QBREXZA	T3	QL (1 EA per 1 day)
RADIAPLEXRX	T3	
REGENECARE	T3	
RENSOTI	T3	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	T3	PA
SANTYL	T3	QL (3 GM per 1 day)
SCENESSE	T4	PA
<i>selenium sulfide external lotion</i>	T1	
SERNIVO	T3	ST
SIVORA	T3	
SOFDRA	T3	QL (1.4 ML per 1 day)
SOOLANTRA	T3	

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Drug Name	Drug Tier	Notes
<i>sulfacetamide sodium (acne)</i>	T1	
<i>sulfacetamide sodium-sulfur liquid 10-5 % external</i>	T1	
SYNALAR	T3	
TACLONEX	T3	QL (4 GM per 1 day)
<i>tacrolimus external</i>	T1	QL (2 GM per 1 day)
<i>tazarotene external cream</i>	T1	PA
<i>tazarotene external gel</i>	T1	PA
TEXACORT	T3	PA
TOLAK	T3	
TOPICORT	T3	
<i>tovet</i>	T1	PA
<i>tretinoin microsphere external gel 0.08 %</i>	T1	
<i>tretinoin microsphere pump external gel 0.08 %</i>	T1	
<i>triamcinolone acetonide external aerosol solution</i>	T1	PA
<i>triamcinolone acetonide external cream</i>	LCG	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.5 %</i>	T1	
<i>triamcinolone acetonide external ointment 0.05 %</i>	T1	PA
<i>triamcinolone acetonide external ointment 0.1 %</i>	LCG	
<i>triamcinolone in absorbbase</i>	T1	PA
<i>triderm</i>	LCG	
TWYNEO	T3	
<i>urea cream 40 % external</i>	T1	
<i>urea cream 41 % external</i>	T1	
<i>urea external cream 20 %</i>	T1	
VANOS	T3	PA
VENELEX	T3	
VEREGEN	T3	PA
VTAMA	T2	ST
WYNZORA	T3	QL (15 GM per 1 day)
XALIX	T3	
XERAC AC	T3	
XEROFORM OCCLUSIVE GAUZE PATCH	T3	
XEROFORM OCCLUSIVE GAUZE STRIP	T3	
XEROFORM OIL EMULSION 2"X2"	T3	

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Drug Name	Drug Tier	Notes
XEROFORM OIL EMULSION GAUZE	T3	
XEROFORM OIL EMULSION STRIP	T3	
XEROFORM OIL ROLL 4"X9'	T3	
XEROFORM PETROLAT GAUZE 1"X8"	T3	
XEROFORM PETROLAT GAUZE 5"X9"	T3	
XEROFORM PETROLAT PATCH 2"X2"	T3	
XEROFORM PETROLAT PATCH 4"X4"	T3	
XEROFORM PETROLATUM DRES 4"X4"	T3	
XEROFORM PETROLATUM DRES 5"X9"	T3	
XEROFORM PETROLATUM ROLL 4"X9'	T3	
YCANTH	T3	PA
ZELSUVMI	T3	PA
<i>zenatane</i>	T1	
ZILXI	T3	ST
ZONALON	T3	PA
ZORYVE EXTERNAL CREAM	T2	ST
Diabetes - Antidiabetic Agents		
<i>acarbose oral</i>	T1	HDHP
ACTOPLUS MET	T3	PA
ACTOS	T3	PA
CYCLOSET	T3	ST
DUETACT	T3	
EXENATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	T3	PA; HDHP; Value; QL (0.08 ML per 1 day)
EXENATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	T3	PA; HDHP; Value; QL (0.04 ML per 1 day)
FARXIGA	T2	HDHP; Value
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	LCG	HDHP
<i>glimepiride oral tablet 3 mg</i>	T1	PA
<i>glipizide er</i>	LCG	HDHP
<i>glipizide oral tablet 10 mg, 5 mg</i>	LCG	HDHP
<i>glipizide oral tablet 2.5 mg</i>	T1	PA; HDHP
<i>glipizide-metformin hcl</i>	T1	HDHP
GLUCOTROL XL	T3	
<i>glyburide micronized</i>	LCG	HDHP
<i>glyburide oral</i>	LCG	HDHP
<i>glyburide-metformin</i>	T1	HDHP
GLYXAMBI	T2	HDHP; Value
JANUMET	T2	HDHP; Value

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Drug Name	Drug Tier	Notes
JANUMET XR	T2	HDHP; Value
JANUVIA	T2	HDHP; Value
JARDIANCE	T2	HDHP; Value
JENTADUETO	T2	HDHP; Value
JENTADUETO XR	T2	HDHP; Value
<i>liraglutide</i>	T1	PA; HDHP; Value; QL (0.3 ML per 1 day)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	LCG	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	T1	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral solution</i>	T1	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	LCG	HDHP; \$0 if age 35-70 and prediabetes DX
<i>metformin hcl oral tablet 750 mg</i>	T1	PA
<i>miglitol</i>	T1	HDHP
MOUNJARO	T2	PA; HDHP; Value; QL (0.08 ML per 1 day)
<i>nateglinide</i>	T1	HDHP
<i>pioglitazone hcl</i>	T1	HDHP
<i>pioglitazone hcl-glimepiride</i>	T1	HDHP
<i>pioglitazone hcl-metformin hcl</i>	T1	HDHP
<i>repaglinide</i>	T1	HDHP
RIOMET	T3	ST
<i>saxagliptin hcl</i>	T1	HDHP
<i>saxagliptin-metformin er</i>	T1	HDHP
SOLIQUA	T2	
SYNJARDY	T2	HDHP; Value
SYNJARDY XR	T2	HDHP; Value
TRADJENTA	T2	HDHP; Value
TRIJARDY XR	T2	HDHP; Value
TRULICITY	T2	PA; HDHP; Value; QL (0.08 ML per 1 day)
XIGDUO XR	T2	HDHP; Value
XULTOPHY	T3	
Diabetes - Glucose Monitoring		
ACCU-CHEK AVIVA DEVICE	T2	HDHP; Value
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	\$0	

Drug Name	Drug Tier	Notes
ACCU-CHEK AVIVA PLUS TEST STRIPS	T2	HDHP; Value; QL (10 EA per 1 day)
ACCU-CHEK FASTCLIX LANCET KIT	T2	
ACCU-CHEK GUIDE	\$0	
ACCU-CHEK GUIDE CONTROL	T2	HDHP; Value
ACCU-CHEK GUIDE KIT W/DEVICE	\$0	
ACCU-CHEK GUIDE TEST STRIPS	T2	HDHP; Value; QL (10 EA per 1 day)
ACCU-CHEK SMARTVIEW CONTROL	T2	HDHP; Value
ACCU-CHEK SMARTVIEW TEST STRIPS	T2	HDHP; Value; QL (10 EA per 1 day)
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	T2	
ADJUSTABLE LANCING DEVICE	T3	
ADVOCATE LANCING DEVICE	T3	
ADVOCATE RAPID-SAFE LANCING	T3	
ADVOCATE SAFETY LANCETS 21G	T2	HDHP; Value
ADVOCATE SAFETY LANCETS 23G	T2	HDHP; Value
ADVOCATE SAFETY LANCETS 28G	T2	HDHP; Value
AUTOLET II CLINISAFE	T3	
AUTOLET LANCING DEVICE	T3	
AUTOLET LITE CLINISAFE	T3	
AUTOLET LITE LANCING DEVICE	T3	
AUTOLET LITE STARTER PACK	T3	
AUTOLET MINI	T3	
AUTOLET PLATFORMS	T2	HDHP; Value
AUTOLET PLUS	T3	
AUTOPEN	T3	
BD PEN	T3	
BD PEN MINI	T3	
CARDIOCOM LANCING DEVICE	T3	
CAREONE ADVANCED LANCING DEV	T3	
CARESENS LANCETS 30G	T2	HDHP; Value
CARETOUCH LANCING/EJECTOR	T3	
CEQUR SIMPLICITY 2U 10PK	T2	
CEQUR SIMPLICITY INSERTER	T2	
CHEMSTRIP BG LOG BOOK	T3	
CHEMSTRIP K	T3	
CHEMSTRIP UGK	T3	
CHOSEN LANCETS 30G	T2	HDHP; Value

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Drug Name	Drug Tier	Notes
CHOSEN LANCING DEVICE	T3	
CHOSEN SAFETY LANCETS 28G	T2	HDHP; Value
CLEVER CHOICE COMFORT EZ	T2	HDHP; Value
COMFORT TOUCH TWIST LANCET 30G	T2	HDHP; Value
CVS LANCING DEVICE	T3	
DEXCOM G6 RECEIVER	T2	PA
DEXCOM G6 SENSOR	T2	PA
DEXCOM G6 TRANSMITTER	T2	PA
DEXCOM G7 15 DAY SENSOR	T3	PA
DEXCOM G7 RECEIVER	T2	PA
DEXCOM G7 SENSOR	T2	PA
DIASTIX	T2	
DIASTIX REAGENT	T2	
DIATHRIVE LANCING DEVICE	T3	
DROPLET GENTEEL LANCING DEVICE	T3	
DROPLET LANCING DEVICE	T3	
DROPSAFE ACTI-LANCE 23G	T2	HDHP; Value
EASY MINI EJECT LANCING DEVICE	T3	
EASY MINI LANCING DEVICE	T3	
EASY TOUCH LANCING DEVICE	T3	
EMBRACE LANCING DEVICE/EJECTOR	T3	
ENLITE GLUCOSE SENSOR	T3	PA
FORA LANCING DEVICE	T3	
GENTEEL CONTACT TIPS (BLUE)	T2	HDHP; Value
GENTEEL CONTACT TIPS (CLEAR)	T2	HDHP; Value
GENTEEL CONTACT TIPS (GREEN)	T2	HDHP; Value
GENTEEL CONTACT TIPS (ORANGE)	T2	HDHP; Value
GENTEEL CONTACT TIPS (RAINBOW)	T2	HDHP; Value
GENTEEL CONTACT TIPS (VIOLET)	T2	HDHP; Value
GENTEEL CONTACT TIPS (YELLOW)	T2	HDHP; Value
GENTEEL LANCING KIT (BLUE)	T3	
GENTEEL NOZZLES	T2	HDHP; Value
GENTEEL PLUS LANCING (BLACK)	T3	
GENTEEL PLUS LANCING (PURPLE)	T3	
GENTEEL PLUS LANCING (WHITE)	T3	
GENTEEL PLUS LANCING DEV(BLUE)	T3	
GENTEEL PLUS LANCING DEV(PINK)	T3	
GLOBAL LANCING DEVICE	T3	

Drug Name	Drug Tier	Notes
GLUCOCOM AUTOLINK TELEMONITOR	T3	
GNP LANCING SYSTEM DEVICE	T3	
GOJJI LANCING DEVICE/CLEAR CAP	T3	
GUARDIAN 4 GLUCOSE SENSOR	T3	PA
GUARDIAN 4 TRANSMITTER	T3	PA
GUARDIAN LINK 3 TRANSMITTER	T3	PA
GUARDIAN REAL-TIME CHARGER	T3	
GUARDIAN REAL-TIME REPLACE PED	T3	PA
GUARDIAN REAL-TIME TEST PLUG	T3	
GUARDIAN SENSOR 3	T3	PA
H-E-B INCONTROL ADV LANCING	T3	
HYPOLANCE AST LANCING	T3	
IHEALTH LANCING DEVICE	T3	
IN TOUCH LANCING DEVICE	T3	
INSUL-TOTE	T3	
INSUL-TOTE JR	T3	
KETO-DIASTIX	T3	
KETONE CARE	T3	
KETONE TEST	T3	
KETOSTIX	T3	
KROGER AUTOLET LANCING DEVICE	T3	
LANCETS	T2	HDHP; Value
LANCETS	T3	
LANCETS 28G THIN	T2	HDHP; Value
LANCETS KIT	T3	
LANCETS SUPER THIN	T2	HDHP; Value
LANCING DEVICE	T3	
LANZO	T3	
LEADER ADVANCED LANCING DEVICE	T3	
LITE TOUCH LANCING PEN	T3	
MICROLET NEXT LANCING DEVICE	T3	
MINI LANCING DEVICE	T3	
MINILINK REAL-TIME TRANSMITTER	T3	PA
MM LANCING DEVICE	T3	
MOBILE LANCETS 30G	T2	HDHP; Value
NOVA SUREFLEX LANCING DEVICE	T3	
NOVOPEN ECHO	T3	
ONETOUCH DELICA PLUS LANCING	T3	

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Drug Name	Drug Tier	Notes
ONETOUCH DELICA SAFETY LANCING	T2	HDHP; Value
ONETOUCH ULTRA CONTROL	T2	HDHP; Value
ONETOUCH ULTRA IN VITRO LIQUID	T2	HDHP; Value
ONETOUCH VERIO IN VITRO LIQUID	T2	HDHP; Value
PARADIGM REAL-TIME TRANSMITTER	T3	PA
PERFECT POINT SAFETY LANCETS	T2	HDHP; Value
PRODIGY LANCING DEVICE	T3	
PX ADVANCED LANCING DEVICE	T3	
QC ADVANCED LANCING DEVICE	T3	
RELION KETONE TEST	T3	
RELION LANCING DEVICE	T3	
RIGHTEST ALTERNATE SITE ADAPT	T2	HDHP; Value
RIGHTEST GD500 LANCING DEVICE	T3	
SELECT-LITE LANCING DEVICE	T3	
SIMPLE DIAGNOSTICS LANCING DEV	T3	
SIMPLERA SENSOR	T3	PA
SIMPLERA SYNC SENSOR	T3	PA
SIMPLERA SYSTEM	T3	PA
SMART DIABETES VANTAGE LANCING	T3	
SOLUS V2 LANCING DEVICE	T3	
SUPREME II CONFIDENCE PADDLES	T3	
SURE COMFORT LANCING PEN	T3	
TECHLITE LANCETS 26G	T2	HDHP; Value
TODAYS HEALTH LANCING DEVICE	T3	
TRACER II 3 VOLT BATTERY	T3	
TRUEDRAW LANCING DEVICE	T3	
ULTI-LANCE AUTOMATIC	T3	
UNISTIK NORMAL	T2	HDHP; Value
VERIFINE SAFE LANCET MINI 21G	T2	HDHP; Value
VERIFINE SAFE LANCET MINI 23G	T2	HDHP; Value
VERIFINE SAFE LANCET MINI 28G	T2	HDHP; Value
VERIFINE SAFE LANCET MINI 30G	T2	HDHP; Value
VIVAGUARD LANCETS 30G	T2	HDHP; Value
VIVAGUARD LANCING DEVICE	T3	
VIVAGUARD SAFETY LANCETS 28G	T2	HDHP; Value
Diabetes - Glycemic Agents		
BAQSIMI ONE PACK	T2	
BAQSIMI TWO PACK	T2	

Drug Name	Drug Tier	Notes
<i>diazoxide oral</i>	T1	
<i>glucagon emergency kit</i>	T1	
GLUCAGON EMERGENCY KIT	T2	
PROGLYCEM	T3	PA
ZEGALOGUE	T2	
Diabetes - Insulins		
ADMELOG	T1	HDHP; Value
ADMELOG SOLOSTAR	T1	HDHP; Value
AFREZZA	T3	PA
APIDRA SOLOSTAR	T1	
APIDRA VIAL	T1	
AQ INSULIN SYRINGE	T2	HDHP; Value
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	HDHP; Value
BD VEO INSULIN SYR ULTRAFINE	T2	HDHP; Value
DROPSAFE SAFETY SYRINGE/NEEDLE	T2	HDHP; Value
EASY TOUCH INSULIN BARRELS	T2	HDHP; Value
EMBECTA INS SYR U/F 1/2 UNIT	T2	HDHP; Value
EMBECTA INSULIN SYR ULTRAFINE	T2	HDHP; Value
EMBECTA INSULIN SYRINGE	T2	HDHP; Value
EMBECTA INSULIN SYRINGE U-100	T2	HDHP; Value
EMBECTA INSULIN SYRINGE U-500	T2	HDHP; Value
FIASP	T1	
FIASP FLEXTOUCH	T1	
FIASP PENFILL	T1	
FIASP PUMPCART	T1	
HUMALOG	T1	HDHP; Value
HUMALOG KWIKPEN	T1	HDHP; Value
HUMALOG MIX 50/50 KWIKPEN	T1	HDHP; Value
HUMALOG MIX 75/25 KWIKPEN	T1	HDHP; Value
HUMALOG MIX 75/25 VIAL	T1	HDHP; Value
HUMALOG U-100 JUNIOR KWIKPEN	T1	HDHP; Value

Drug Name	Drug Tier	Notes
HUMULIN 70/30 KWIKPEN	T1	HDHP; Value
HUMULIN 70/30 VIAL	T1	HDHP; Value
HUMULIN N KWIKPEN	T1	HDHP; Value
HUMULIN N VIAL	T1	HDHP; Value
HUMULIN R U-500 KWIKPEN	T1	HDHP; Value
HUMULIN R U-500 VIAL	T1	HDHP; Value
HUMULIN R VIAL	T1	HDHP; Value
INSULIN DEGLUDEC	T3	PA
INSULIN DEGLUDEC FLEXTOUCH	T3	PA
INSULIN GLARGINE-YFGN	T2	HDHP; Value
INSULIN LISPRO	T1	HDHP; Value
INSULIN LISPRO (1 UNIT DIAL)	T1	HDHP; Value
INSULIN LISPRO JUNIOR KWIKPEN	T1	HDHP; Value
INSULIN LISPRO PROT & LISPRO	T1	HDHP; Value
INSULIN SYRINGES 25G X 5/8" 1 ML, 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 28G X 5/16" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 0.5 ML, 30G X 15/64" 1 ML, 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/2" 0.3 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML, U-100 1 ML	T2	HDHP; Value
INSULIN SYRINGES 29G X 5/16" 0.5 ML	T2	HDHP
LYUMJEV KWIKPEN	T1	HDHP; Value
LYUMJEV VIAL	T1	HDHP; Value
MERILOG	T3	PA
MERILOG SOLOSTAR	T3	PA
MYXREDLIN	T3	
NOVOLIN 70/30 FLEXPEN	T1	HDHP; Value
NOVOLIN 70/30 RELION	T1	HDHP; Value
NOVOLIN 70/30 VIAL	T1	HDHP; Value
NOVOLIN N FLEXPEN	T1	HDHP; Value
NOVOLIN N RELION	T1	HDHP; Value
NOVOLIN N VIAL	T1	HDHP; Value

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Drug Name	Drug Tier	Notes
NOVOLIN R FLEXPEN	T1	HDHP; Value
NOVOLIN R RELION	T1	HDHP; Value
NOVOLIN R VIAL	T1	HDHP; Value
NOVOLOG 70/30 FLEXPEN RELION	T1	HDHP; Value
NOVOLOG FLEXPEN	T1	HDHP; Value
NOVOLOG FLEXPEN RELION	T1	HDHP; Value
NOVOLOG MIX 70/30 FLEXPEN	T1	HDHP; Value
NOVOLOG MIX 70/30 RELION	T1	HDHP; Value
NOVOLOG MIX 70/30 VIAL	T1	HDHP; Value
NOVOLOG PENFILL	T1	HDHP; Value
NOVOLOG RELION	T1	HDHP; Value
NOVOLOG U-100 VIAL	T1	HDHP; Value
REZVOGLAR KWIKPEN	T2	\$0 before deductible for some plans; Value
ULTICARE INSULIN SYR 1/2 UNIT	T2	HDHP; Value
ULTIGUARD SAFEPACK SYR/NEEDLE	T2	HDHP; Value
VERIFINE INSULIN SYRINGE	T2	HDHP; Value
Electrolytes / Minerals / Metals / Vitamins		
AMINO ACID	T3	
AMINO ACID-CALCIUM-HEP IN D10W SOLUTION 3 % INTRAVENOUS	T3	
AMINOPROTECT	T3	
AMINOSYN II	T3	
AMINOSYN-PF	T3	
AMINOSYN-PF 7%	T3	
AQUASOL A	T3	
ARGININE HCL INJECTION	T3	
CALCIFOL	T3	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	T3	
<i>calcium chloride solution 10 % intravenous</i>	T1	
<i>calcium gluconate intravenous solution</i>	T1	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 1-0.8 gm/100ml-%</i>	T1	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	T3	

Drug Name	Drug Tier	Notes
<i>calcium gluconate-nacl solution 2-0.675 gm/100ml-% intravenous</i>	T1	
CARBAGLU	T4	PA; SP-ORx
<i>carglumic acid</i>	T4	PA; SP-ORx
CARNITOR INTRAVENOUS	T3	
CHEMET	T3	
<i>chromic chloride intravenous</i>	T1	
CLINIMIX E/DEXTROSE (2.75/5)	T3	
CLINIMIX E/DEXTROSE (4.25/10)	T3	
CLINIMIX E/DEXTROSE (4.25/5)	T3	
CLINIMIX E/DEXTROSE (5/15)	T3	
CLINIMIX E/DEXTROSE (5/20)	T3	
CLINIMIX E/DEXTROSE (8/10)	T3	
CLINIMIX E/DEXTROSE (8/14)	T3	
CLINIMIX/DEXTROSE (4.25/10)	T3	
CLINIMIX/DEXTROSE (4.25/5)	T3	
CLINIMIX/DEXTROSE (5/15)	T3	
CLINIMIX/DEXTROSE (5/20)	T3	
CLINIMIX/DEXTROSE (6/5)	T3	
CLINIMIX/DEXTROSE (8/10)	T3	
CLINIMIX/DEXTROSE (8/14)	T3	
CLINISOL SF	T3	
CLINOLIPID	T3	
<i>cupric chloride</i>	T1	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	T1	
<i>cyanocobalamin nasal</i>	T1	
<i>deferasirox</i>	T1	PA
<i>deferasirox granules</i>	T1	PA
<i>deferiprone</i>	T1	PA
DEXPANTHENOL INJECTION	T3	
<i>dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %</i>	T1	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	T3	
<i>dextrose solution 250 mg/ml intravenous</i>	T1	
DEXTROSE SOLUTION 50 % INTRAVENOUS	T3	
<i>dextrose solution 50 % intravenous</i>	T1	
<i>dextrose solution 70 % intravenous</i>	T1	
DRISDOL	T3	

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Drug Name	Drug Tier	Notes
EDETATE DISODIUM INTRAVENOUS	T3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	T3	
<i>effe-r-k oral tablet effervescent 25 meq</i>	T1	
<i>ergocalciferol oral capsule</i>	T1	
EXJADE	T3	PA
FERAHEME	T3	ST
FERRIPROX	T3	PA
FERRIPROX TWICE-A-DAY	T3	PA
FERRLECIT	T3	
<i>ferumoxytol</i>	T1	ST
<i>folic acid injection</i>	T1	
<i>folic acid tablet 1 mg oral (rx)</i>	T1	
GALZIN	T3	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	T3	
GLUTATHIONE INTRAVENOUS	T3	
GLYCINE INJECTION	T3	
GLYCOPHOS	T3	
HEMATINIC/FOLIC ACID	T3	
<i>hydroxocobalamin acetate</i>	T1	
INFED	T3	
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML, 750 MG/15ML	T3	ST
INTRALIPID	T3	
<i>iodine strong</i>	T1	
<i>iron sucrose</i>	T1	
JADENU	T3	PA
JADENU SPRINKLE	T3	PA
JYNARQUE	T4	PA; QL (2 EA per 1 day)
KABIVEN	T3	
KIONEX	T3	
<i>klor-con</i>	T1	
<i>klor-con 10</i>	T1	
<i>klor-con m10</i>	T1	
<i>klor-con m15</i>	T1	
<i>klor-con m20</i>	T1	
K-PHOS	T3	
K-PRIME	T3	

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Drug Name	Drug Tier	Notes
LEVOCARNITINE INJECTION	T3	
<i>levocarnitine intravenous</i>	T1	
<i>levocarnitine oral solution</i>	T1	
<i>levocarnitine oral tablet</i>	T1	
<i>levocarnitine sf</i>	T1	
LIPO	T3	
LIPO-C	T3	
LOKELMA	T3	
LYSINE HCL INJECTION	T3	
<i>magnesium chloride injection</i>	T1	
<i>magnesium sulfatate in d5w</i>	T1	
<i>magnesium sulfatate injection</i>	T1	
<i>magnesium sulfatate intravenous</i>	T1	
MAGNESIUM SULFATE-NACL	T3	
MANGANESE CHLORIDE INTRAVENOUS	T3	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	T3	
MONOFERRIC	T3	ST
MULTRYS	T3	
<i>na ferric gluc cplx in sucrose</i>	T1	
NASCOBAL	T3	
NEOKE ALCAR	T3	
NUTRILIPID	T3	
ORAL CITRATE	T3	
PERIKABIVEN	T3	
<i>phosphorous</i>	T1	
<i>phospho-trin 250 neutral</i>	T1	
PHOSPHO-TRIN K500	T3	
<i>phytonadione injection</i>	T1	
<i>phytonadione oral</i>	T1	
PLENAMINE	T3	
<i>potassium acetate intravenous</i>	T1	
<i>potassium chloride crys er</i>	T1	
<i>potassium chloride er</i>	T1	
<i>potassium chloride intravenous solution</i>	T1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
<i>potassium chloride oral</i>	T1	
<i>potassium citrate er</i>	T1	

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Drug Name	Drug Tier	Notes
<i>potassium phosphates</i>	T1	
<i>potassium phosphates(66 meq k)</i>	T1	
<i>potassium phosphates(71 meq k)</i>	T1	
PREMASOL	T3	
PRISMASOL B22GK 4/0	T3	
PRISMASOL BGK 0/2.5	T3	
PRISMASOL BGK 2/0	T3	
PRISMASOL BGK 2/3.5	T3	
PRISMASOL BGK 4/2.5	T3	
PRISMASOL BK 0/0/1.2	T3	
PROSOL	T3	
<i>pyridoxine hcl solution 100 mg/ml injection</i>	T1	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	T3	
SAMSCA	T4	PA; QL (2 EA per 1 day)
SMOFLIPID	T3	
<i>sod citrate-citric acid solution 500-334 mg/5ml oral (rx)</i>	T1	
<i>sodium acetate intravenous</i>	T1	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %</i>	T1	
<i>sodium bicarbonate solution 8.4 % intravenous</i>	T1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	T3	
<i>sodium chloride (pf)</i>	T1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	T1	
<i>sodium chloride intravenous solution 0.45 %, 3 %, 5 %</i>	T1	
<i>sodium chloride solution 0.9 % intravenous</i>	T1	
SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS	T3	
<i>sodium chloride solution 4 meq/ml intravenous</i>	T1	
<i>sodium phosphates</i>	T1	
<i>sodium polystyrene sulfonate</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
TAURINE INJECTION	T3	
THAM	T3	
THE LIQUILIFT TRACE	T3	
<i>thiamine hcl injection</i>	T1	
<i>tolvaptan oral tablet</i>	T4	PA; QL (2 EA per 1 day)

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Drug Name	Drug Tier	Notes
TRALEMENT	T3	
TRAVASOL	T3	
TRI-AMINO	T3	
<i>trientine hcl</i>	T4	PA
TRISODIUM CITRATE/CRRT	T3	
TROPHAMINE	T3	
UROKIT-K 10	T3	PA
UROKIT-K 15	T3	PA
VELTASSA	T3	
VENOFER	T3	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	T1	
<i>vitamin k1 injection</i>	T1	
<i>wes-phos 250 neutral</i>	T1	
<i>zinc chloride intravenous</i>	T1	
<i>zinc sulfate intravenous</i>	T1	
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
CARAFATE ORAL SUSPENSION	T3	PA
CYTOTEC	T3	
<i>esomeprazole magnesium oral packet</i>	T1	QL (1 EA per 1 day)
<i>famotidine oral suspension reconstituted</i>	T1	
<i>misoprostol oral</i>	T1	
NEXIUM ORAL PACKET	T3	QL (1 EA per 1 day)
<i>omeprazole oral capsule delayed release</i>	LCG	QL (1 EA per 1 day)
<i>pantoprazole sodium intravenous</i>	T1	
<i>pantoprazole sodium oral tablet delayed release</i>	LCG	QL (1 EA per 1 day)
PANTOPRAZOLE SODIUM-NACL	T3	
PROTONIX INTRAVENOUS	T3	
<i>sucralfate oral suspension</i>	T1	PA
<i>sucralfate oral tablet</i>	LCG	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
<i>alosetron hcl</i>	T1	PA
<i>alvimopan</i>	T1	
<i>amoxicill-clarithro-lansopraz</i>	T1	PA
<i>atropine sulfate injection</i>	T1	
<i>atropine sulfate intravenous solution</i>	T1	

Drug Name	Drug Tier	Notes
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	T3	
<i>bis subcit-metronid-tetracyc</i>	T1	
<i>bismuth/metronidaz/tetracyclin</i>	T1	
CHENODAL	T4	PA
<i>chlordiazepoxide-clidinium</i>	T1	PA
CLENPIQ	T3	
<i>constulose</i>	LCG	
<i>cromolyn sodium oral</i>	T1	
CTEXLI	T4	PA
CUVPOSA	T3	PA
<i>dicyclomine hcl intramuscular</i>	T1	
<i>dicyclomine hcl oral capsule</i>	LCG	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	T1	
<i>dicyclomine hcl oral tablet 20 mg</i>	LCG	
<i>dicyclomine hcl oral tablet 40 mg</i>	T1	PA
<i>diphenoxylate-atropine</i>	T1	
<i>enulose</i>	T1	
GASTROCROM	T3	PA
GATTEX	T4	PA
<i>gavilyte-c</i>	T1	\$0 for age 45-75 years for 2 fills per year
<i>gavilyte-g</i>	T1	\$0 for age 45-75 years for 2 fills per year
<i>gavilyte-n with flavor pack</i>	T1	\$0 for age 45-75 years for 2 fills per year
<i>generlac</i>	T1	
GLYCATE	T3	PA; QL (6 EA per 1 day)
<i>glycopyrrolate injection solution</i>	T1	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	T3	
<i>glycopyrrolate oral solution</i>	T1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	QL (4 EA per 1 day)
GLYCOPYRROLATE ORAL TABLET 1.5 MG	T3	PA; QL (6 EA per 1 day)
<i>glycopyrrolate pf +rfid</i>	T1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	T3	
<i>glycopyrrolate pf solution prefilled syringe 0.2 mg/ml injection</i>	T1	

Drug Name	Drug Tier	Notes
GLYCOPYRROLATE PF SOLUTION PREFILLED SYRINGE 0.2 MG/ML INJECTION	T3	
<i>glycopyrrolate pf solution prefilled syringe 0.4 mg/2ml injection</i>	T1	
GLYCOPYRROLATE PF SOLUTION PREFILLED SYRINGE 0.4 MG/2ML INJECTION	T3	
GLYRX-PF	T3	
<i>hyoscyamine sulfate er</i>	T1	
<i>hyoscyamine sulfate oral elixir</i>	T1	
<i>hyoscyamine sulfate oral tablet</i>	T1	
<i>hyoscyamine sulfate oral tablet dispersible</i>	T1	
<i>hyoscyamine sulfate sl</i>	T1	
<i>hyoscyamine sulfate sublingual</i>	T1	
IQIRVO	T4	PA; QL (1 EA per 1 day)
KRISTALOSE	T3	PA
<i>lactulose encephalopathy</i>	T1	
<i>lactulose oral packet</i>	T1	PA
<i>lactulose oral solution</i>	LCG	
LIBRAX	T3	PA
LINZESS	T2	ST; QL (1 EA per 1 day)
LIVDELZI	T4	PA; QL (1 EA per 1 day)
LOMOTIL	T3	PA
<i>loperamide hcl oral capsule</i>	T1	
LOTRONEX	T3	PA
<i>lubiprostone</i>	T1	QL (2 EA per 1 day)
<i>methscopolamine bromide oral</i>	T1	
<i>mineral oil heavy oral</i>	T1	
MOTEGRITY	T3	ST; QL (1 EA per 1 day)
MYTESI	T3	QL (2 EA per 1 day)
<i>na sulfate-k sulfate-mg sulf</i>	T1	\$0 for age 45-75 years for 2 fills per year
OMECLAMOX-PAK	T3	PA
OSCIMIN	T3	
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	\$0 for age 45-75 years for 2 fills per year
<i>peg-3350/electrolytes</i>	T1	\$0 for age 45-75 years for 2 fills per year
<i>peg-3350/electrolytes/ascorbat</i>	T1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1	

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Drug Name	Drug Tier	Notes
PEG-PREP	T3	
<i>prucalopride succinate</i>	T1	ST; QL (1 EA per 1 day)
PYLERA	T2	
REBYOTA	T4	PA
RESTORA RX	T3	
SEROSTIM	T4	PA; SP-QTZ
SUFLAVE	T3	
SUPREP BOWEL PREP KIT	T3	
SUTAB	T3	
SYMPROIC	T2	ST; QL (1 EA per 1 day)
TALICIA	T2	
URSO FORTE	T3	PA
<i>ursodiol oral capsule 300 mg</i>	T1	
<i>ursodiol oral tablet</i>	T1	
VIBERZI	T3	PA; QL (2 EA per 1 day)
VOQUEZNA DUAL PAK	T2	
VOQUEZNA TRIPLE PAK	T2	
XERMELO	T4	PA; QL (3 EA per 1 day)
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
ADZYNMA	T4	PA
ALDURAZYME	T4	PA
<i>betaine</i>	T4	
CERDELGA	T4	PA; SP-ORx
CEREZYME	T4	PA
CHOLBAM	T4	PA
CREON	T2	
CRYSVITA	T4	PA
CYSTADANE	T4	
CYSTAGON	T4	
ELAPRASE	T4	PA
ELELYSO	T4	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED	T4	PA; QL (8 ML per 1 day)
EVRYSDI ORAL TABLET	T4	PA; QL (1 EA per 1 day)
FABRAZYME	T4	PA
GALAFOLD	T4	PA; QL (0.5 EA per 1 day)
KANUMA	T4	PA
LUMIZYME	T4	PA

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Drug Name	Drug Tier	Notes
MEPSEVII	T4	PA
<i>miglustat</i>	T4	PA
MYALEPT	T4	PA
NAGLAZYME	T4	PA
NEXVIAZYME	T4	PA
<i>nitisinone</i>	T4	PA
NITYR	T4	PA
NULIBRY	T4	PA
OCALIVA	T4	PA; QL (1 EA per 1 day)
OPFOLDA	T4	PA; QL (0.3 EA per 1 day)
ORFADIN	T4	PA
PHEBURANE	T4	PA
POMBILITI	T4	PA
PROCYSBI	T4	PA
REVCOVI	T4	PA
<i>sapropterin dihydrochloride</i>	T4	PA
<i>sod benz-sod phenylacet</i>	T1	
<i>sodium phenylbutyrate oral</i>	T4	PA
SUCRAID	T4	PA
VIMIZIM	T4	PA
VOXZOGO	T4	PA; QL (1 EA per 1 day)
VPRIV	T4	PA
XURIDEN	T4	PA; QL (4 EA per 1 day)
<i>yargesa</i>	T4	PA
ZAVESCA	T4	PA
ZENPEP	T2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
AURYXIA	T3	PA
<i>avanafil</i>	T1	QL (0.2 EA per 1 day)
<i>bethanechol chloride oral</i>	T1	
<i>calcium acetate (phos binder)</i>	T1	
<i>calcium acetate oral tablet 667 mg</i>	T1	
CERVIDIL	T3	
<i>darifenacin hydrobromide er</i>	T1	
DEPEN TITRATABS	T4	
DETROL	T3	
ENTADFI	T3	ST; QL (1 EA per 1 day)

Drug Name	Drug Tier	Notes
FERRIC CITRATE	T3	PA
<i>fesoterodine fumarate er</i>	T1	PA
FILSPARI	T4	PA; QL (1 EA per 1 day)
<i>flavoxate hcl</i>	T1	
FOSRENOL	T3	ST
<i>lanthanum carbonate</i>	T1	PA
LITHOSTAT	T3	
<i>mirabegron er</i>	T1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T2	
OXLUMO	T4	PA
<i>oxybutynin chloride er</i>	T1	
<i>oxybutynin chloride oral solution</i>	T1	
<i>oxybutynin chloride oral tablet 2.5 mg</i>	T1	PA
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	
OXYTROL	T3	ST; QL (0.29 EA per 1 day)
<i>penicillamine oral tablet</i>	T4	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	LCG	
PREPIDIL	T3	
RENVELA	T3	PA
RIVFLOZA SUBCUTANEOUS SOLUTION	T4	PA; QL (0.04 ML per 1 day)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML	T4	PA; QL (0.03 ML per 1 day)
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	T4	PA; QL (0.04 ML per 1 day)
<i>sevelamer carbonate</i>	T1	
<i>sevelamer hcl</i>	T1	
<i>solifenacin succinate</i>	T1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	T1	QL (1 EA per 1 day)
THIOLA	T4	
THIOLA EC	T4	
<i>tiopronin</i>	T4	
<i>tolterodine tartrate</i>	T1	
<i>tolterodine tartrate er</i>	T1	
TRIMO-SAN	T3	
<i>tropium chloride</i>	T1	
<i>tropium chloride er</i>	T1	
VANRAFIA	T4	PA; QL (1 EA per 1 day)

Drug Name	Drug Tier	Notes
Genitourinary Agents - Drugs for Prostate Conditions		
<i>alfuzosin hcl er</i>	T1	
CARDURA XL	T3	ST
<i>dutasteride oral</i>	T1	
<i>dutasteride-tamsulosin hcl</i>	T1	
<i>finasteride oral tablet 5 mg</i>	LCG	
JALYN	T3	PA
PROSCAR	T3	PA
RAPAFLO	T3	PA
<i>silodosin</i>	T1	
<i>tamsulosin hcl</i>	LCG	
<i>terazosin hcl</i>	LCG	
TEZRULY	T3	PA
UROXATRAL	T3	PA
Hormonal Agents - Adrenal		
AGAMREE	T4	PA
<i>betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection</i>	T1	
BETAMETHASONE SODIUM PHOSPHATE INJECTION	T3	
BLT-25	T3	
CELESTONE SOLUSPAN	T3	
<i>deflazacort</i>	T4	PA
DEPO-MEDROL	T3	
<i>dexameth sod phos (pf) +rfid</i>	T1	
DEXAMETHASONE (LA)	T3	
<i>dexamethasone intensol</i>	LCG	
<i>dexamethasone oral elixir</i>	LCG	
<i>dexamethasone oral solution</i>	LCG	
<i>dexamethasone oral tablet</i>	LCG	
<i>dexamethasone oral tablet therapy pack</i>	T1	
<i>dexamethasone sod phos (pf)</i>	T1	
<i>dexamethasone sod phos +rfid</i>	T1	
DEXAMETHASONE SOD PHOS-NACL	T3	
<i>dexamethasone sod phosphate pf</i>	T1	
<i>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml</i>	T1	

Drug Name	Drug Tier	Notes
<i>dexamethasone sodium phosphate injection solution prefilled syringe</i>	T1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	T3	
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	T1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION	T3	
<i>dexamethasone sodium phosphate solution 4 mg/ml injection</i>	T1	
<i>fludrocortisone acetate oral</i>	T1	
HIDEX 6-DAY	T3	PA
<i>hydrocortisone oral</i>	LCG	
<i>hydrocortisone sod suc (pf)</i>	T1	
<i>jaythari</i>	T4	PA
KENALOG-10	T3	
KENALOG-80	T3	
KHINDIVI	T3	PA
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	T3	
MEDROL ORAL TABLET 2 MG	T2	
MEDROL ORAL TABLET THERAPY PACK	T3	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	T3	
<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	T1	
<i>methylprednisolone acetate suspension 80 mg/ml injection</i>	T1	
<i>methylprednisolone oral</i>	LCG	
<i>methylprednisolone sodium succ</i>	T1	
METHYLPREDNISOLONE-BUPIVACAINE	T3	
ORAPRED ODT	T3	
PEDIAPRED	T3	
<i>prednisolone oral solution</i>	LCG	
<i>prednisolone oral tablet</i>	T1	PA
<i>prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml</i>	T1	PA
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	LCG	
<i>prednisone intensol</i>	T1	PA
<i>prednisone oral solution</i>	T1	
<i>prednisone oral tablet</i>	LCG	

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Drug Name	Drug Tier	Notes
<i>prednisone oral tablet therapy pack</i>	LCG	
SOLU-CORTEF	T3	
SOLU-MEDROL	T3	
SOLU-MEDROL (PF)	T3	
TAPERDEX 12-DAY	T3	PA
TAPERDEX 6-DAY	T3	PA
TAPERDEX 7-DAY	T3	PA
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	T1	
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	T1	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	T3	
TRIAMCINOLONE-BUPIVACAINE	T3	
Hormonal Agents - Men's Health		
<i>danazol oral</i>	T1	
KYZATREX ORAL CAPSULE 100 MG	T3	PA; QL (7 EA per 1 day)
KYZATREX ORAL CAPSULE 150 MG, 200 MG	T3	PA; QL (4 EA per 1 day)
METHITEST	T3	PA; QL (20 EA per 1 day)
<i>methyltestosterone oral</i>	T1	PA; QL (20 EA per 1 day)
<i>testosterone cypionate intramuscular</i>	T1	PA; QL (0.4 ML per 1 day)
<i>testosterone enanthate intramuscular</i>	T1	PA; QL (0.2 ML per 1 day)
<i>testosterone transdermal gel 1.62 %, 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 40.5 mg/2.5gm (1.62%)</i>	T1	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel 10 mg/lact (2%)</i>	T1	PA; QL (4 GM per 1 day)
<i>testosterone transdermal gel 12.5 mg/lact (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	T1	PA; QL (10 GM per 1 day)
<i>testosterone transdermal solution</i>	T1	PA; QL (6 ML per 1 day)
Hormonal Agents - Pituitary		
ACTHAR	T4	PA; SP-ORx
ACTHAR GEL	T4	PA; SP-ORx
<i>cabergoline</i>	T1	
<i>carboprost tromethamine intramuscular solution</i>	T1	
<i>clomid</i>	LCG	
<i>clomiphene citrate oral</i>	LCG	
CORTROPHIN	T4	PA; SP-ORx
CORTROPHIN GEL	T4	PA
CRENESSITY ORAL CAPSULE 100 MG	T4	PA; QL (4 EA per 1 day)
CRENESSITY ORAL CAPSULE 25 MG, 50 MG	T4	PA; QL (3 EA per 1 day)

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Drug Name	Drug Tier	Notes
CRENESSITY ORAL SOLUTION	T4	PA; QL (8 ML per 1 day)
DDAVP	T3	PA
DDAVP PF	T3	PA
<i>desmopressin ace spray refrig</i>	T1	
<i>desmopressin acetate injection</i>	T1	
<i>desmopressin acetate oral</i>	T1	
<i>desmopressin acetate pf</i>	T1	
<i>desmopressin acetate spray</i>	T1	
EGRIFTA SV	T4	PA; SP-ORx; QL (1 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 22.5 MG	T4	PA; QL (0.012 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 30 MG	T4	PA; QL (0.009 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 45 MG	T4	PA; QL (0.006 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 7.5 MG	T4	PA; QL (0.036 EA per 1 day)
FENSOLVI (6 MONTH)	T4	PA; QL (0.006 EA per 1 day)
FIRMAGON	T4	PA; QL (0.036 EA per 1 day)
FIRMAGON (240 MG DOSE)	T4	PA; QL (2 EA per 365 days)
HEMABATE	T3	
INCRELEX	T4	PA; SP-ORx
<i>lanreotide acetate</i>	T4	PA
<i>leuprolide acetate injection</i>	T4	PA
LEUPROLIDE ACETATE-BUPIVACAINE	T3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	T4	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	T4	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	T4	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	T4	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG	T4	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG	T4	PA
LUPRON DEPOT-PED (1-MONTH)	T4	PA; QL (0.04 EA per 1 day)
LUPRON DEPOT-PED (3-MONTH)	T4	PA; QL (0.02 EA per 1 day)
LUPRON DEPOT-PED (6-MONTH)	T4	PA; QL (0.01 EA per 1 day)
LUTRATE DEPOT	T4	PA; QL (0.012 EA per 1 day)
NGENLA	T4	PA; SP-QTZ
NORDITROPIN FLEXPPO	T4	PA; SP-QTZ
NUTROPIN AQ NUSPIN 10	T4	PA; SP-QTZ

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Drug Name	Drug Tier	Notes
NUTROPIN AQ NUSPIN 20	T4	PA; SP-QTZ
NUTROPIN AQ NUSPIN 5	T4	PA; SP-QTZ
<i>octreotide acetate</i>	T4	PA
OMNITROPE	T4	PA; SP-QTZ
ORILISSA ORAL TABLET 150 MG	T2	PA; QL (1 EA per 1 day)
ORILISSA ORAL TABLET 200 MG	T2	PA; QL (2 EA per 1 day)
<i>oxytocin +rfid</i>	T1	
<i>oxytocin injection</i>	T1	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 15 UNIT/250ML	T3	
OXYTOCIN-LACTATED RINGERS SOLUTION 20 UNIT/L INTRAVENOUS	T3	
OXYTOCIN-LACTATED RINGERS SOLUTION 30 UNIT/500ML INTRAVENOUS	T3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML- %	T3	
OXYTOCIN-SODIUM CHLORIDE SOLUTION 20-0.9 UNIT/L-% INTRAVENOUS	T3	
OXYTOCIN-SODIUM CHLORIDE SOLUTION 30-0.9 UT/500ML-% INTRAVENOUS	T3	
PITOCIN	T3	
SANDOSTATIN LAR DEPOT	T4	PA
SIGNIFOR LAR	T4	PA; QL (0.04 EA per 1 day)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	T4	PA
SOMATULINE DEPOT	T4	PA
SOMAVERT	T4	PA; SP-ORx
SUPPRELIN LA	T4	PA; QL (1 EA per 250 days)
SYNAREL	T2	
TEPEZZA	T4	PA
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG	T4	PA; QL (0.012 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG	T4	PA; QL (0.006 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG	T4	PA; QL (0.036 EA per 1 day)
TRIPTODUR	T4	PA; QL (0.006 EA per 1 day)
<i>vasopressin +rfid</i>	T1	
<i>vasopressin solution 20 unit/ml intravenous</i>	T1	

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Drug Name	Drug Tier	Notes
VASOPRESSIN SOLUTION 20 UNIT/ML INTRAVENOUS	T3	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS	T3	
VASOSTRICT SOLUTION 20 UNIT/ML INTRAVENOUS	T3	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	T4	QL (0.012 EA per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	T4	QL (0.036 EA per 1 day)
Hormonal Agents - Prostaglandins		
KORLYM	T4	PA; QL (4 EA per 1 day)
MIFEPREX	T3	
<i>mifepristone oral tablet 200 mg</i>	T1	
<i>mifepristone oral tablet 300 mg</i>	T4	PA; QL (4 EA per 1 day)
Hormonal Agents - Selective Estrogen Receptor Modifying Agents		
EVISTA	T3	PA
OSPHENA	T3	
<i>raloxifene hcl</i>	T1	\$0 for breast cancer PX
Hormonal Agents - Sex Hormones and Birth Control		
<i>abigale</i>	T1	
<i>abigale lo</i>	T1	
ACTIVELLA	T3	PA
<i>afirmelle</i>	T1	
ALORA	T3	ST
<i>altavera</i>	LCG	
<i>alyacen 1/35</i>	LCG	
<i>alyacen 7/7/7</i>	LCG	
<i>amethyst</i>	T1	
ANGELIQ	T3	
ANNOVERA	T3	QL (1 EA per 350 days)
<i>apri</i>	LCG	
<i>aranelle</i>	T1	
<i>ashlyna</i>	T1	QL (1 EA per 1 day)
<i>aubra eq</i>	T1	
<i>aurovela 1.5/30</i>	T1	
<i>aurovela 1/20</i>	T1	
<i>aurovela 24 fe</i>	T1	
<i>aurovela fe 1.5/30</i>	T1	

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Drug Name	Drug Tier	Notes
<i>aurovela fe 1/20</i>	T1	
AVERI	T3	
<i>aviane</i>	T1	
<i>ayuna</i>	LCG	
<i>azurette</i>	T1	
BALCOLTRA	T3	
<i>balziva</i>	T1	
BIJUVA	T3	
<i>blisovi 24 fe</i>	T1	
<i>blisovi fe 1.5/30</i>	T1	
<i>blisovi fe 1/20</i>	T1	
<i>briellyn</i>	T1	
<i>camila</i>	LCG	
<i>camrese</i>	T1	QL (1 EA per 1 day)
<i>camrese lo</i>	T1	QL (1 EA per 1 day)
<i>charlotte 24 fe</i>	T1	
<i>chateal eq</i>	LCG	
CLIMARA PRO	T2	
COMBIPATCH	T3	
CRINONE	T3	QL (0.6 GM per 1 day)
<i>cryselle-28</i>	T1	
<i>cyred eq</i>	LCG	
<i>dasetta 1/35 (28)</i>	LCG	
<i>dasetta 7/7/7</i>	LCG	
<i>daysee</i>	T1	QL (1 EA per 1 day)
<i>deblitane</i>	LCG	
<i>delyla</i>	T1	
DEPO-ESTRADIOL	T3	
DEPO-PROVERA	T3	QL (0.02 ML per 1 day)
DEPO-SUBQ PROVERA 104	T3	\$0 for MN plans; QL (0.02 ML per 1 day)
<i>desogestrel-ethinyl estradiol</i>	T1	
DIVIGEL	T3	
<i>dolishale</i>	T1	
<i>dotti</i>	T1	
<i>drospiren-eth estrad-levomefol</i>	T1	
<i>drospirenone-ethinyl estradiol</i>	T1	
DUAVEE	T2	

Drug Name	Drug Tier	Notes
ELESTRIN	T3	
<i>elinest</i>	T1	
ELLA	T3	
<i>eluryng</i>	T1	
<i>emzahh</i>	LCG	
ENDOMETRIN	T2	
<i>enilloring</i>	T1	
<i>enpresse-28</i>	T1	
<i>enskyce</i>	LCG	
<i>errin</i>	LCG	
<i>estarylla</i>	LCG	
<i>estradiol oral</i>	LCG	
<i>estradiol transdermal</i>	T1	
<i>estradiol vaginal cream 0.1 mg/gm</i>	T1	
<i>estradiol vaginal tablet</i>	T1	
<i>estradiol valerate intramuscular</i>	T1	
<i>estradiol-norethindrone acet</i>	T1	
ESTRING	T3	QL (0.012 EA per 1 day)
<i>ethynodiol diac-eth estradiol</i>	T1	
<i>etonogestrel-ethinyl estradiol</i>	T1	
EVAMIST	T3	
<i>falmina</i>	T1	
<i>feirza 1.5/30</i>	T1	
<i>feirza 1/20</i>	T1	
FEMLYV	T3	ST
FEMRING	T3	ST; QL (0.012 EA per 1 day)
<i>finzala</i>	T1	
<i>fyavolv</i>	T1	
<i>galbriela</i>	T1	
<i>gallifrey</i>	T1	
<i>gemmily</i>	T1	
<i>hailey 1.5/30</i>	T1	
<i>hailey 24 fe</i>	T1	
<i>hailey fe 1.5/30</i>	T1	
<i>hailey fe 1/20</i>	T1	
<i>haloette</i>	T1	
<i>heather</i>	LCG	
<i>iclevia</i>	T1	QL (1 EA per 1 day)

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Drug Name	Drug Tier	Notes
IMVEXXY MAINTENANCE PACK	T2	
IMVEXXY STARTER PACK	T2	
<i>incassia</i>	LCG	
<i>introvale</i>	T1	QL (1 EA per 1 day)
<i>isibloom</i>	LCG	
<i>jaimiess</i>	T1	QL (1 EA per 1 day)
<i>jasmiel</i>	T1	
<i>jencycla</i>	LCG	
<i>jinteli</i>	T1	
<i>jolessa</i>	T1	QL (1 EA per 1 day)
<i>joyeaux</i>	T1	
<i>juleber</i>	LCG	
<i>junel 1.5/30</i>	T1	
<i>junel 1/20</i>	T1	
<i>junel fe 1.5/30</i>	T1	
<i>junel fe 1/20</i>	T1	
<i>junel fe 24</i>	T1	
<i>kaitlib fe</i>	T1	
<i>kalliga</i>	LCG	
<i>kariva</i>	T1	
<i>kelnor 1/35</i>	T1	
<i>kurvelo</i>	LCG	
KYLEENA	T3	
<i>larin 1.5/30</i>	T1	
<i>larin 1/20</i>	T1	
<i>larin 24 fe</i>	T1	
<i>larin fe 1.5/30</i>	T1	
<i>larin fe 1/20</i>	T1	
<i>leena</i>	T1	
<i>lessina</i>	T1	
<i>levonest</i>	T1	
<i>levonorgest-eth est & eth est</i>	T1	QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day</i>	T1	QL (1 EA per 1 day)
<i>levonorgest-eth estradiol-iron</i>	T1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg</i>	T1	
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg</i>	LCG	
<i>levonorg-eth estrad triphasic</i>	T1	

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Drug Name	Drug Tier	Notes
<i>levora 0.15/30 (28)</i>	LCG	
LILETTA (52 MG)	T3	
<i>lojaimiess</i>	T1	QL (1 EA per 1 day)
<i>loryna</i>	T1	
<i>low-ogestrel</i>	T1	
<i>lo-zumandimine</i>	T1	
<i>lutra</i>	T1	
<i>lyleq</i>	LCG	
<i>lyllana</i>	T1	
<i>lyza</i>	LCG	
<i>marlissa</i>	LCG	
<i>medroxyprogesterone acetate intramuscular</i>	T1	QL (0.02 ML per 1 day)
<i>medroxyprogesterone acetate oral</i>	LCG	
<i>megestrol acetate oral suspension</i>	T1	
<i>megestrol acetate oral tablet 20 mg</i>	LCG	
<i>megestrol acetate oral tablet 40 mg</i>	T1	
<i>meleya</i>	LCG	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	T2	
MENOSTAR	T3	ST
<i>merzee</i>	T1	
<i>mibelas 24 fe</i>	T1	
<i>microgestin 1.5/30</i>	T1	
<i>microgestin 1/20</i>	T1	
<i>microgestin fe 1.5/30</i>	T1	
<i>microgestin fe 1/20</i>	T1	
<i>mili</i>	LCG	
<i>mimvey</i>	T1	
MINIVELLE	T3	ST
<i>minzoya</i>	T1	
MIRENA (52 MG)	T3	
MIUDELLA INTRAUTERINE COPPER	T3	
<i>mono-linyah</i>	LCG	
MYFEMBREE	T2	PA; QL (1 EA per 1 day)
NATAZIA	T2	
<i>necon 0.5/35 (28)</i>	T1	
NEXPLANON	T3	
<i>nikki</i>	T1	

Drug Name	Drug Tier	Notes
<i>nora-be</i>	LCG	
<i>norelgestromin-eth estradiol</i>	T1	
<i>norethin ace-eth estrad-fe</i>	T1	
<i>norethindrone acetate oral</i>	T1	
<i>norethindrone acet-ethinyl est</i>	T1	
<i>norethindrone oral</i>	LCG	
<i>norethindrone-eth estradiol</i>	T1	
<i>norethindron-ethinyl estrad-fe</i>	T1	
<i>norethin-eth estradiol-fe</i>	T1	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	LCG	
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	T1	
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	LCG	
<i>norlyroc</i>	LCG	
<i>nortrel 0.5/35 (28)</i>	T1	
<i>nortrel 1/35 (21)</i>	LCG	
<i>nortrel 1/35 (28)</i>	LCG	
<i>nortrel 7/7/7</i>	LCG	
NUVARING	T3	
<i>nylia 1/35</i>	LCG	
<i>nylia 7/7/7</i>	LCG	
<i>ocella</i>	T1	
ORIAHNN	T2	PA; QL (2 EA per 1 day)
<i>orquidea</i>	LCG	
PARAGARD INTRAUTERINE COPPER	T3	
<i>philith</i>	T1	
<i>pimtrea</i>	T1	
<i>portia-28</i>	LCG	
PREMARIN INJECTION	T3	
PREMARIN ORAL	T2	
PREMARIN VAGINAL	T2	
PREMPHASE	T2	
PREMPRO	T2	
<i>progesterone intramuscular</i>	T1	
<i>progesterone oral</i>	T1	
PROVERA	T3	
<i>reclipsen</i>	LCG	

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Drug Name	Drug Tier	Notes
<i>rivelsa</i>	T1	QL (1 EA per 1 day)
<i>rosyrah</i>	T1	QL (1 EA per 1 day)
<i>setlakin</i>	T1	QL (1 EA per 1 day)
<i>sharobel</i>	LCG	
<i>simliya</i>	T1	
<i>simpesse</i>	T1	QL (1 EA per 1 day)
SKYLA	T3	
<i>sprintec 28</i>	LCG	
<i>sronyx</i>	T1	
<i>syeda</i>	T1	
<i>tarina 24 fe</i>	T1	
<i>tarina fe 1/20 eq</i>	T1	
<i>taysofy</i>	T1	
TAYTULLA	T3	
<i>tilia fe</i>	T1	
<i>tri-estarylla</i>	LCG	
<i>tri-legest fe</i>	T1	
<i>tri-lynyah</i>	LCG	
<i>tri-lo-estarylla</i>	T1	
<i>tri-lo-marzia</i>	T1	
<i>tri-lo-mili</i>	T1	
<i>tri-lo-sprintec</i>	T1	
<i>tri-mili</i>	LCG	
<i>tri-sprintec</i>	LCG	
<i>tri-vylibra</i>	LCG	
<i>tri-vylibra lo</i>	T1	
<i>turqoz</i>	T1	
TYBLUME	T3	\$0 for MN plans
<i>tydemy</i>	T1	
<i>valtya 1/50</i>	T1	
<i>velivet</i>	T1	
<i>vestura</i>	T1	
<i>vienva</i>	T1	
<i>viorele</i>	T1	
<i>volnea</i>	T1	
<i>vyfemla</i>	T1	
<i>vylibra</i>	LCG	
<i>wera</i>	T1	

Drug Name	Drug Tier	Notes
<i>wymzya fe</i>	T1	
<i>xarah fe</i>	T1	
<i>xelria fe</i>	T1	
<i>xulane</i>	T1	
<i>yuvafem</i>	T1	
<i>zafemy</i>	T1	
<i>zovia 1/35 (28)</i>	T1	
<i>zumandimine</i>	T1	
Hormonal Agents - Thyroid		
ADTHYZA	T3	
ARMOUR THYROID	T3	
<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>	LCG	
<i>levo-t oral tablet 300 mcg</i>	T1	
<i>levothyroxine sodium intravenous</i>	T1	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	LCG	
<i>levothyroxine sodium oral tablet 300 mcg</i>	T1	
<i>levoxyl</i>	LCG	
<i>liomny</i>	T1	
<i>liothyronine sodium intravenous</i>	T1	
<i>liothyronine sodium oral</i>	T1	
<i>methimazole oral</i>	T1	
NIVA THYROID	T3	
<i>np thyroid</i>	T1	
<i>propylthiouracil oral</i>	T1	
RENTHYROID	T3	
SODIUM IODIDE I-131	T3	
<i>thyroid oral</i>	T1	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	LCG	
<i>unithroid oral tablet 300 mcg</i>	T1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ACTEMRA ACTPEN	T4	PA; SP-QTZ; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS	T4	PA

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Drug Name	Drug Tier	Notes
ACTEMRA SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.13 ML per 1 day)
ACTIMMUNE	T4	PA; SP-ORx
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP-QTZ; QL (0.06 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	T4	PA; SP-QTZ; QL (0.01 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	T4	PA; SP-QTZ; QL (0.03 ML per 1 day)
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T4	PA; SP-QTZ; QL (0.06 ML per 1 day)
ADALIMUMAB-FKJP (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.08 EA per 1 day)
ADALIMUMAB-FKJP (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.15 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.08 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.4ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.15 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.08 EA per 1 day)
ADALIMUMAB-FKJP (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.15 EA per 1 day)
ANDEMBRY	T4	PA; QL (0.05 ML per 1 day)
ARAVA	T3	PA
ARCALYST	T4	PA
ASTAGRAF XL	T3	
AVSOLA	T4	PA
AZASAN	T3	
<i>azathioprine oral</i>	T1	
<i>azathioprine sodium</i>	T1	
BENLYSTA INTRAVENOUS	T4	PA
BENLYSTA SUBCUTANEOUS	T4	PA; SP-QTZ
BERINERT	T4	PA; SP-ORx; QL (0.34 EA per 1 day)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML	T2	QL (2 ML per 300 days); AL

Drug Name	Drug Tier	Notes
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T2	QL (0.5 ML per 300 days); AL
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	T4	PA; SP-QTZ; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML	T4	PA; SP-QTZ; QL (0.08 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	T4	PA; SP-QTZ; QL (0.04 ML per 1 day)
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML	T4	PA; SP-QTZ; QL (0.08 ML per 1 day)
CELLCEPT	T3	
CELLCEPT INTRAVENOUS	T3	
CIMZIA	T4	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA (2 SYRINGE)	T4	PA; SP-QTZ; QL (0.08 EA per 1 day)
CIMZIA-STARTER	T4	PA; SP-QTZ; QL (0.08 EA per 1 day)
COSENTYX (300 MG DOSE)	T4	PA; SP-QTZ; QL (0.08 ML per 1 day)
COSENTYX 150 MG/ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX SENSOREADY (300 MG)	T4	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX SENSOREADY PEN	T4	PA; SP-QTZ; QL (0.04 ML per 1 day)
COSENTYX UNOREADY	T4	PA; SP-QTZ; QL (0.08 ML per 1 day)
<i>cyclosporine modified</i>	T1	
<i>cyclosporine oral</i>	T1	
ENBREL	T4	PA; SP-QTZ; QL (0.15 ML per 1 day)
ENBREL MINI	T4	PA; SP-QTZ; QL (0.15 ML per 1 day)
ENBREL SURECLICK	T4	PA; SP-QTZ; QL (0.15 ML per 1 day)
ENFLONIA	T3	QL (0.7 ML per 300 days)
ENSPRYNG	T4	PA; SP-QTZ
ENTYVIO	T4	PA
ENTYVIO PEN	T4	PA; SP-QTZ; QL (0.05 ML per 1 day)
ENVARUSUS XR	T3	

Drug Name	Drug Tier	Notes
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T1	
GAMIFANT	T4	PA
<i>gengraf</i>	T1	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	T4	PA; SP-QTZ; QL (0.03 ML per 1 day)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	T4	PA; SP-QTZ; QL (0.06 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T4	PA; SP-QTZ; QL (0.03 ML per 1 day)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	T4	PA; SP-QTZ; QL (0.06 ML per 1 day)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	T4	PA; QL (0.9 EA per 1 day)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	T4	PA; QL (0.6 EA per 1 day)
HYQVIA	T4	PA
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1ML	T4	PA; SP-QTZ; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER	T4	PA; SP-QTZ; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER	T4	PA; SP-QTZ; QL (1.2 ML per 365 days)
HYRIMOZ-PED>=40KG CROHN START	T4	PA; SP-QTZ; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQ PSOR/UEIT START	T4	PA; SP-QTZ; QL (1.6 ML per 365 days)
<i>icatibant acetate</i>	T4	PA; QL (0.6 ML per 1 day)
ILARIS	T4	PA; QL (0.08 ML per 1 day)
ILUMYA	T4	PA; QL (0.02 ML per 1 day)
IMAAVY	T4	PA
IMURAN	T3	
INFLECTRA	T4	PA
JYLAMVO	T3	PA
KALBITOR	T4	PA; QL (0.4 ML per 1 day)

Drug Name	Drug Tier	Notes
KEVZARA	T4	PA; SP-QTZ; QL (0.09 ML per 1 day)
KINERET	T4	PA
<i>leflunomide oral</i>	T1	
<i>methotrexate sodium</i>	T1	
<i>methotrexate sodium (pf)</i>	T1	
<i>mycophenolate mofetil hcl</i>	T1	
<i>mycophenolate mofetil intravenous</i>	T1	
<i>mycophenolate mofetil oral</i>	T1	
<i>mycophenolate sodium</i>	T1	
<i>mycophenolic acid</i>	T1	
MYFORTIC	T3	
MYHIBBIN	T3	
NEORAL	T3	
NULOJIX	T3	
OLUMIANT	T4	PA; SP-QTZ; QL (1 EA per 1 day)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; QL (0.11 ML per 1 day)
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP-QTZ; QL (0.18 ML per 1 day)
OMVOH INTRAVENOUS	T4	PA; SP-QTZ; QL (45 ML per 365 days)
OMVOH SUBCUTANEOUS	T4	PA; SP-QTZ; QL (0.08 ML per 1 day)
ORENCIA CLICKJECT	T4	PA; SP-QTZ; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS	T4	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML	T4	PA; SP-QTZ; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML	T4	PA; SP-QTZ; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML	T4	PA; SP-QTZ; QL (0.1 ML per 1 day)
ORLADEYO	T4	PA; QL (1 EA per 1 day)
OTEZLA ORAL TABLET	T4	PA; SP-QTZ; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP-QTZ; QL (55 EA per 365 days)
OTULFI INTRAVENOUS	T4	PA; SP-QTZ; QL (0.11 ML per 1 day)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4	PA; SP-QTZ; QL (0.009 ML per 1 day)

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Drug Name	Drug Tier	Notes
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4	PA; SP-QTZ; QL (0.02 ML per 1 day)
PEMGARDA	T3	QL (36 ML per 70 days)
PROGRAF	T3	
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML	T2	PA; QL (0.03 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML	T2	PA; QL (0.04 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML	T2	PA; QL (0.05 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	T2	PA; QL (0.06 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML	T2	PA; QL (0.07 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML	T2	PA; QL (0.08 ML per 1 day)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML	T2	PA; QL (0.09 ML per 1 day)
RIDAURA	T4	
RINVOQ	T4	PA; SP-QTZ; QL (1 EA per 1 day)
RINVOQ LQ	T4	PA; SP-QTZ; QL (12 ML per 1 day)
RUCONEST	T4	PA; QL (0.27 EA per 1 day)
SANDIMMUNE INTRAVENOUS	T2	
SANDIMMUNE ORAL	T3	
SAPHNELO	T4	PA
SILIQ	T4	PA; SP-QTZ; QL (0.11 ML per 1 day)
SIMPONI ARIA	T4	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T4	PA; SP-QTZ; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML	T4	PA; SP-QTZ; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4	PA; SP-QTZ; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML	T4	PA; SP-QTZ; QL (0.02 ML per 1 day)
SIMULECT	T3	
<i>sirolimus oral</i>	T1	
SKYRIZI INTRAVENOUS	T4	PA

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Drug Name	Drug Tier	Notes
SKYRIZI PEN	T4	PA; SP-QTZ; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML	T4	PA; SP-QTZ; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML	T4	PA; SP-QTZ; QL (0.05 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP-QTZ; QL (0.02 ML per 1 day)
SOTYKTU	T4	PA; QL (1 EA per 1 day)
SPEVIGO INTRAVENOUS	T4	PA; QL (30 ML per 84 days)
SPEVIGO SUBCUTANEOUS	T4	PA; QL (0.08 ML per 1 day)
STEQEYMA INTRAVENOUS	T4	PA
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4	PA; SP-QTZ; QL (0.009 ML per 1 day)
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4	PA; SP-QTZ; QL (0.02 ML per 1 day)
SYNAGIS	T4	
<i>tacrolimus oral</i>	T1	
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SP-ORx; QL (0.15 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T4	PA; SP-ORx; QL (0.08 ML per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SP-ORx; QL (0.15 ML per 1 day)
<i>temsirolimus</i>	T4	
THYMOGLOBULIN	T3	
TORISEL	T4	
TREMFYA CROHNS INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	T4	PA; SP-QTZ; QL (0.08 ML per 1 day)
TREMFYA INTRAVENOUS	T4	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T4	PA; SP-QTZ; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	T4	PA; SP-QTZ; QL (0.02 ML per 1 day)
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	T4	PA; SP-QTZ; QL (0.08 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4	PA; SP-QTZ; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	T4	PA; SP-QTZ; QL (0.08 ML per 1 day)
TREXALL	T3	

Drug Name	Drug Tier	Notes
UPLIZNA	T4	PA
VELSIPITY	T4	PA; SP-QTZ; QL (1 EA per 1 day)
VEOPOZ	T4	PA
XATMEP	T3	PA
XELJANZ ORAL SOLUTION	T4	PA; SP-QTZ; QL (10 ML per 1 day)
XELJANZ ORAL TABLET	T4	PA; SP-QTZ; QL (2 EA per 1 day)
XELJANZ XR	T4	PA; SP-QTZ; QL (1 EA per 1 day)
YESINTEK INTRAVENOUS	T4	PA
YESINTEK SUBCUTANEOUS SOLUTION	T4	PA; SP-QTZ; QL (0.009 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	T4	PA; SP-QTZ; QL (0.009 ML per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	T4	PA; SP-QTZ; QL (0.02 ML per 1 day)
ZINPLAVA	T3	PA
ZORTRESS	T3	
Inflammatory Bowel Disease Agents		
ANUSOL-HC EXTERNAL	T3	PA
APRISO	T1	
AZULFIDINE	T3	PA
AZULFIDINE EN-TABS	T3	
<i>balsalazide disodium</i>	T1	
<i>budesonide er</i>	T1	PA
<i>budesonide oral</i>	T1	
<i>budesonide rectal</i>	T1	
COLAZAL	T3	PA
CORTENEMA	T3	
CORTIFOAM	T3	
EOHILIA	T3	PA; QL (20 ML per 1 day)
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	T1	
<i>hydrocortisone rectal</i>	T1	
<i>mesalamine oral capsule delayed release 400 mg</i>	T1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T1	
<i>mesalamine oral tablet delayed release 800 mg</i>	T1	PA
<i>mesalamine rectal</i>	T1	
<i>mesalamine-cleanser</i>	T1	PA

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Drug Name	Drug Tier	Notes
PROCTOCORT EXTERNAL	T3	PA
PROCTOFOAM HC	T2	
<i>procto-med hc</i>	T1	
PROCTOSOL HC	T3	PA
PROCTOZONE-HC	T3	PA
ROWASA	T3	PA
SFROWASA	T2	
<i>sulfasalazine oral</i>	T1	
UCERIS RECTAL	T3	
Metabolic Bone Disease Agents		
OSENVELT	T4	PA
STOBOCLO	T4	PA; QL (2 ML per 250 days)
XGEVA	T4	PA
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL ORAL TABLET 150 MG	T3	PA; QL (0.04 EA per 1 day)
ACTONEL ORAL TABLET 35 MG	T3	PA; QL (0.15 EA per 1 day)
<i>alendronate sodium oral solution</i>	T1	HDHP
<i>alendronate sodium oral tablet 10 mg</i>	T1	HDHP
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	LCG	HDHP; QL (0.15 EA per 1 day)
ATELVIA	T3	QL (0.15 EA per 1 day)
BINOSTO	T3	PA; QL (0.15 EA per 1 day)
BONSITY	T4	PA
<i>calcitonin (salmon) injection</i>	T1	HDHP
<i>calcitonin (salmon) nasal</i>	T1	HDHP; QL (0.13 ML per 1 day)
EVENITY	T4	PA; QL (0.09 ML per 1 day)
FOSAMAX	T3	PA; QL (0.15 EA per 1 day)
FOSAMAX PLUS D	T3	PA; QL (0.15 EA per 1 day)
<i>ibandronate sodium intravenous</i>	T1	QL (0.04 ML per 1 day)
<i>ibandronate sodium oral</i>	T1	HDHP; QL (0.04 EA per 1 day)
MIACALCIN	T3	
<i>pamidronate disodium</i>	T4	
PROLIA	T4	PA; QL (2 ML per 250 days)
RECLAST	T4	PA
<i>risedronate sodium oral tablet 150 mg</i>	T1	HDHP; QL (0.04 EA per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	T1	HDHP
<i>risedronate sodium oral tablet 35 mg</i>	T1	HDHP; QL (0.15 EA per 1 day)
<i>risedronate sodium oral tablet delayed release</i>	T1	HDHP; QL (0.15 EA per 1 day)

Drug Name	Drug Tier	Notes
<i>teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous</i>	T4	PA
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	T4	PA
TYMLOS	T4	PA
<i>zoledronic acid</i>	T4	
Metabolic Bone Disease Agents - Other		
<i>calcitriol intravenous</i>	T1	
<i>calcitriol oral</i>	T1	
<i>cinacalcet hcl</i>	T1	PA
<i>doxercalciferol intravenous</i>	T1	
<i>doxercalciferol oral</i>	T1	PA
<i>paricalcitol</i>	T1	
PARSABIV	T4	
RAYALDEE	T3	
ROCALTROL	T3	
ZEMPLAR	T3	
Miscellaneous Therapeutic Agents		
ACETADOTE	T3	
<i>acetylcysteine intravenous</i>	T1	
ADA	T3	
ADVOCATE DUO	T3	
ADVOCATE INSULIN PEN NEEDLE	T2	HDHP; Value
AEROCHAMBER HOLDING CHAMBER	T2	HDHP; Value
AEROCHAMBER MINI CHAMBER	T2	HDHP; Value
AEROCHAMBER MV	T2	HDHP; Value
AEROCHAMBER PLS FLOVU MTHPIECE	T2	HDHP; Value
AEROCHAMBER PLUS FLO-VU INTERM	T2	HDHP; Value
AEROCHAMBER PLUS FLO-VU LARGE	T2	HDHP; Value
AEROCHAMBER PLUS FLO-VU MEDIUM	T2	HDHP; Value
AEROCHAMBER PLUS FLO-VU SMALL	T2	HDHP; Value
AEROCHAMBER PLUS FLOW VU	T2	HDHP; Value
AEROCHAMBER Z-STAT PLUS	T2	HDHP; Value
AEROCHAMBER Z-STAT PLUS CHAMBR	T2	HDHP; Value
AEROCHAMBER Z-STAT PLUS/LARGE	T2	HDHP; Value
AEROCHAMBER Z-STAT PLUS/MEDIUM	T2	HDHP; Value
AEROCHAMBER Z-STAT PLUS/SMALL	T2	HDHP; Value
AEROCHAMBER2GO ANTI-STATIC	T2	HDHP; Value
AEROVENT PLUS	T2	HDHP; Value

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Drug Name	Drug Tier	Notes
ALCOHOL BASE GEL	T3	
ALCOHOL PREP PADS PAD , 70 %	T3	
ALCOHOL PREP PADS SHEET 70 %	T3	
ALCOH-WIPE	T3	
ALPHA-LIPOIC ACID INJECTION	T3	
AMD FOAM DRESSING	T3	
AMD FOAM DRESSING TOPSHEET	T3	
AMPHADASE	T3	
ANDEXXA	T3	
ANHYDROUS BASE	T3	
ANHYDROUS CREAM BASE	T3	
AQINJECT PEN NEEDLE	T2	HDHP; Value
AQNEURSA	T4	PA; QL (4 EA per 1 day)
ARTISS	T3	
ASSURE ID DUO PRO PEN NEEDLES	T2	HDHP; Value
ASSURE ID PRO PEN NEEDLES	T2	HDHP; Value
AUM ALCOHOL PREP PADS	T3	
AUM INSULIN SAFETY PEN NEEDLE	T2	HDHP; Value
AUM MINI INSULIN PEN NEEDLE	T2	HDHP; Value
AUM PEN NEEDLE	T2	HDHP; Value
AUM READYGARD DUO PEN NEEDLE	T2	HDHP; Value
AUM SAFETY PEN NEEDLE	T2	HDHP; Value
BACTERIOSTATIC WATER(BENZ ALC)	T3	
BD AUTOSHIELD DUO PEN NEEDLES	T2	HDHP; Value
BD PEN NEEDLE MICRO ULTRAFINE	T2	HDHP; Value
BD PEN NEEDLE MINI ULTRAFINE	T2	HDHP; Value
BD PEN NEEDLE NANO ULTRAFINE	T2	HDHP; Value
BD PEN NEEDLE ORIG ULTRAFINE	T2	HDHP; Value
BD PEN NEEDLE SHORT ULTRAFINE	T2	HDHP; Value
BD ULTRA-FINE PEN NEEDLES	T2	HDHP; Value
<i>boric acid external</i>	T1	
BOTOX	T3	PA
BREATHE COMFORT CHAMBER/ADULT	T2	HDHP; Value
BREATHE COMFORT CHAMBER/CHILD	T2	HDHP; Value
BREATHE EASE LARGE	T2	HDHP; Value
BREATHE EASE MEDIUM	T2	HDHP; Value
BREATHE EASE SMALL	T2	HDHP; Value
BREATHERITE VALVED MDI CHAMBER	T2	HDHP; Value

Drug Name	Drug Tier	Notes
BRIDION SOLUTION 200 MG/2ML INTRAVENOUS	T3	
BYLVAY	T4	PA
BYLVAY (PELLETS)	T4	PA
CAPSULE #0 CLEAR/CLEAR VEG	T3	
CAPSULE #0 WHITE/WHITE OPQ VEG	T3	
CAPSULE #1 CLEAR/CLEAR VEG	T3	
CAPSULE #1 WHITE/WHITE OPQ VEG	T3	
CAPSULE #3 CLEAR/CLEAR VEG	T3	
CAPSULE #3 WHITE/WHITE OPQ VEG	T3	
CAPSULE 0 CLEAR DR	T3	
CAPSULE CONI-SNAP #0 BLU/WHITE	T3	
CAPSULE CONI-SNAP #0 CLEAR	T3	
CAPSULE CONI-SNAP #0 CLEAR VEG	T3	
CAPSULE CONI-SNAP #0 DARK BLUE	T3	
CAPSULE CONI-SNAP #0 GREEN/CLR	T3	
CAPSULE CONI-SNAP #0 PINK	T3	
CAPSULE CONI-SNAP #0 PURPLE	T3	
CAPSULE CONI-SNAP #0 RED/WHITE	T3	
CAPSULE CONI-SNAP #0 WHITE	T3	
CAPSULE CONI-SNAP #00 CLEAR	T3	
CAPSULE CONI-SNAP #00 WHITE	T3	
CAPSULE CONI-SNAP #000 CLEAR	T3	
CAPSULE CONI-SNAP #1 AQUA BLUE	T3	
CAPSULE CONI-SNAP #1 BLUE	T3	
CAPSULE CONI-SNAP #1 BLUE/PINK	T3	
CAPSULE CONI-SNAP #1 BLUE/WHT	T3	
CAPSULE CONI-SNAP #1 BROWN	T3	
CAPSULE CONI-SNAP #1 BRWN/IVRY	T3	
CAPSULE CONI-SNAP #1 CLEAR	T3	
CAPSULE CONI-SNAP #1 DK GRN/OR	T3	
CAPSULE CONI-SNAP #1 DRK GREEN	T3	
CAPSULE CONI-SNAP #1 GREY/PINK	T3	
CAPSULE CONI-SNAP #1 GRN/YLW	T3	
CAPSULE CONI-SNAP #1 ORANGE	T3	
CAPSULE CONI-SNAP #1 PINK	T3	
CAPSULE CONI-SNAP #1 PINK/BLUE	T3	
CAPSULE CONI-SNAP #1 PINK/CLR	T3	

Drug Name	Drug Tier	Notes
CAPSULE CONI-SNAP #1 PINK/WHIT	T3	
CAPSULE CONI-SNAP #1 PINK/YLLW	T3	
CAPSULE CONI-SNAP #1 PURPLE	T3	
CAPSULE CONI-SNAP #1 RED/BLUE	T3	
CAPSULE CONI-SNAP #1 RED/WHITE	T3	
CAPSULE CONI-SNAP #1 VEGGIE	T3	
CAPSULE CONI-SNAP #1 WHITE	T3	
CAPSULE CONI-SNAP #1 WHITE/GRN	T3	
CAPSULE CONI-SNAP #1 WHT/CLR	T3	
CAPSULE CONI-SNAP #1 YELLOW	T3	
CAPSULE CONI-SNAP #1 YELLOW/GR	T3	
CAPSULE CONI-SNAP #2 CLEAR	T3	
CAPSULE CONI-SNAP #2 WHITE	T3	
CAPSULE CONI-SNAP #3 BLU/CLEAR	T3	
CAPSULE CONI-SNAP #3 BRN/BLUE	T3	
CAPSULE CONI-SNAP #3 CLEAR	T3	
CAPSULE CONI-SNAP #3 CLEAR VEG	T3	
CAPSULE CONI-SNAP #3 GRAY/YLW	T3	
CAPSULE CONI-SNAP #3 GREEN/BLU	T3	
CAPSULE CONI-SNAP #3 GREY/PINK	T3	
CAPSULE CONI-SNAP #3 MARON/BLU	T3	
CAPSULE CONI-SNAP #3 MINT GRN	T3	
CAPSULE CONI-SNAP #3 OLIVE/CLR	T3	
CAPSULE CONI-SNAP #3 ORANGE	T3	
CAPSULE CONI-SNAP #3 PINK/PINK	T3	
CAPSULE CONI-SNAP #3 PNK/CLEAR	T3	
CAPSULE CONI-SNAP #3 RED/CLEAR	T3	
CAPSULE CONI-SNAP #3 RED/RED	T3	
CAPSULE CONI-SNAP #3 WHITE	T3	
CAPSULE CONI-SNAP #3 WHT/CLR	T3	
CAPSULE CONI-SNAP #3 YELLOW	T3	
CAPSULE CONI-SNAP #4 BLACK/GRN	T3	
CAPSULE CONI-SNAP #4 CLEAR	T3	
CAPSULE CONI-SNAP #4 WHITE	T3	
CAPSULE EZEEFIT #0 CLEAR	T3	
CAPSULE EZEEFIT #00 CLEAR	T3	
CARBOGEL 940	T3	
CARBOHOL 940	T3	

Drug Name	Drug Tier	Notes
CARBOMER AQUEOUS	T3	
CARBOMER HYDROALCOHOLIC	T3	
CAYA	T3	
CHERRY	T3	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	T3	
CLEVER CHEK AUTO-CODE	T3	
CLEVER CHOICE COMFORT EZ 29G X 12MM , 33G X 4 MM	T2	HDHP; Value
CLEVER CHOICE HOLDING CHAMBER	T2	HDHP; Value
COLLODION FLEXIBLE	T3	
COMFORT EZ PRO PEN NEEDLES	T2	HDHP; Value
COMPACT SPACE CHAMBER	T2	HDHP; Value
COMPACT SPACE CHAMBER/LG MASK	T2	HDHP; Value
COMPACT SPACE CHAMBER/MED MASK	T2	HDHP; Value
COMPACT SPACE CHAMBER/SM MASK	T2	HDHP; Value
CORN (SYRUP)	T3	
CREAM BASE WITH LIPOSOME	T3	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4"	T3	
CURITY AMD ANTIMICROBIAL STRIP	T3	
CURITY IODOFORM PACKING STRIP	T3	
CURITY WOUND CLOSURE 1/2"X4"	T3	
CURITY WOUND CLOSURE 1/4"X1.5"	T3	
CURITY WOUND CLOSURE 1/4"X3"	T3	
CURITY WOUND CLOSURE 1/4"X4"	T3	
CURITY WOUND CLOSURE 1/8"X3"	T3	
CYANOKIT	T3	
CYTOTINE ORAL POWDER	T3	
<i>deferoxamine mesylate</i>	T1	
DESFERAL	T3	
<i>dexmedetomidine hcl</i>	T1	
<i>dexmedetomidine hcl in nacl intravenous solution</i>	T1	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	T3	
DEXMEDETOMIDINE HCL-DEXTROSE	T3	
DIASCREEN 10	T3	
DIASCREEN 1B	T3	

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Drug Name	Drug Tier	Notes
DIASCREEN 1G	T3	
DIASCREEN 1K	T3	
DIASCREEN 2GK	T3	
DIASCREEN 2GP	T3	
DIASCREEN 3	T3	
DIASCREEN 4NL	T3	
DIASCREEN 4OBL	T3	
DIASCREEN 4PH	T3	
DIASCREEN 5	T3	
DIASCREEN 6	T3	
DIASCREEN 7	T3	
DIASCREEN 8	T3	
DIASCREEN 9	T3	
DIASCREEN LIQUID URINE CONTROL	T3	
DIGIFAB	T3	
<i>diluent for treprostinil</i>	T1	
DRCAPS SIZE 00	T3	
DRCAPS SIZE 1	T3	
DROPLET MICRON	T2	HDHP; Value
DROPSAFE ALCOHOL PREP	T3	
DUO-CARE	T3	
DYSPORT	T2	PA
EASIVENT	T2	HDHP; Value
EASIVENT MASK LARGE	T2	HDHP; Value
EASIVENT MASK MEDIUM	T2	HDHP; Value
EASIVENT MASK SMALL	T2	HDHP; Value
EDETATE CALCIUM DISODIUM INJECTION	T3	
EMBECTA AUTOSHIELD DUO	T2	HDHP; Value
EMBECTA PEN NEEDLE NANO	T2	HDHP; Value
EMBECTA PEN NEEDLE NANO 2 GEN	T2	HDHP; Value
EMBECTA PEN NEEDLE ULTRAFINE	T2	HDHP; Value
EMBRACE PEN NEEDLES	T2	HDHP; Value
EMPTY CAPSULE SIZE 0 CLEAR	T3	
EMPTY CAPSULE SIZE 0 PINK	T3	
EMPTY CAPSULE SIZE 0 PURP/WHT	T3	
EMPTY CAPSULE SIZE 0 PURPLE	T3	
EMPTY CAPSULE SIZE 0 WHITE/OPA	T3	
EMPTY CAPSULE SIZE 00 BLUE OPQ	T3	

Drug Name	Drug Tier	Notes
EMPTY CAPSULE SIZE 00 CLEAR	T3	
EMPTY CAPSULE SIZE 1 BRN/IVORY	T3	
EMPTY CAPSULE SIZE 1 CLEAR	T3	
EMPTY CAPSULE SIZE 1 DRK GREEN	T3	
EMPTY CAPSULE SIZE 1 GREY/PINK	T3	
EMPTY CAPSULE SIZE 1 GRN/ORNGE	T3	
EMPTY CAPSULE SIZE 1 GRN/WHITE	T3	
EMPTY CAPSULE SIZE 1 GRN/YLLW	T3	
EMPTY CAPSULE SIZE 1 IVORY	T3	
EMPTY CAPSULE SIZE 1 MAROON/CL	T3	
EMPTY CAPSULE SIZE 1 MINT GRN	T3	
EMPTY CAPSULE SIZE 1 ORANGE	T3	
EMPTY CAPSULE SIZE 1 ORGE/CLR	T3	
EMPTY CAPSULE SIZE 1 ORGE/YLLW	T3	
EMPTY CAPSULE SIZE 1 PINK	T3	
EMPTY CAPSULE SIZE 1 PINK/CLR	T3	
EMPTY CAPSULE SIZE 1 PINK/YLLW	T3	
EMPTY CAPSULE SIZE 1 PNK/WHITE	T3	
EMPTY CAPSULE SIZE 1 PWDR BLUE	T3	
EMPTY CAPSULE SIZE 1 RED	T3	
EMPTY CAPSULE SIZE 1 RED/BLUE	T3	
EMPTY CAPSULE SIZE 1 RED/WHITE	T3	
EMPTY CAPSULE SIZE 1 VEG CLEAR	T3	
EMPTY CAPSULE SIZE 1 WHITE	T3	
EMPTY CAPSULE SIZE 1 WHITE/OPA	T3	
EMPTY CAPSULE SIZE 1 WHT/CLEAR	T3	
EMPTY CAPSULE SIZE 1 YELLOW	T3	
EMPTY CAPSULE SIZE 2 CLEAR	T3	
EMPTY CAPSULE SIZE 3 BLACK/GRN	T3	
EMPTY CAPSULE SIZE 3 BLUE OPQ	T3	
EMPTY CAPSULE SIZE 3 BLUE/CLR	T3	
EMPTY CAPSULE SIZE 3 BLUE/WHT	T3	
EMPTY CAPSULE SIZE 3 CLEAR	T3	
EMPTY CAPSULE SIZE 3 DARK GRN	T3	
EMPTY CAPSULE SIZE 3 GREY/PINK	T3	
EMPTY CAPSULE SIZE 3 GREY/YLLW	T3	
EMPTY CAPSULE SIZE 3 GRN/BLUE	T3	
EMPTY CAPSULE SIZE 3 MARN/BLUE	T3	

Drug Name	Drug Tier	Notes
EMPTY CAPSULE SIZE 3 MARN/CLR	T3	
EMPTY CAPSULE SIZE 3 MINT GRN	T3	
EMPTY CAPSULE SIZE 3 OLIVE/CLR	T3	
EMPTY CAPSULE SIZE 3 ORANGE	T3	
EMPTY CAPSULE SIZE 3 ORANGE/WH	T3	
EMPTY CAPSULE SIZE 3 PINK	T3	
EMPTY CAPSULE SIZE 3 PINK/BLUE	T3	
EMPTY CAPSULE SIZE 3 PINK/WH	T3	
EMPTY CAPSULE SIZE 3 PINK/YLLW	T3	
EMPTY CAPSULE SIZE 3 PNK/CLEAR	T3	
EMPTY CAPSULE SIZE 3 PRPLE/CLR	T3	
EMPTY CAPSULE SIZE 3 PURPLE	T3	
EMPTY CAPSULE SIZE 3 PWDR BLUE	T3	
EMPTY CAPSULE SIZE 3 RED	T3	
EMPTY CAPSULE SIZE 3 RED/CLEAR	T3	
EMPTY CAPSULE SIZE 3 RED/WHITE	T3	
EMPTY CAPSULE SIZE 3 WHITE	T3	
EMPTY CAPSULE SIZE 3 WHITE/CLR	T3	
EMPTY CAPSULE SIZE 3 WHITE/OPA	T3	
EMPTY CAPSULE SIZE 3 YELLOW	T3	
EMPTY CAPSULE SIZE 3 YELLW/CLR	T3	
EMPTY CAPSULE SIZE 4 CLEAR	T3	
EMPTY CAPSULE SIZE 4 PURPLE	T3	
EMPTY CAPSULE SIZE 4 RED/WHITE	T3	
EMPTY CAPSULE SIZE 4 WHITE	T3	
EMPTY CAPSULE SIZE 4 YELLOW	T3	
EMPTY CAPSULE SIZE 5 CLEAR	T3	
EMPTY CAPSULE SIZE 7 CLEAR	T3	
ENDARI	T3	PA
EQ SPACE CHAMBER ANTI-STATIC	T2	HDHP; Value
EQ SPACE CHAMBER ANTI-STATIC L	T2	HDHP; Value
EQ SPACE CHAMBER ANTI-STATIC M	T2	HDHP; Value
EQ SPACE CHAMBER ANTI-STATIC S	T2	HDHP; Value
ESPUMIL	T3	
EUA PATIENT ASSESSMENT	T3	
EXCILON AMD DRAIN SPONGES	T3	
FEMCAP	T3	
FLAVOR BLEND	T3	

Drug Name	Drug Tier	Notes
FLAVOR PLUS	T3	
FLAVOR SWEET	T3	
FLEXICHAMBER	T2	HDHP; Value
FLEXICHAMBER ADULT MASK/SMALL	T2	HDHP; Value
FLEXICHAMBER CHILD MASK/LARGE	T2	HDHP; Value
FLEXICHAMBER CHILD MASK/SMALL	T2	HDHP; Value
<i>flumazenil intravenous</i>	T1	
FOAMIL	T3	
<i>fomepizole</i>	T1	
FOOD COLOR BLUE ORAL	T3	
FORA D40 GLUCOSE/PRESSURE	T3	
FORA D40G GLUCOSE/PRESSURE	T3	
<i>formaldehyde solution 37 % external (rx)</i>	T1	
<i>glutaraldehyde external</i>	T1	
GNP PEN NEEDLES	T2	HDHP; Value
GNP ULTIGUARD SAFEPACK NEEDLE	T2	HDHP; Value
GOHIBIC	T3	
GOODSENSE ALCOHOL SWABS	T3	
GRASTEK	T3	PA; QL (1 EA per 1 day)
HYLENEX	T3	
IGALMI	T3	PA
INCONTROL ULTICARE PEN NEEDLES	T2	HDHP; Value
INSPIREASE	T2	HDHP; Value
INSPIREASE RESERVOIR BAGS	T2	HDHP; Value
INSULIN PEN NEEDLES 29G X 10MM , 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 30G X 5 MM , 30G X 6 MM , 30G X 8 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM , 33G X 8 MM	T2	HDHP; Value
INSULIN PEN NEEDLES 29G X 4MM	T2	HDHP
INSUPEN32G EXTR3ME	T2	HDHP; Value
IWILFIN	T4	PA
J-TIP KIT W/VIAL ADAPTERS	T3	
KERENDIA	T3	PA; QL (1 EA per 1 day)
KERLIX AMD ANTIMICROBIAL	T3	
KERLIX AMD SUPER SPONGES	T3	
KORSUVA	T4	PA; SP-ORx
KRISGEL 100	T3	

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Drug Name	Drug Tier	Notes
LANOLIN ANHYDROUS	T3	
LECITHIN ORGANOGEL	T3	
<i>l-glutamine oral packet</i>	T1	PA
LIPOLAYER	T3	
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG	T4	PA; QL (2 EA per 1 day)
LIVMARLI ORAL TABLET 30 MG	T4	PA; QL (1 EA per 1 day)
LOZIBASE S	T3	
MEDIHOL BASE	T3	
METHERGINE	T3	QL (28 EA per 1 fill)
<i>methylene blue intravenous solution</i>	T1	
<i>methylergonovine maleate injection</i>	T1	
<i>methylergonovine maleate oral</i>	T1	QL (28 EA per 1 fill)
MICROCHAMBER	T2	HDHP; Value
MICROSPACER	T2	HDHP; Value
MIPLYFFA	T4	PA; QL (3 EA per 1 day)
MODD1 PATIENT WELCOME KIT	T2	
MYOBLOC	T2	PA
NEOKE MCT70	T3	
NEOKE RA LIPOIC	T3	
NEUTEK 2TEK GLUCOSE/PRESSURE	T3	
NEXAVIR	T3	
NITHIODOLE	T3	
NON GELATIN CAPSULES (EMPTY)	T3	
NOVOFINE PEN NEEDLE	T2	HDHP; Value
NOVOFINE PLUS PEN NEEDLE	T2	HDHP; Value
ODACTRA	T3	PA; QL (1 EA per 1 day)
OMNIFLEX DIAPHRAGM	T3	
OMNIPOD 5 DEXCOM INTRO KIT	T2	
OMNIPOD 5 DEXCOM PODS	T2	
OMNIPOD 5 LIBRE2 G6 INTRO G5	T2	
OMNIPOD 5 LIBRE PODS	T2	
OMNIPOD DASH INTRO KIT	T2	
OMNIPOD DASH PDM (GEN 4)	T2	
OMNIPOD DASH PODS	T2	
OPTICHAMBER DIAMOND	T2	HDHP; Value
OPTICHAMBER DIAMOND-LG MASK	T2	HDHP; Value
OPTICHAMBER DIAMOND-MD MASK	T2	HDHP; Value

Drug Name	Drug Tier	Notes
OPTICHAMBER DIAMOND-SM MASK	T2	HDHP; Value
ORA-BLEND	T3	
ORA-BLEND SF	T3	
ORALAIR	T3	PA; QL (1 EA per 1 day)
ORALAIR ADULT STARTER PACK	T3	PA; QL (1 EA per 1 day)
ORALAIR CHILDRENS STARTER PACK	T3	PA; QL (6 EA per 365 days)
ORAPENN SD ANHYD SWEETENED	T3	
ORA-PLUS	T3	
ORA-SWEET	T3	
ORA-SWEET SF	T3	
PANDA MASK LARGE	T2	HDHP; Value
PANDA MASK MEDIUM	T2	HDHP; Value
PANDA MASK SMALL	T2	HDHP; Value
PARI VORTEX ADULT MASK	T2	HDHP; Value
PARI VORTEX PEDIATRIC MASK	T2	HDHP; Value
PCCA ACACIA SYRUP BASE	T3	
PCCA ANHYDROUS BASE	T3	
PCCA COBASE #1	T3	
PCCA ELLAGE VAGINAL	T3	
PCCA LIPOSOMIC BASE DRY	T3	
PCCA LIPOSOMIC BASE NORMAL	T3	
PCCA LIPOSOMIC BASE OILY	T3	
PCCA LIPOSOMIC BASE SENSITIVE	T3	
PCCA SWEET-SF	T3	
PCCA SYRUP VEHICLE	T3	
PCCA-PLUS	T3	
PEDIATRIC PANDA MASK	T2	HDHP; Value
PEDMARK	T3	PA
PEG OINTMENT BASE	T3	
PEN NEEDLE/5-BEVEL TIP	T2	HDHP; Value
PENTETATE CALCIUM TRISODIUM	T3	
PENTETATE ZINC TRISODIUM	T3	
PENTIPS GENERIC PEN NEEDLES	T2	HDHP; Value
PETROLATUM WHITE EXTERNAL OINTMENT	T3	
PHOTREXA-PHOTREXA VISCOUS KIT	T3	
PIP PEN NEEDLES 31G X 5MM	T2	HDHP; Value
PIP PEN NEEDLES 32G X 4MM	T2	HDHP; Value
PLO GEL - MEDIFLO	T3	

Drug Name	Drug Tier	Notes
PLO GEL - MEDIFLO 30	T3	
PLO GEL - MEDIFLO 30 PRE-MIXED	T3	
PLO GEL - MEDIFLO PRE-MIXED	T3	
POCKET CHAMBER	T2	HDHP; Value
POCKET SPACER	T2	HDHP; Value
POLYETHYLENE GLYCOL 8000 EXTERNAL	T3	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML	T3	
PRECEDEX SOLUTION 1000 MCG/250ML INTRAVENOUS	T3	
PRECEDEX SOLUTION 200 MCG/50ML INTRAVENOUS	T3	
PRECEDEX SOLUTION 400 MCG/100ML INTRAVENOUS	T3	
PREVDUO	T3	
PRO COMFORT SPACER ADULT	T2	HDHP; Value
PRO COMFORT SPACER CHILD	T2	HDHP; Value
PRO COMFORT SPACER INFANT	T2	HDHP; Value
PROCARE SPACER/ADULT MASK	T2	HDHP; Value
PROCARE SPACER/CHILD MASK	T2	HDHP; Value
PROCHAMBER VHC	T2	HDHP; Value
PROTOPAM CHLORIDE	T3	
PROVAYBLUE	T3	
PURE COMFORT SAFETY PEN NEEDLE	T2	HDHP; Value
PURE COMFORT SPACER CHAMBER	T2	HDHP; Value
PURIFIED WATER	T3	
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	
QUICK TOUCH INSULIN PEN NEEDLE	T2	HDHP; Value
RADIOGARDASE	T3	
RAGWITEK	T3	PA; QL (1 EA per 1 day)
RASPBERRY SYRUP	T3	
RAYA SURE PEN NEEDLE	T2	HDHP; Value
RHEOSPRAY	T3	
RITEFLO	T2	HDHP; Value
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML, 420 MG/3ML	T4	PA; SP-QTZ; QL (0.5 ML per 1 day)
RYSTIGGO SUBCUTANEOUS SOLUTION 560 MG/4ML	T4	PA; SP-QTZ; QL (0.6 ML per 1 day)

Drug Name	Drug Tier	Notes
RYSTIGGO SUBCUTANEOUS SOLUTION 840 MG/6ML	T4	PA; SP-QTZ; QL (0.9 ML per 1 day)
SAFETY PEN NEEDLES	T2	HDHP; Value
<i>saline bacteriostatic</i>	T1	
SALINE-PHENOL	T3	
SIMPLE SYRUP	T3	
<i>sodium chloride bacteriostatic</i>	T1	
<i>sodium nitrite intravenous</i>	T1	
<i>sodium saccharin</i>	T1	
<i>sodium thiosulfate intravenous</i>	T1	
SOHONOS ORAL CAPSULE 1 MG	T4	PA; QL (20 EA per 1 day)
SOHONOS ORAL CAPSULE 1.5 MG	T4	PA; QL (13 EA per 1 day)
SOHONOS ORAL CAPSULE 10 MG	T4	PA; QL (2 EA per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG	T4	PA; QL (8 EA per 1 day)
SOHONOS ORAL CAPSULE 5 MG	T4	PA; QL (4 EA per 1 day)
STERILE DILUENT FLOLAN PH 12	T3	
STERILE DILUENT FOR REMODULIN	T3	
<i>sterile water for injection</i>	T1	
SUSPENDRX W/BITTERBLOC SWEET	T3	
SUSPENDRX W/BITTERBLOC UNSWEET	T3	
SUSPENSION VEHICLE	T3	
SYRPALTA	T3	
SYRSPEND SF ORAL LIQUID	T3	
SYRSPEND SF PH4	T3	
SYRUP VEHICLE	T3	
SYRUP VEHICLE SF	T3	
TECHLITE PLUS PEN NEEDLES	T2	HDHP; Value
TELFA AMD ISLAND DRESSING	T3	
TELFA AMD NON-ADHERENT	T3	
TISSEEL	T3	
TRICHOSOL	T3	
TRUE COMFORT SAFETY PEN NEEDLE	T2	HDHP; Value
UDSX MEDICATED SYSTEM	T3	
UDSXMP MEDICATED SYSTEM	T3	
U-MILD	T3	
UNIFINE OTC PEN NEEDLES	T2	HDHP; Value
UNIFINE PROTECT PEN NEEDLE	T2	HDHP; Value
UNISPEND ANHYDROUS SWEETENED	T3	

Drug Name	Drug Tier	Notes
URESTA STARTER KIT	T3	
VASELINE	T3	
VEGETABLE CAPSULE #0 GREEN	T3	
VEGETABLE CAPSULE #0 WHITE	T3	
VEGETABLE CAPSULE #00 WHITE	T3	
VEGETABLE CAPSULE #1 WHITE	T3	
VEGETABLE CAPSULE #2 WHITE	T3	
VEGETABLE CAPSULE #3 WHITE	T3	
VEGETABLE CAPSULE #4 WHITE	T3	
VERIFINE INSULIN PEN NEEDLE	T2	HDHP; Value
VERIFINE PLUS PEN NEEDLE	T2	HDHP; Value
VERSAFREE	T3	
VERSAPLUS	T3	
VERSAPRO EXTERNAL SHAMPOO	T3	
VERSAPRO FOAM	T3	
VISTOGARD	T3	
VORTEX VALVE CHAMBER-PEDI MASK	T2	HDHP; Value
VORTEX VALVED HOLDING CHAMBER	T2	HDHP; Value
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG	T4	PA; QL (3 EA per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG	T4	PA; QL (4 EA per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG	T4	PA; QL (7 EA per 1 day)
WATER BASE GEL	T3	
<i>white petrolatum external gel</i>	T1	
WHITE PETROLATUM OINTMENT EXTERNAL (RX)	T3	
WIDE-SEAL DIAPHRAGM 60	T3	
WIDE-SEAL DIAPHRAGM 65	T3	
WIDE-SEAL DIAPHRAGM 70	T3	
WIDE-SEAL DIAPHRAGM 75	T3	
WIDE-SEAL DIAPHRAGM 80	T3	
WIDE-SEAL DIAPHRAGM 85	T3	
WIDE-SEAL DIAPHRAGM 90	T3	
WIDE-SEAL DIAPHRAGM 95	T3	
XEOMIN	T2	PA
XIAFLEX	T4	PA
YELLOW PETROLATUM	T3	

Drug Name	Drug Tier	Notes
YONI FIT BLADDER SUPPORT KIT 1	T3	
YONI FIT BLADDER SUPPORT KIT 2	T3	
YONI FIT BLADDER SUPPORT KIT 3	T3	
YONI FIT BLADDER SUPPORT KIT 4	T3	
YONI FIT BLADDER SUPPORT KIT 5	T3	
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 168 MCG/0.56ML	T4	PA; SP-QTZ; QL (0.04 ML per 1 day)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML	T4	PA; SP-QTZ; QL (0.07 ML per 1 day)
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 420 MCG/1.4ML	T4	PA; SP-QTZ; QL (0.1 ML per 1 day)
ZILBRYSQ	T4	PA
ZOKINVY	T4	PA; QL (4 EA per 1 day)
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	T3	PA
ACULAR LS	T3	
ACUVAIL	T3	PA
ALOCRIL	T3	PA
ALREX	T3	PA
AZASITE	T3	
<i>bacitracin ophthalmic</i>	T1	
BESIVANCE	T3	
BETADINE OPHTHALMIC PREP	T3	
<i>bromfenac sodium (once-daily)</i>	T1	QL (6.8 ML per 365 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	T1	ST; QL (12 ML per 365 days)
<i>bromfenac sodium ophthalmic solution 0.075 %</i>	T1	ST; QL (20 ML per 365 days)
CILOXAN	T3	PA
<i>ciprofloxacin hcl ophthalmic</i>	T1	
CLOBETASOL PROPIONATE OPHTHALMIC	T3	PA; QL (14 ML per 365 days)
<i>cromolyn sodium ophthalmic</i>	T1	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
<i>diclofenac sodium ophthalmic</i>	T1	
<i>difluprednate</i>	T1	
DUREZOL	T3	PA
<i>epinastine hcl</i>	T1	
<i>erythromycin ophthalmic</i>	T1	
EYSUVIS	T3	PA; QL (0.3 ML per 1 day)
FLAREX	T3	

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Drug Name	Drug Tier	Notes
<i>fluorometholone</i>	T1	
<i>flurbiprofen sodium</i>	T1	
FML FORTE	T3	
FML LIQUIFILM	T3	
<i>gatifloxacin ophthalmic</i>	T1	
<i>gentamicin sulfate ophthalmic</i>	T1	
INVELTYS	T3	
<i>ketorolac tromethamine ophthalmic</i>	T1	
<i>levofloxacin ophthalmic</i>	T1	
LOTEMAX OPHTHALMIC GEL	T3	PA; QL (20 GM per 365 days)
LOTEMAX OPHTHALMIC OINTMENT	T3	PA; QL (14 GM per 365 days)
LOTEMAX SM	T3	
<i>loteprednol etabonate ophthalmic gel</i>	T1	QL (20 GM per 365 days)
<i>loteprednol etabonate ophthalmic suspension</i>	T1	PA
MAXIDEX	T3	
MAXITROL OPHTHALMIC OINTMENT	T3	
MAXITROL OPHTHALMIC SUSPENSION	T3	PA
MITOSOL	T3	
<i>moxifloxacin hcl (2x day)</i>	T1	
<i>moxifloxacin hcl ophthalmic</i>	T1	
NATACYN	T2	
<i>neomycin-polymyxin-dexameth</i>	LCG	
<i>neomycin-polymyxin-hc ophthalmic</i>	T1	
OCUFLOX	T3	PA
<i>ofloxacin ophthalmic</i>	T1	
POVIDONE-IODINE OPHTHALMIC	T3	
PRED MILD	T3	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>sulfacetamide sodium ophthalmic</i>	T1	
TOBRADEX	T3	
TOBRADEX ST	T3	
<i>tobramycin ophthalmic</i>	LCG	
<i>tobramycin-dexamethasone</i>	T1	
TOBEX	T3	
<i>trifluridine</i>	T1	
UPNEEQ	T3	PA
ZIRGAN	T3	

Drug Name	Drug Tier	Notes
Ophthalmic Agents - Drugs for Glaucoma		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>apraclonidine hcl</i>	T1	
<i>betaxolol hcl ophthalmic</i>	T1	
BETIMOL	T3	
BETOPTIC-S	T3	PA
<i>bimatoprost ophthalmic</i>	T1	QL (0.1 ML per 1 day)
<i>brimonidine tartrate ophthalmic</i>	T1	
<i>brimonidine tartrate-timolol</i>	T1	
<i>brinzolamide</i>	T1	
<i>carteolol hcl</i>	T1	
<i>dichlorphenamide</i>	T4	PA; QL (4 EA per 1 day)
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	T3	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
<i>dorzolamide hcl-timolol mal pf</i>	T1	
IOPIDINE	T3	
ISTALOL	T3	PA
KEVEYIS	T4	PA; QL (4 EA per 1 day)
<i>latanoprost ophthalmic</i>	T1	
<i>levobunolol hcl</i>	T1	
LUMIGAN	T2	QL (0.1 ML per 1 day)
<i>methazolamide oral</i>	T1	
ORMALVI	T4	PA; QL (4 EA per 1 day)
PHOSPHOLINE IODIDE	T3	PA
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	
<i>pilocarpine hcl ophthalmic solution 1.25 %</i>	T1	PA; QL (0.3 ML per 1 day)
RHOPRESSA	T3	QL (0.1 ML per 1 day)
ROCKLATAN	T3	QL (0.1 ML per 1 day)
SIMBRINZA	T2	
<i>tafluprost (pf)</i>	T1	QL (1 EA per 1 day)
<i>timolol hemihydrate</i>	T1	
<i>timolol maleate (once-daily)</i>	T1	
<i>timolol maleate ocudose</i>	T1	PA
<i>timolol maleate ophthalmic gel forming solution</i>	T1	PA
<i>timolol maleate ophthalmic solution</i>	LCG	

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Drug Name	Drug Tier	Notes
<i>timolol maleate pf</i>	T1	PA
<i>travoprost (bak free)</i>	T1	QL (0.12 ML per 1 day)
XELPROS	T3	ST; QL (0.1 ML per 1 day)
Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions		
AKTEN	T3	
ALCAINE	T3	
ALTACAINE	T3	
<i>altafrin</i>	T1	
<i>atropine sulfate ophthalmic solution 1 %</i>	LCG	
ATROPINE SULFATE SOLUTION 0.025 % OPTHALMIC	T3	
ATROPINE SULFATE SOLUTION 0.05 % OPTHALMIC	T3	
<i>bacitracin-polymyxin b</i>	T1	
<i>bacitra-neomycin-polymyxin-hc</i>	T1	
CEQUA	T3	PA; QL (2 EA per 1 day)
CYCLOGYL	T3	
CYCLOMYDRIL	T3	
<i>cyclopentolate hcl ophthalmic</i>	T1	
CYSTADROPS	T4	QL (0.72 ML per 1 day)
CYSTARAN	T4	QL (2.15 ML per 1 day)
HOMATROPAIRE	T3	
MIEBO	T2	PA; QL (0.1 ML per 1 day)
<i>neomycin-bacitracin zn-polymyx</i>	T1	
<i>neomycin-polymyxin-gramicidin</i>	T1	
NEO-POLYCIN	T3	
NEO-POLYCIN HC	T3	
OXERVATE	T4	PA; QL (2 ML per 1 day)
<i>phenylephrine hcl ophthalmic</i>	T1	
POLYCIN	T3	
<i>polymyxin b-trimethoprim</i>	LCG	
<i>proparacaine hcl ophthalmic</i>	T1	
RESTASIS	T1	PA; QL (2 EA per 1 day)
RESTASIS MULTIDOSE	T2	PA; QL (2 ML per 1 day)
<i>sulfacetamide-prednisolone</i>	T1	
<i>tetracaine hcl ophthalmic</i>	T1	
TRYPTYR	T3	PA; QL (2 EA per 1 day)
TYRVAYA	T3	PA; QL (0.3 ML per 1 day)

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Drug Name	Drug Tier	Notes
VISUDYNE	T4	
XIIDRA	T2	PA; QL (2 EA per 1 day)
ZYLET	T3	
Otic Agents - Drugs for Ear Conditions		
<i>acetic acid otic</i>	T1	
CETRAXAL	T3	ST
CIPRO HC	T3	PA
<i>ciprofloxacin hcl otic</i>	T1	
<i>ciprofloxacin-dexamethasone</i>	T1	
CIPROFLOXACIN-FLUOCINOLONE PF	T3	PA
CORTISPORIN-TC	T3	
DERMOTIC	T3	
<i>fluocinolone acetonide otic</i>	T1	
<i>hydrocortisone-acetic acid</i>	T1	
<i>neomycin-polymyxin-hc otic</i>	T1	
<i>ofloxacin otic</i>	T1	
OTOVEL	T3	PA
PRAMOTIC	T3	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold		
<i>azelastine hcl nasal</i>	T1	QL (2 ML per 1 day)
<i>azelastine-fluticasone</i>	T1	QL (0.77 GM per 1 day)
<i>benzonatate oral capsule 100 mg, 200 mg</i>	LCG	
<i>benzonatate oral capsule 150 mg</i>	T1	
<i>bromphen-pseudoeph-dm</i>	T1	
CARBINOXAMINE MALEATE ER	T3	PA
<i>carbinoxamine maleate oral solution</i>	T1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	T1	PA
CARBZAH	T3	PA
CINQAIR	T4	PA
<i>clemastine fumarate oral syrup</i>	T1	PA
<i>clemastine fumarate oral tablet</i>	T1	
CLEMSZA	T2	
<i>cyproheptadine hcl oral</i>	T1	
<i>diphenhydramine hcl injection</i>	T1	
<i>diphenhydramine hcl oral elixir</i>	T1	
HYCODAN ORAL SOLUTION	T3	PA; QL (240 ML per 1 fill); AL

Drug Name	Drug Tier	Notes
HYCODAN ORAL TABLET	T3	PA; QL (6 EA per 1 day); AL
<i>hydrocod poli-chlorphe poli er</i>	T1	PA; QL (240 ML per 1 fill); AL
<i>hydrocodone bit-homatrop mbr oral solution</i>	T1	PA; QL (240 ML per 1 fill); AL
<i>hydrocodone bit-homatrop mbr oral tablet</i>	T1	PA; QL (6 EA per 1 day); AL
<i>hydromet</i>	T1	PA; QL (240 ML per 1 fill); AL
HYPERSAL	T3	
<i>ipratropium bromide nasal</i>	LCG	
KARBINAL ER	T3	PA
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	T3	
NEOTUSS PLUS	T3	PA
<i>olopatadine hcl nasal</i>	T1	PA; QL (1.02 GM per 1 day)
<i>promethazine-codeine oral solution</i>	T1	PA; QL (240 ML per 1 fill); AL
<i>promethazine-dm</i>	LCG	
<i>pseudoephedrine-bromphen-dm</i>	T1	
PULMOSAL	T3	
RYALTRIS	T3	QL (1 GM per 1 day)
RYCLORA	T3	
<i>ryvent</i>	T1	PA
<i>sodium chloride inhalation</i>	T1	
TUXARIN ER	T3	PA; QL (2 EA per 1 day)
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions		
ACCOLATE	T3	
<i>acetylcysteine inhalation</i>	T1	
ADRENALIN INJECTION SOLUTION 1 MG/ML	T3	
ADRENALIN INJECTION SOLUTION 30 MG/30ML	T3	PA
ADVAIR HFA	T1	HDHP; Value; QL (0.4 GM per 1 day)
AIRSUPRA	T2	QL (1.1 GM per 1 day)
<i>albuterol sulfate hfa</i>	T1	QL (1.2 GM per 1 day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	T1	QL (18 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	QL (12.5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	LCG	QL (5 EA per 1 day)

Drug Name	Drug Tier	Notes
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	LCG	QL (5 EA per 1 day)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	T1	
<i>albuterol sulfate oral syrup 8 mg/20ml</i>	T1	PA
<i>albuterol sulfate oral tablet</i>	T1	
<i>aminophylline</i>	T1	
ANORO ELLIPTA	T2	QL (2 EA per 1 day)
ARALAST NP	T4	PA
<i>arformoterol tartrate</i>	T1	QL (4 ML per 1 day)
ARNUITY ELLIPTA	T2	HDHP; Value; QL (1 EA per 1 day)
ASMANEX (120 METERED DOSES)	T2	HDHP; Value; QL (0.04 EA per 1 day)
ASMANEX (14 METERED DOSES)	T2	HDHP; Value; QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES)	T2	HDHP; Value; QL (0.04 EA per 1 day)
ASMANEX (60 METERED DOSES)	T2	HDHP; Value; QL (0.04 EA per 1 day)
ASMANEX HFA	T2	HDHP; Value; QL (0.44 GM per 1 day)
ATROVENT HFA	T3	QL (0.86 GM per 1 day)
AUVI-Q	T3	
BREO ELLIPTA	T1	HDHP; Value; QL (2 EA per 1 day)
BREZTRI AEROSPHERE	T2	QL (0.36 GM per 1 day)
<i>budesonide inhalation</i>	T1	HDHP; QL (4 ML per 1 day)
COMBIVENT RESPIMAT	T2	QL (0.27 GM per 1 day)
<i>cromolyn sodium inhalation</i>	T1	
DALIRESP	T3	PA
<i>elixophyllin</i>	T1	
<i>epinephrine (anaphylaxis)</i>	T1	
<i>epinephrine injection solution auto-injector</i>	T1	
EPIPEN 2-PAK	T3	ST
FASENRA PEN	T4	PA; SP-QTZ; QL (0.02 ML per 1 day)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML	T4	PA; QL (0.01 ML per 1 day)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML	T4	PA; QL (0.02 ML per 1 day)

Drug Name	Drug Tier	Notes
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T1	ST; HDHP; QL (2 EA per 1 day)
<i>formoterol fumarate inhalation</i>	T1	QL (4 ML per 1 day)
GLASSIA	T4	PA
<i>ipratropium bromide inhalation</i>	LCG	QL (10.42 ML per 1 day)
<i>ipratropium-albuterol</i>	T1	QL (18 ML per 1 day)
<i>isoproterenol hcl injection</i>	T1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	T1	QL (18 ML per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	T1	QL (3 EA per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	T1	QL (9 ML per 1 day)
<i>montelukast sodium oral packet</i>	T1	
<i>montelukast sodium oral tablet</i>	LCG	
<i>montelukast sodium oral tablet chewable</i>	LCG	
NEFFY	T3	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP-QTZ; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4	PA; SP-QTZ; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	T4	PA; SP-QTZ; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; QL (0.11 EA per 1 day)
OFEV	T4	PA; SP-QTZ
PERFOROMIST	T3	QL (4 ML per 1 day)
<i>pirfenidone</i>	T4	PA; SP-QTZ
PROLASTIN-C	T4	PA
QVAR REDIHALER	T2	HDHP; Value; QL (0.71 GM per 1 day)
<i>roflumilast</i>	T1	PA
SEREVENT DISKUS	T2	QL (2 EA per 1 day)
SPIRIVA HANDIHALER	T1	QL (1 EA per 1 day)
SPIRIVA RESPIMAT	T2	QL (0.14 GM per 1 day)
STIOLTO RESPIMAT	T2	QL (0.14 GM per 1 day)
STRIVERDI RESPIMAT	T2	QL (4.2 GM per 30 days)
SYMBICORT	T1	HDHP; Value; QL (0.35 GM per 1 day)
<i>terbutaline sulfate injection</i>	T1	

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Drug Name	Drug Tier	Notes
<i>terbutaline sulfate oral</i>	T1	
TEZSPIRE	T4	PA; SP-QTZ; QL (0.07 ML per 1 day)
THEO-24	T3	
<i>theophylline er</i>	T1	
<i>theophylline oral</i>	T1	
TRELEGY ELLIPTA	T2	QL (2 EA per 1 day)
<i>wixela inhub</i>	T1	ST; HDHP; QL (2 EA per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP-QTZ; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	T4	PA; SP-QTZ; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	T4	PA; SP-QTZ; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	T4	PA; SP-QTZ; QL (0.08 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SP-QTZ; QL (0.3 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	T4	PA; SP-QTZ; QL (0.04 ML per 1 day)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA
YUPELRI	T3	QL (3 ML per 1 day)
<i>zafirlukast</i>	T1	
ZEMAIRA	T4	PA
<i>zileuton er</i>	T1	PA
ZYFLO	T3	PA
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
ALYFTREK ORAL TABLET 10-50-125 MG	T4	PA; QL (2 EA per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG	T4	PA; QL (3 EA per 1 day)
KALYDECO ORAL PACKET	T4	PA; SP-ORx; QL (2 EA per 1 day)
KALYDECO ORAL TABLET	T4	PA; SP-ORx
ORKAMBI ORAL PACKET	T4	PA; SP-ORx; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET	T4	PA; SP-ORx; QL (4 EA per 1 day)
PULMOZYME	T4	PA
SYMDEKO	T4	PA; SP-ORx; QL (2 EA per 1 day)
TOBI PODHALER	T4	QL (224 EA per 40 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	T4	QL (8 ML per 1 day)

Drug Name	Drug Tier	Notes
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	T4	QL (10 ML per 1 day)
TRIKAFTA ORAL TABLET THERAPY PACK	T4	PA; SP-ORx; QL (3 EA per 1 day)
TRIKAFTA ORAL THERAPY PACK	T4	PA; SP-ORx; QL (2 EA per 1 day)
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADEMPAS	T4	PA; QL (3 EA per 1 day)
<i>alyq</i>	T4	PA; QL (2 EA per 1 day)
<i>ambrisentan</i>	T4	PA; QL (1 EA per 1 day)
<i>bosentan oral tablet</i>	T4	PA; QL (2 EA per 1 day)
<i>bosentan oral tablet soluble</i>	T4	PA; SP-ORx; QL (4 EA per 1 day)
<i>epoprostenol sodium</i>	T4	PA
FLOLAN	T4	PA
OPSUMIT	T4	PA; QL (1 EA per 1 day)
ORENITRAM	T4	PA
ORENITRAM MONTH 1	T4	PA; QL (336 EA per 365 days)
ORENITRAM MONTH 2	T4	PA; QL (672 EA per 365 days)
ORENITRAM MONTH 3	T4	PA; QL (504 EA per 365 days)
<i>sildenafil citrate intravenous</i>	T4	PA
<i>sildenafil citrate oral suspension reconstituted</i>	T4	PA; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	T4	PA; QL (3 EA per 1 day)
<i>tadalafil (pah)</i>	T4	PA; QL (2 EA per 1 day)
<i>treprostinil</i>	T4	PA
TYVASO	T4	PA; QL (2.9 ML per 1 day)
TYVASO DPI INSTITUTIONAL KIT	T4	PA; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT	T4	PA; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT	T4	PA; QL (2 EA per 365 days)
TYVASO REFILL KIT	T4	PA; QL (2.9 ML per 1 day)
TYVASO STARTER KIT	T4	PA; QL (2.9 ML per 1 day)
UPTRAVI INTRAVENOUS	T4	PA
UPTRAVI ORAL	T4	PA; QL (2 EA per 1 day)
UPTRAVI TITRATION	T4	PA; QL (400 EA per 365 days)
VELETRI	T4	PA
VENTAVIS	T4	PA; QL (9 ML per 1 day)
WINREVAIR	T4	PA; QL (0.05 EA per 1 day)
YUTREPIA INHALATION CAPSULE 106 MCG	T4	PA; QL (8 EA per 1 day)
YUTREPIA INHALATION CAPSULE 26.5 MCG, 53 MCG	T4	PA; QL (5 EA per 1 day)
YUTREPIA INHALATION CAPSULE 79.5 MCG	T4	PA; QL (10 EA per 1 day)

Effective 1/1/2026

Drug Name	Drug Tier	Notes
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
<i>baclofen oral solution</i>	T1	PA
<i>baclofen oral suspension</i>	T1	PA
<i>baclofen oral tablet 10 mg</i>	LCG	
<i>baclofen oral tablet 15 mg, 20 mg, 5 mg</i>	T1	
<i>carisoprodol oral</i>	T1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	T1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	T1	
<i>cyclobenzaprine hcl er</i>	T1	PA
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	LCG	
<i>cyclobenzaprine hcl oral tablet 7.5 mg</i>	T1	PA
DANTRIUM INTRAVENOUS	T3	
DANTRIUM ORAL	T3	PA
<i>dantrolene sodium intravenous</i>	T1	
<i>dantrolene sodium oral</i>	T1	
FEXMID	T3	PA
<i>metaxalone</i>	T1	PA
<i>methocarbamol injection</i>	T1	
<i>methocarbamol oral tablet 1000 mg</i>	T1	PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	LCG	
<i>orphenadrine citrate er</i>	T1	QL (2 EA per 1 day)
<i>orphenadrine citrate injection</i>	T1	
<i>orphenadrine-aspirin-caffeine</i>	T1	PA; QL (4 EA per 1 day)
<i>revonto</i>	T1	
ROBAXIN	T3	
RYANODEX	T3	
TANLOR	T3	PA
<i>tizanidine hcl oral capsule 2 mg, 4 mg</i>	T1	PA
<i>tizanidine hcl oral capsule 6 mg</i>	T1	
<i>tizanidine hcl oral tablet</i>	T1	
Sleep Disorder Agents		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	T1	PA; QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	T1	PA; QL (2 EA per 1 day)
BELSOMRA	T3	QL (1 EA per 1 day)
<i>doxepin hcl oral tablet</i>	T1	QL (1 EA per 1 day)
EDLUAR	T3	ST; QL (1 EA per 1 day)
<i>eszopiclone</i>	T1	QL (1 EA per 1 day)

Effective 1/1/2026

Drug Name	Drug Tier	Notes
<i>flurazepam hcl</i>	T1	PA; QL (1 EA per 1 day)
<i>modafinil oral</i>	T1	PA; QL (1 EA per 1 day)
<i>ramelteon</i>	T1	QL (1 EA per 1 day)
ROZEREM	T3	PA; QL (1 EA per 1 day)
SILENOR	T3	PA; QL (1 EA per 1 day)
SODIUM OXYBATE	T4	PA; QL (18 ML per 1 day)
SUNOSI	T2	PA; QL (1 EA per 1 day)
<i>tasimelteon</i>	T4	PA; SP-ORx; QL (1 EA per 1 day)
<i>temazepam</i>	T1	QL (1 EA per 1 day)
WAKIX	T4	PA; QL (2 EA per 1 day)
XYWAV	T4	PA; QL (18 ML per 1 day)
<i>zaleplon oral capsule 10 mg</i>	T1	QL (2 EA per 1 day)
<i>zaleplon oral capsule 5 mg</i>	T1	QL (1 EA per 1 day)
<i>zolpidem tartrate er</i>	T1	QL (1 EA per 1 day)
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